

**New Hampshire
Housing Finance Authority s**

Survey of Elderly Housing Residents

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A. Introduction

The New Hampshire Housing Finance Authority (NHHFA) conducted a statewide survey of residents of subsidized elderly housing complexes located in rural areas of the state to determine their need for supportive services, interest in receiving defined service packages and their ability and willingness to pay for such service packages.

Residents from all qualifying complexes were randomly selected by computer to participate in an extensive face-to-face interview survey. Qualifying complexes consisted of all elderly subsidized developments, whether funded through NHHFA, HUD, Public Housing Authorities or Rural Development (formerly the Farmers Home Administration), and located in a community with a population of 20,000 or less.

B. Purpose

This study was undertaken to guide the development of a pilot program to provide supportive services and service coordination to elders residing in subsidized rural housing complexes. The goals of the study were to identify the extent of need and desire for services among residents, to assist in designing the most effective service packages to offer, and to determine the ability of interested residents to help pay for these services. The survey results could also help determine key criteria in predicting which elders would be most likely to want such services.

C. Survey Participation

Survey interviews were conducted between January and October 1998. Residents from ninety-eight different complexes completed a total of one thousand and ten (1010) surveys. On average, over ten residents from each participating complex were included in the study. Elders residing in all ten counties were included in the study.¹

D. Summary of Findings and Implications for a Pilot Program

The survey results provide a wealth of information regarding the needs and desires for assistance of elders residing in subsidized rural housing in New Hampshire. In many ways, the information gathered confirm many expected trends and in other ways the information gathered is surprising.

As expected, the need for assistance, especially non-medical care, such as transportation and housekeeping runs as high as 40-50%. The need for more hands on help such as medications, dressing and bathing is much lower, typically less than 10%. The higher levels of need for unskilled, hands off care, lends itself well to the concept of

¹ Each county provided the following percentage of residents to the study: Belknap 10%, Carroll 6%, Cheshire 9%, Coos 14%, Grafton 13%, Hillsborough 15 %, Merrimack 11%, Rockingham 6%, Strafford 7%, and Sullivan 10%.

developing a supportive service package through rural elder housing locations. These service packages will be able to address these unmet needs more effectively and cost efficiently because of the concentration of recipients and the unregulated nature of most of the assistance needed.

Forty-two percent (42%) of those who report needing assistance with activities of daily living also report having unmet needs. The largest single reason for not having needed services is cost, as reported by about 35% of those with unmet needs. Unavailability of services is the second most common reported reason, as reported by about 11% of those who report having unmet needs. The availability of an affordable and available service package would assist many of those with existing unmet needs.

Interest in such packages runs high. Approximately 17 % of respondents were definitely interested in a lower level service plan and another 37% were possibly interested in it. As for a higher-level service plan, 13% were definitely interested and 32% were possibly interested in it. While approximately 30% were interested in purchasing certain ala carte services, such as transportation, housekeeping and cooking, only 9% were interested in purchasing service coordination. Service coordination is either not valued or not understood by many residents. Education in this area may be helpful.

The income and asset resources of these individuals are limited. However, of those interested in the service packages, willingness to pay a percentage of income toward the services may run as high as 40%. If all those interested in the service packages paid 10% of their income for the package, the pilot program could raise on average approximately \$88 per package recipient. Other sources of funds will probably be needed however, especially since the ability to pay 10% of income will certainly be difficult for the three-quarter of residents whose monthly income is below \$740.

The Medicaid Home and Community Based Care program may be a possible source for funding for much of the service package care. The lower than expected ADL needs reported by interested residents, as discussed below, at first glance appears to be a barrier to widespread HCBC funding. However, reports by existing service coordinators indicate that acuity level is not currently a major barrier to HCBC eligibility for interested residents. Rather, they report that willingness to spend down assets appears to be the major barrier to eligibility. These service coordinators are encouraged by the survey responses that show almost 50% of respondents are definitely or possibly willing to spend down their assets at \$50 a day on services in order to avoid a nursing home placement.

The family and friend resources of those interested in the service packages are also limited. Approximately 50% of all residents and a somewhat higher percentage of those interested in the service packages report not having any children or friends available to help on a regular basis. Nevertheless, 33% though said that their family would be at least somewhat likely to assist in paying for needed services.

Unexpectedly, while there is a somewhat increased rate of interest in service packages among those with a greater number of ADL needs, practically 50% of those interested in service packages report having just one or less total ADL needs. Also surprising was the fact that the rate of interest in the service packages was highest in the youngest age group and those age groups had the least available income. As the demographics increase pressure on elder service, it appears a shift is beginning in the desire for such services, and perceived need for such services by different generations. Further almost 40% of those interested in the service packages indicated not wanting the services to start for sometime between 1-5 years in the future. The delayed timeframe for receiving services will make it difficult to project immediate market demand when implementing the pilot.

Surprisingly, for those who need assistance with taking medications, less than 40% rely on paid providers. This contrasts sharply to 70-80% who rely on paid services for housework, cooking and bathing. This trend may indicate a much greater willingness to use non-professionals for assistance with medications among care recipients than professional care providers.

The data indicates that certain counties, particularly Grafton, Merrimack, Hillsborough and Coos may be better suited for a pilot program because of greater interest in services. Likewise, NHHFA-section 8 and Rural Development housing complexes seem most promising regarding the concentration of potentially interested participants in Service Package 1. While HUD-202 projects may also have fairly strong interest, HUD-Public Housing projects have a lower rate of interest in the service packages.

In total, the survey data indicates a strong need and desire for the availability of a service package for frail elders who reside in subsidized rural housing. The bulk of the services needed are non-skilled in nature such as transportation, housekeeping and cooking/food preparation. A lesser percentage will need hands on type of assistance like bathing, dressing and assistance with medications. A service package of this type is consistent with the State of New Hampshire's existing long term care policy and plan which encourages a transition to community based-care models and away from institutional care where feasible. In fact, New Hampshire's recently amended Home and Community Based Care (HCBC) Medicaid Waiver will provide new opportunities to create such service packages for eligible seniors.

The amended waiver has provisions for the bundling of services through consolidated community-based long-term care service packages. Additionally, the new waiver will permit reimbursement for residential care options such as assisted living, congregate care and shared housing. The new waiver services have not yet been implemented and the widespread availability of these new services may be limited by budgetary limitations. Nevertheless, the implementation of these changes to the State's HCBC program will provide expanded opportunities to develop responsive service packages to elders residing in rural subsidized housing. In fact, it is conceivable that

these residential centers, may serve as hubs to expand service packages to others residing in the nearby rural community.

It will be critical for the State of New Hampshire to look for new and creative ways of organizing long term care services to its residents, especially those in rural settings. This is especially true in light of the expected boom in the elder population and the current financial pressures on the nursing home and home care industries that has resulted from changes in Medicare reimbursement. In the context of these changes and armed with the survey results reported here, it would be wise for the state to experiment with a pilot program which would offer a service package to frail elders in rural subsidized housing complexes. In developing this pilot, it will be important to maximize potential funding sources beyond Medicaid. The survey results hold some promise that residents income and assets as well as family contributions may be additional, albeit limited sources of funding for services.

E. General Findings

1. Interest in Service Packages

a) Resident Interest in Defined Service Packages

The survey inquired about the level of interest residents would have in two defined service packages, which are described below.

Service Package 1 — includes:

- a trained service coordinator to advocate and arrange for needed services,
- one meal a day served in a common dining area or delivered to your apartment,
- transportation to and from shopping and appointments as needed,
- weekly assistance with housekeeping,
- lifeline and
- adaptive equipment such as grab bars, tub seat, etc

Over 54 % of respondents expressed an interest in this lower level package. 17% of residents were definitely interested in Service Package 1 and another 37% were possibly interested in it.

Service Package #2 — includes:

- All of the services in Package #1 plus:
- Two meals a day,
- Housekeeping as needed,
- Assistance with personal care needs such as bathing, dressing, and taking medications, and
- A personal care attendant on staff 24-hours a day to assist with unscheduled needs for assistance and emergencies.

45% of respondents expressed an interest in this higher level package too. 13% of residents were definitely interested in Service Package 2 and another 32% were possibly interested in it.

Comparing interest in Service Package 1 to Service Package 2			
<u>Level of interest</u>	<u>SP 1</u>	<u>SP 2</u>	<u>Variance</u>
Definitely	17%	13%	4%
Possibly	37%	32%	5%
<u>Timing of those interested</u>			
Less than 6 months	25%	16%	8%
6 months to a year	14%	10%	3%
1-2 years	17%	21%	-4%
3-5 years	20%	24%	-4%
No answer	25%	28%	-4%

Residents who were not interested in the service packages for themselves were generally supportive of the availability of such packages in their buildings. Thus, there appears to be no stigma attached to making these packages available. All residents surveyed were asked if they wanted a service package available in their building even if they were not themselves interested in such services. 76% of all respondents indicated that they were interested in its availability and only 6 % indicated that they were affirmatively against the availability of such service packages. 8% were neutral to the presence of the service packages and 10% either did not know or did not respond to the question.

b) Timing of Interest in Service Packages

Residents responses as to the timing of wanting these service packages reveal some interesting trends. Nearly 40 percent of those interested in Service Package 1, would want those services within one year. Almost the same number, 37%, reported wanting the services sometime between 1 and 5 years in the future and one quarter of those interested did not respond as to when they would want these services. This trend of a delayed or undefined date of wanting these services is even more pronounced for Service Package 2, where only 26% were interested in services within one year.

This trend may indicate that residents expressed desire in services is based less on present need than on a fear that they will need these services sometime in the future. Another trend, discussed more fully below, regarding the total number of ADL needs of those interested in the service packages would confirm this finding. Nearly 30 % of those definitely and possibly interested in the plans report no present ADL needs and about another 20% report only one current ADL need. In light of these trends, it would be safer to rely on the smaller percentage of residents expressing a more immediate desire for services in projecting interest in the pilot program.

c) Interest by Geographic Distribution

Interest in the service packages varies widely between counties. For example the percentage of those definitely interested in Service Package 1 ranges from a high of 27% in Merrimack to a low of just 2% in Sullivan. Similar spreads exist for Service Package 2 and for the timing of residents' interest. The table below sets out the interest of the residents by county.

Geographic Distribution in Service Packages						
County	Service Package 1			Service Package 2		
	Definitely	Possibly	% interested w/in 1 YR	Definitely	Possibly	% interested w/in 1 YR
Belknap	12%	45%	21%	13%	38%	17%
Carroll	16%	39%	30%	9%	44%	22%
Cheshire	11%	53%	24%	5%	40%	11%
Coos	17%	46%	23%	17%	36%	15%
Grafton	23%	33%	23%	17%	37%	11%
Hillsborough	25%	27%	19%	16%	22%	7%
Merrimack	27%	38%	24%	18%	29%	12%
Rockingham	14%	37%	5%	9%	33%	7%
Strafford	13%	26%	15%	10%	21%	8%
Sullivan	2%	28%	16%	5%	22%	9%

In choosing a pilot location, it would be best to maximize the possibility of success by looking to an area with a high interest in definitely having the service package and a high interest in obtaining the services within one year of the survey. The counties that best fit this description are Grafton, Merrimack, Hillsborough and Coos. Carroll County may also be worth additional consideration since it has the highest percentage of interested residents reporting a desire for services within one year even though it scores less well in those that are definitely as opposed to possibly interested in the packages.

d) Interest by Housing Type

In considering where to locate a pilot program, it is worthwhile to consider which building types have the highest concentration of interested participants. The following table provides the percentage participation of residents in the study by housing type. It also compares the rate of definite interest in the service packages by housing type.

Percent Representation by Building Type and Rate of Definite Interest in Service Packages by Subsidy Source.			
Housing Type	Percent Participation in the Study	Rate of Definite Interest In SP1 by Housing Type	Rate of Definite Interest In SP2 by Housing Type
Rural Development	30%	17%	12%
HUD-Section 202	16%	16%	13%
HUD-Public Housing	16%	12%	8%
NHHFA-Section 8	39%	20%	16%

NHHFA-Section 8 and Rural Development appear to have the largest pool of potential participants in a pilot program. Based on random sampling, the representation by housing type within the study should also provide shorthand for the relative sizes of the potential resident pools. Additionally, these two housing types have a higher rate of definite interest among residents for the service packages, 20% and 17% respectively for SP1. In comparison, Public Housing has a rate of interest in SP1 of only 12%.

In choosing sites for pilot programs it may be best to first analyze the feasibility of the pilot in NHHFA-Section 8, Rural Development and HUD section 202 locations in that order. These properties appear to have the highest concentration of interested participants in a pilot.

2. Service Needs

a) Total Number of ADLs

There is a great need for assistance with activities of daily living (ADLs) among the elders surveyed. Sixty-five percent reported needing assistance with one or more ADLs. The findings establish a strong, albeit expected, trend that the likelihood that a resident would be interested in either of the service packages generally increase with their number of ADL needs.

However, the data indicates that it would be a mistake to target the pilot service packages only to high ADL need residents. A sizable percentage of those with one or less ADL needs also report an interest in the service packages. A majority (58%) report having one or less ADL needs, meaning that such individuals make up over 50% of those who report being either definitely or possibly interested in either service plan.

Table 1 shows the number of ADLs for which respondents reported that they needed assistance as well as the likelihood of interest in either service packages by total number of ADL needs reported. Table 2 shows the percentage composition of all those interested in the service packages by the number of total ADLs.

Table 1

Number of ADLs	Percent total respondents who report needing assistance with this number of ADLs	Percent of those reporting this number of ADLs who are definitely interested in Service Package 1	Percent of those reporting this number of ADLs who are possibly interested in Service Package 1	Percent of those reporting this number of ADLs who are definitely interested in Service Package 2	Percent of those reporting this number of ADLs who are possibly interested in Service Package 2
0	35%	15%	34%	13%	27%
1	23%	16%	30%	10%	29%
2	14%	14%	42%	9%	29%
3	11%	19%	51%	10%	47%
4	7%	23%	44%	22%	36%
5	4%	27%	39%	11%	43%
6	3%	13%	45%	29%	26%
7	2%	32%	21%	26%	42%
8	1%	27%	36%	18%	55%

Table 2

Number of ADLs	Percent of those definitely interested in Service Package 1 who report these many total ADL needs	Percent of those possibly interested in Service Package 1 who report these many total ADL needs	Percent of those definitely interested in Service Package 2 who report these many total ADL needs	Percent of those possibly interested in Service Package 2 who report these many total ADL needs
0	31%	32%	35%	29%
1	21%	19%	18%	21%
2	11%	15%	9%	13%
3	12%	15%	8%	16%
4	10%	9%	12%	8%
5	7%	5%	4%	5%
6	2%	4%	7%	3%
7	3%	1%	4%	3%
8	2%	1%	2%	2%

b) Types of ADLs

Of all the ADLs, the greatest number of those surveyed, 51%, reported needing assistance with transportation for shopping and medical appointments. This was followed by 41 % reporting a need for assistance in doing heavy housework and 24% for doing light housekeeping. The table below sets out the percentage of all respondents who report needing assistance with each of the eight specific ADLs. The table further provides the percentage of those who are interested in the service packages that report needing assistance with the same ADLs.

Require Assistance With ADLs					
Activities	of All	of SP1 Choosers		of SP2 Choosers	
		Definitely	Possibly	Definitely	Possibly
Cooking, preparing or serving food	19%	25%	22%	29%	24%
Doing "light" housework (Dusting, tidying up, etc.)	24%	34%	26%	35%	29%
Doing "heavy" housework (Laundry, vacuuming, etc.)	40%	47%	46%	47%	45%
Bathing or showering	11%	14%	11%	18%	13%
Dressing, including getting clothes	5%	7%	4%	10%	4%
Taking medications	7%	9%	7%	8%	11%
Transportation for shopping/medical	51%	57%	52%	48%	57%
Managing finances/medical insurance paperwork	18%	15%	19%	16%	21%

As expected a larger percentage of Service Package choosers report needing assistance in each category, with the surprising exception of managing finances and medical insurance. The ranking of assistance needs stays relatively consistent within each group and typically follows the following order of most needed services: transportation, heavy housework, light housework, cooking, managing finances, bathing, medication assistance and dressing.

It is important to highlight that the five most frequently cited areas in which people need help are not medical in nature and do not require hands on nursing type care. Rather, they are the type of services that a housing complex or a community social service agency would be well suited to provide. More formal hands on care can be arranged through home health agencies or VNAs for the approximate 10-15% who need help bathing and about 10% or less that need help taking medications or dressing. This hierarchy of assistance needs is encouraging as to the need for and flexibility in arranging a pilot supportive services program without confronting onerous professional licensing regulations such as the Nurse Practices Act.²

c) Predictability by ADL Type

While the above table sets out the needs of those who choose the service packages (and thereby the services to be provided), it does not provide predictive information regarding the likelihood that someone with a particular ADL need would choose to participate. In general, about 60 % of those with any one ADL need is likely to be definitely or possibly interested in a service package. See the table below for predictive information regarding the likelihood that someone with a specific ADL need would choose a service package.

² While this finding permits much more flexibility in arranging for services, it may lead to a negative corollary regarding financing. The hierarchy of need may indicate a rather low percentage of those who qualify for Home and Community Based Care (HCBC) Medicaid waiver services, which requires that the recipient need nursing home level care. As such, HCBC funding through Medicaid may not be a realistic funding source for a large majority of the pilot participants.

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Likelihood that Person with a Specific ADL Need will be Interested in Service Packages 1 or 2						
Activities	SP1			SP2		
	Definitely	Possibly	Combined	Definitely	Possibly	Combined
Cooking, preparing or serving food	23%	44%	67%	20%	40%	60%
Doing "light" housework	24%	41%	65%	19%	38%	57%
Doing "heavy" housework	20%	44%	64%	15%	37%	52%
Bathing or showering	22%	37%	59%	21%	37%	58%
Dressing, including getting clothes	26%	32%	58%	28%	30%	58%
Taking medications	22%	37%	59%	14%	47%	61%
Transportation for shopping/medical	19%	38%	57%	12%	35%	47%
Managing finances/medical insurance	14%	39%	53%	11%	37%	48%

d) Frequency of Service Needs

In designing the pilot programs not only are the service types to consider important but so to are the frequency with which to offer them. In general, one can predict the frequencies needed using common sense. Cooking and dressing are daily needs. Housework is a weekly need, as is transportation to shopping and other appointments. Bathing is somewhere between a daily and weekly need based on personal habits. Assistance with medications is typically either a daily or weekly need depending on the level of assistance needed. Managing finances is probably a monthly need. The survey data supports these common sense expectations. The table below presents the frequency of assistance needed by those who report having that ADL need. Note that the more popular responses are bolded.

Frequency of Assistance Needed by Those Reporting Need for Assistance				
Activities	Daily	Weekly	Monthly	N=
Cooking, preparing or serving food	86%	14%	6%	177
Doing "light" housework (Dusting, tidying up, etc.)	17%	69%	14%	219
Doing "heavy" housework (Laundry, vacuuming, etc.)	9%	66%	26%	348
Bathing or showering	44%	54%	2%	100
Dressing, including getting clothes	68%	30%	3%	40
Taking medications	48%	38%	14%	59
Transportation for shopping/medical	8%	73%	19%	442
Managing finances/medical insurance paperwork	4%	28%	67%	138

In large part, the pattern described in the above table holds true for the subset of individuals who express an interest in the Service Packages. However, a larger percentage of those individuals tend to report needing services on a more frequent basis. The table below depicts this heightened frequency trend. It compares the daily need for services between those who definitely are interested in the service packages to the general population reporting the need for that type of assistance.

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Activities	All Reporting Such Need	Those Definitely Interested in SP1	Those Definitely Interested in SP2
Cooking, preparing or serving food	86%	95%	85%
Doing "light" housework	17%	29%	32%
Doing "heavy" housework	9%	16%	18%
Bathing or showering	44%	48%	45%
Dressing, including getting clothes	68%	80%	73%
Taking medications	48%	57%	60%
Transportation for shopping/medical	8%	14%	19%
Managing finances/medical insurance	4%	5%	6%

e) Assistance Currently Provided

The survey reveals surprising results related to the assistance residents currently receive. Most of the individuals who report having specific assistance needs are currently receiving some assistance for those needs. The table below compares the percentage of individuals reporting a need for assistance and the percentage receiving assistance.

Comparing need and receipt of assistance			
Activities	Requiring Assistance	Currently Provided with Assistance	Difference
Cooking, preparing or serving food	19%	19%	0%
Doing "light" housework	24%	23%	1%
Doing "heavy" housework	40%	35%	5%
Bathing or showering	11%	9%	2%
Dressing, including getting clothes	5%	4%	1%
Taking medications	7%	6%	1%
Transportation for shopping/medical	51%	48%	3%
Managing finances/medical insurance	18%	16%	2%

Relatively few of those reporting assistance needs are also reporting not currently receiving some assistance. The largest group receiving no assistance is the 5% of individuals in the study who have a need for assistance with heavy housework but who receive no such assistance. The fact that so many of those with needs are obtaining services raises some difficult questions regarding the need for the pilot program at all. However, interest in the proposed service packages is quite strong, as high as 54%.

Thus, one must consider three possible explanations for this discrepancy. Most respondents are getting some help but not enough or consistent help to meet their needs, that they are unhappy with the quality of the work, or that they are sufficiently concerned about losing available help that they want to ensure that other alternatives are available. Under any of the three scenarios, the pilot program could fill a significant need.

The need for additional services is confirmed by a subsequent question in which 31% respond that needed help is not being received. Considering that 35% of all respondents report no need for assistance at all, the 31% who report having unmet needs represent almost half of all those who have any needs at all. According to survey result, the major reasons for the unmet are described in the table below:

If help is needed with any of the above activities, but it is not currently received, what would you say was the major reason?		
	Incl. those with no ADL Needs. (N=1010)	After Deducting those with no ADL needs (N=659)
No Answer	69.0%	52.49%
Spouse cannot assist with all activities	0.2%	0.31%
Don't know which agencies to call	2.5%	3.83%
Family members live too far away	2.1%	3.22%
Too costly to hire someone	11.1%	17.01%
Service is not available	3.4%	5.21%
Other reason (please describe):	11.8%	18.08%

In the above table, if you deduct out from the No Answer response tabulation the 351 individuals who report having no assistance needs, then reasons for unmet needs take on a clearer picture. 42% of those with need for assistance report having unmet needs. The largest single reason for not having needed services is cost, as reported by 17% of those who have any assistance needs. This equates to over 35% of those with unmet needs. Unavailability of services is the second most common reported reason, as reported by 5% of those with any needs (met or unmet) which equals about 11% of those who report having unmet needs.

While making services available through the pilot program will assist many, ensuring an affordable/ low cost package will be critical in effectively addressing the unmet needs of residents.

f) Current Providers of Assistance

In general, paid service providers account for between 70-80% of assistance with cooking, housework and bathing. This is a testament to the meals on wheels program as well as other in home weekly services. Individuals rely less heavily, about 40%, on paid service providers for other assistance needs of a hands on and more daily nature, such as dressing and medications. Instead friends and family are relied on more for these services. Using paid service providers for these services would be extremely expensive, in light of the regulatory issues involved with hands on care. Similarly, residents rely on friends and family to an even greater extent for transportation and financial management.

Both of these areas would likewise be expensive to pay for and in the case of the latter a level of trust is needed.

Who primarily provides current assistance					
Activities	Spouse	Child	Friend/Rel	Pd. Svc.	N=
Cooking, preparing or serving food	4%	3%	11%	81%	188
Doing "light" housework	2%	5%	13%	80%	230
Doing "heavy" housework	3%	9%	18%	71%	353
Bathing or showering	9%	7%	14%	70%	95
Dressing, including getting clothes	14%	16%	27%	43%	39
Taking medications	10%	20%	29%	39%	60
Transportation for shopping/medical	2%	22%	44%	32%	481
Managing finances/medical insurance	3%	43%	43%	11%	162

The data indicates some minor trends regarding those that are definitely interested in the service packages. However, the numbers per cell are too small to draw reliable conclusions. Nevertheless, the trend seems to indicate that among those definitely interested in the service packages, about 10-15% rely less on paid help and more on friends for cooking and transportation. They also seem to have a seven percent higher reliance on children to assist with finances rather than friends as compared to the general responses.

The following table presents the number of different individuals that assist residents each week with their ADL needs. These percentages remain basically identical for the population of individuals who are definitely or possibly interested in Service Package 1. Unexpectedly, the likelihood that an individual would be interested in Service Package 1 does not depend on the number of individuals that help them each week. Likewise there does not appear to be a correlation between the total number of assistants per week and interest in Service Package 2.

Number of different people who assist with ADLs	Response Rate All Respondents
0	46.2%
1	21.2%
2	16.2%
3	10.2%
4	3.2%
5+	2.8%

g) Where They Turn for Information

An interesting trend emerges when comparing where those definitely interested in a service package will seek information as compared to the general population of residents. It appears that those definitely interested are much less likely to approach an adult child or other relative and much more likely to ask a community service provider for information as compared to the residents not interested in the service packages. This is a surprising finding in light of the fact that the ones who choose service packages do in general rely more on paid providers of care for their assistance needs. In light of this finding it will be important to ally with community providers of care to help market any program of services. This finding may lead to the further conclusion that those interested in the service packages would benefit a great deal from service coordination and in-house information regarding available services.

If you needed assistance but didn't know where to find it who would you ask?			
	All Respondents	Definitely interested in SP1	Definitely interested in SP2
No Answer	6.6%	7%	12%
Spouse, other household member	1.2%	0%	0%
Adult child/other relative	26.7%	19%	9%
Friend/neighbor	16.0%	19%	15%
Service coordinator for building	6.4%	6%	8%
Manager of building	12.1%	9%	10%
Community service provider	23.3%	30%	32%
Other reason (please describe):	7.2%	10%	5%

h) Interest in Ala Carte Services

The survey also inquired about residents' interest in ala carte services. In general, the desire for ala carte services confirms the high percentage of individuals needing and willing to purchase supplemental services to what they currently receive. As expected, housekeeping and transportation services lead the list of desired services. About one-third of all respondents were interested in obtaining and paying for such services. About 28% were also interested in purchasing additional ala carte services involving meals. The following table provides the full breakdown of interest for ala carte services.

Interest in Paying for Services Ala Cart	
Type of Service	Percent of All Respondents
Service Coordination	9%
Meals	28%
Transportation	32%
Housekeeping	33%
Adaptive equipment	12%
Don t know	20%
No Answer	28%

Unexpectedly only 9% of individuals were interested in purchasing service coordination services. This may be due to a lack of need for service coordination or from a lack of knowledge about service coordination. The latter explanation seems the more likely when one considers the large percent of individuals who report unmet service needs and that they rely more on paid professionals for information about available services. This finding though indicates that any pilot program which includes service coordination needs to actively educate potential participants about the benefits of service coordination and gain more direct feedback from them regarding the need for such services.

In the event that alternate explanation is true, any planned pilot program may need to reassess the benefits of a package of benefits including coordination versus an ala carte system of increased access to housekeeping, transportation and meals.

3. Demographics

a) Number of Residents in Apartment

The survey found that 89% of the residents lived alone while 11% shared their apartment with one individual. In general, this percentage of number of residents per unit remained relatively consistent regardless of interest in the service packages. The only exception was that 20% of those definitely interested in Service Package 2, lived with one other person, twice the typical rate.

b) Marital Status

Of all respondents, 62 % were widowed, 18 % divorced, 12% were married and 8% were never married. As the table below indicates this trend generally holds true between the groups definitely interested in the packages except that there is somewhat higher interest in the packages in the married population and less interest in the group that was never married.

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	All Respondents	Definitely interested in SP1	Definitely interested in SP2
Married	12%	14%	19%
Widowed	62%	64%	60%
Divorced	18%	18%	19%
Never Married	8%	5%	5%

This trend is easily seen when looking at the rates of definite interest within each marriage status group.

Level of Definite Interest within Each Group	SP 1	SP 2
All respondents	17%	13%
Married	19%	20%
Widowed	17%	12%
Divorced	18%	11%
Never Married	10%	9%

The lower level of interest in the never married group as compared to the general population is somewhat unexpected. However, it may indicate a heightened sense of self-reliance and a wider support group of friends than exists in the married or formerly married populations.

c) Age

The table below sets out the percentage of respondents to the study that fall into certain age ranges. Surprisingly, the those under 65 years old constitutes 16% of those definitely interested in both service packages, a significantly higher percentage than the 11% they represent of all respondents. Similarly, the second youngest group, those age 65-74, constitute about 32% of those definitely interested in the packages as compared to the 29% they represent in the general survey population. The opposite is true for the next two oldest groups. Those between 75 and 79 as well as those between 80-84 are underrepresented as a percentage of those interested in the service packages as compared to the general population. Finally, the eldest group, 85 and over, are represented at about equal percentages among both groups, even though one would have expected a higher percentage of them in the group definitely interested in the service packages.

This surprising resulted may be due to a shift in the willingness to accept and desire for services between the different generations and age groups involved. The younger residents may be more willing to accept services because they are more accustomed to a society that provides care to those in need. Furthermore, they may not have as great concerns for the stigma attached with needing services and the potential loss of independence that may follow. The older groups on the other hand may be less

willing to accept services because of generational mores as well as a concern with loosing independence³.

Age	Persons Responding to Survey		
	All Respondents	Those Definitely Interested in SP1	Those Definitely Interested in SP2
Less than 65 years old	11%	16%	16%
65-74	29%	33%	31%
75-79	25%	18%	22%
80-84	20%	18%	18%
85 or more	14%	14%	12%
Gender			
Male	21%	12%	19%
Female	79%	88%	81%

To better understand this phenomenon, it is instructive to consider the rate of interest in the two packages by each age group. The table below provides that information which confirms the unexpected trend discussed above that the younger groups have higher rates of definite interest than the older groups in the service packages. As a result of this finding, in designing the pilot program, it will be important to not only gear the services to a younger group than previously expected, but the program may benefit by conducting targeted outreach to the older residents of the buildings.

Age Range	Rate of Definite Interest in SP1	Rate of Definite Interest in SP 2
All	17%	13%
Less than 65 years old	24%	18%
65-74	20%	14%
75-79	12%	11%
80-84	16%	12%
85 or more	17%	11%

d) Gender

Just under 80% of all respondent were women. However in comparing gender rates of those interested in each service package, women constitute 88% of those

³ Another potential explanation, that the older groups had less income than the younger groups and the lower interest in the service packages is an effect of their lesser ability to afford the services was not borne out by the data. In fact, it appears that the youngest group is in fact the group with the highest percentage of lower income individuals.

definitely interested in SP1 and about 81% of those definitely interested in SP2. Thus, in planning the pilot, while participants will primarily be women, it may be helpful to realize that there may be a smaller representation of men in a lower level package and a larger representation in a higher level package of services.

Gender	Persons Responding to Survey		
	All Respondents	Those Definitely Interested in SP1	Those Definitely Interested in SP2
Male	21%	12%	19%
Female	79%	88%	81%

4. Availability of Informal Caregivers

a) Availability of Children

Survey participants were asked to indicate the number of children they could ask for help from who live certain distances away. The table below summarizes the answers for all respondents.

Number of Children From Whom Resident Would Ask for Help						
Category	Number of Children:					
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
Within 15 minutes travel time	51%	31%	12%	4%	1%	1%
Between 15 minutes and 1 hour travel time	70%	18%	8%	3%	1%	1%
Between 1 hour and 4 hours travel time	74%	17%	5%	1%	1%	1%
More than 4 hours travel time	71%	18%	7%	3%	2%	6%
Other Responses						
Does not have any living children	12%					
Don't know	1%					
No answer...not asked	3%					

Contrary to expectations, the responses for those definitely or possibly interested in the service package do not differ significantly from those of the general population. For those interested in the packages, one would have expected fewer children available closer to the respondent and possibly more with no children or children living farther away. However this is not the case. The percentage responses for number of children in each category by those interested in the packages are generally similar, with about a 1-3% insignificant variance, from those listed above. The only exceptions to this trend is that those that are interested in SP2 report having a somewhat lower incidence of 3 or more children available within 15 minutes to one hour away. Additionally, those

interested in the packages have about a 2% lower incidence of having no children. Thus, it appears the incidences reported above are consistent between the general population and those interested in the packages.

When one looks at the likelihood of interest in the service packages by availability of children at various distances, there does appear to be some minor trends. Interest in SP2, is somewhat less, 10% as compared to 13 % for those definitely interested and 20% versus 32% for those possibly interested, where the respondent has 3 (or more) children within 15 minutes away. However, no such trend exists for SP1. Interest in either of the service packages may be somewhat increased where residents report 2-4 children living an hour or more away. This last finding is not conclusive as some of the data finds no such correlation.

While 42% of all respondents report having no children available on an ongoing basis, a higher percentage, 48%, of those interested in the service packages report having no children available to help on an ongoing basis. While not unexpected, this finding, as reported in the table below, does show some correlation between the lack availability of help from children and interest in the service packages.

Number of children that would be available to help you on an ongoing basis						
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
All respondents	42%	31%	14%	7%	3%	3%
Definitely Interested SP1	48%	29%	14%	6%	2%	1%
Possibly Interested SP1	47%	31%	11%	5%	2%	3%
Definitely Interested SP2	48%	30%	13%	5%	3%	1%
Possibly Interested SP2	48%	30%	13%	5%	2%	2%

b) Availability of Friends and Other Relatives

The survey data indicate that most residents surveyed have either no friends or a thin pool of friends, at best, that they can rely on to ask for assistance. As indicated in the table below, 43 % of those surveyed had no such friends within 15 minutes and another 22% had only one such friend within that distance.

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Number of Friends and Others From Whom Resident Would Ask for Help						
Category	Number:					
	0	1	2	3	4	5+
Within 15 minutes travel time	43%	22%	16%	7%	3%	8%
Between 15 minutes and 1 hour travel time	79%	9%	6%	3%	1%	3%
Between 1 hour and 4 hours travel time	90%	4%	3%	2%	0%	1%
More than 4 hours travel time	92%	4%	2%	1%	0%	1%
Other Responses						
Does not have any close friends or relatives	8%					
Don't know	2%					
No answer...not asked	21%					

The subset of residents interested in the service packages show a similar pattern regarding the percent that have friends nearby that can assist them. However, those definitely interested in either service package report a higher percentage of individuals (52 % compared to just 46% for all respondents) with no friends that they can rely on for assistance on an ongoing basis.

Number of relatives or close friends that would be available to help on an ongoing basis						
	Number of Friends Available					
	0	1	2	3	4	5+
All respondents	46%	24%	13%	7%	3%	7%
Definitely Interested SP1	52%	27%	11%	2%	2%	7%
Definitely Interested SP2	52%	27%	11%	4%	1%	5%
Possibly Interested SP1	48%	23%	13%	7%	3%	5%
Possibly Interested SP2	47%	24%	13%	8%	2%	7%

The data on availability of friends confirms that those who have fewer friends to rely on an ongoing basis are more likely to be definitely interested in obtaining the service packages.

Percent with X number of Friends to Rely on on an Ongoing Basis Who are Definitely Interested in Service Packages		
	Percent Definitely Interested in Service Packages	
Number of friends	SP1	SP2
0	19%	15%
1	19%	14%
2	15%	11%
3	6%	8%
4	8%	4%

5. Apartment Barriers and Frequency of Leaving the Building

a) Frequency Leaving the Building

Frequency leaving the building is a good measure of activities in the community, independence, and potential homebound status. Only about 10% of the respondents did not leave at all in the week preceding the survey. The table below tabulates the number of trips out of the building as a percentage of all respondents as well as those definitely interested in a service package. The pattern of departures for those with a definite interest in the service packages does generally follow that of the population of residents as a whole. Nevertheless, a slight pattern emerges where a greater percentage of those interested in service plans tend to leave only once or twice as compared to the general population and a lesser percentage leaves seven or more times in the week. This pattern is more pronounced for those definitely interested in SP1. This trend may point to the fact that those that are interested in the service packages are somewhat less mobile or involved in the community than the typical respondent.

Number of Times Left Building in the Past Week			
	All Respondents	Definite Interest in SP1	Definite Interest in SP2
Did not go out at all	9%	9%	10%
1-2 times	27%	34%	30%
3-4 times	21%	21%	20%
5-6 times	12%	13%	11%
7+ times	31%	23%	28%
Don't know	0%	0%	0%
No answer	0%	0%	0%

b) Apartment Barriers

Only 10% of the survey respondents report that they have barriers in their apartment which makes it more difficult for them to do their own chores and personal care. In a subsequent question the ten-percent identified the area of their apartment where the barrier is located. As expected the primary area of barrier is in the bathroom, as reported by 43%. Surprisingly, the next most frequent location of barriers is the common areas of the apartment, as reported by 31%. This is followed by the kitchen at 25%, the bedroom at 9% and hallways at 8%.

In designing the pilot programs, apartment modification to eliminate barriers would assist in prolonging the independence of residents. As expected a good deal of attention will be needed for the bathrooms and kitchens. However, the pilot locations should review common areas, which were reported as having more barriers than would have been expected.

While apartment modification may be expensive only a small percentage of residents report needing such assistance, 10% of all respondents, 16% of all those definitely interested in SP1, and 13% definitely interested in SP2. Since the long term benefit of such intervention can be great, it is worthwhile including assistance with barriers as part of any pilot program.

c) Resident Falls

The survey also inquired about the falls respondents have had within the past year. Nearly 20% of residents have had a fall in their apartment within the past year. Additionally, 8% report having falls outside of their individual apartment but still within the apartment complex and another 8% report taking falls out of doors. This high rate of falls is troubling considering the risk of harm and the impact on one's independence that can result from a fall. Any pilot program should include an assessment of barriers to mobility and potential hazards to participants both within the apartment and the common area of the complex. Preventing debilitating falls can have a significant impact on the health and health care costs of the residents.

Times fallen in the past year					
	Number of times:				
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4 or more</u>
Inside your apartment	81%	12%	4%	2%	2%
Outside your apartment, but still in the complex	92%	6%	1%	1%	0%
In someone else's home	97%	2%	0%	0%	0%
Out of doors	92%	5%	2%	0%	0%

6. Medical Care

Almost 30 % of residents report having an overnight stay in the hospital in the past year. About the same percentage of those definitely interested in the service packages report having had an overnight hospital stay in the past year. The table below summarizes residents' responses regarding overnight stays in hospital within the past year.

Overnight Hospital Stay in Past Year			
	All	Definitely SP1	Definitely SP2
Yes	29%	29%	32%
No	69%	67%	65%
No answer	2%	3%	2%

The following table shows the residents' responses regarding the number of times they visited a doctor in the past three months. Over eighty-five percent of residents had seen a doctor at least once within the last three months. Most residents, over 60%, had between one and three doctor visits during that period. Almost 20% of residents had seen a doctor four or more times during that period. In comparing the answers from the

general population of residents with those definitely interested in a service package, doctor visits did not differ a great deal between the groups.

Doctor visits in the past three months			
	All	Definitely SP1	Definitely SP2
1-3 times	64%	65%	66%
4-6 times	12%	14%	11%
7-9 times	3%	5%	3%
10+ times	4%	6%	7%
No answer	15%	10%	13%

Of the residents surveyed, eighteen percent (18%) report putting off medical care during the past year. Those interested in the service plans were slightly more likely to have put off medical care, 25% of those definitely interested in SP1 and 19% of those definitely interested in SP2.

Put off medical care in the past year			
	All	Definitely SP1	Definitely SP2
Yes	18%	25%	19%
No	80%	73%	80%
No answer	2%	2%	1%

The two major reasons that residents report for delaying health care are inability to afford the care and lack of services available. Surprisingly, the percentage of those reporting that they put off care because they can't afford it drops from 58% among all residents to about 43% for those definitely interested in a service package. Among those definitely interested in service package 1, 23% report putting off health care because of a lack of services in the home as compared to just 18% among all residents. It is difficult to analyze this data because this trend is not present in those definitely interested in SP2. Additionally, a large percentage of individuals report putting off health care for other unspecified reasons.

Major reasons put off medical care (N = 556)			
	All	Definitely SP1	Definitely SP2
Can't afford it	58%	44%	42%
Lack of services to help you when you get home	18%	23%	18%
Don't know where to go for medical care	1%	1%	1%
Transportation	1%	2%	1%
Other	23%	30%	38%

7. Income

a) Residents Income

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Average monthly household income is limited for most of the survey respondents. Over 86% report incomes of below \$1159 a month, the Medicaid HCBC Waiver income eligibility level.

The ability for many of the residents to pay for services out of their monthly income will be extremely limited. Over 50% of all residents and those interested in the service packages report monthly income of below \$740. At this level, there will not be significant if any left over to cover desired services. The 32% or so that have incomes of between \$1,160-\$1,667 may have some income to contribute toward services. Very few respondents had more monthly income than \$1,667. The table below summarizes monthly income as a percentage of all residents and those interested in the service packages.

Monthly Household Income Category as Percent of Defined Group					
	All	Definitely Interested In SP1	Definitely Interested in SP2	Possibly Interested in SP1	Possibly Interested in SP2
Less than \$490	12.1%	13.2%	13.8%	8.8%	10.0%
\$491 - \$740	42.0%	40.4%	37.6%	45.6%	44.0%
\$741 - \$1,159	32.0%	34.6%	35.3%	32.8%	32.1%
\$1,160 - \$1,667	7.0%	5.7%	6.1%	7.2%	7.1%
\$1,667 - \$2,083	0.7%	2.3%	3.0%	0.3%	0.3%
\$2,084 or more	0.3%	5.7%	0.8%	0.0%	0.0%
No answer	5.7%	2.8%	3.0%	5.3%	6.3%

b) Willingness to Pay Percentage of Income

As part of the survey, residents were asked about their willingness to pay a percent of their income toward receiving a package of services like those included in Service Package 1. The findings in this area are quite encouraging. Of those definitely interested in either service package over 30% are willing to pay a percentage of income and another 40% are possibly willing to do so. Combined, somewhere between 70-80% of those interested in the service packages are either definitely or possibly willing to contribute some of their income to pay for them. The following table summarizes the findings in this regard.

Willingness to Pay Percentage of Income toward Service Package 1					
Willingness to Pay Percentage of Income	All	Definitely Interested In SP1	Definitely Interested in SP2	Possibly Interested in SP1	Possibly Interested in SP2
Definitely	14%	34%	30%	14%	38%
Possibly	37%	41%	40%	53%	53%
Not at all	41%	17%	23%	27%	23%
No answer	8%	8%	6%	6%	7%

While the willingness may be there, it is critical to predict both the percentage of income individuals are willing to pay as well as the actual dollar amount of such payments. Of those definitely interested in SP1, 43 % is willing to pay less than ten percent of their income and 8% is willing to pay between 10 and 20 percent of their income. Of those definitely interested in SP2, 38 % is willing to pay less than ten percent of their income and 10% is willing to pay between 10 and 20 percent of their income. The table below summarizes the percent of income individuals are willing to pay as a percent of certain defined groups.

Percent of Income Willing to Pay by Specified Group					
Percent of Income	All	Definitely Interested In SP1	Definitely Interested in SP2	Possibly Interested in SP1	Possibly Interested in SP2
Less than 10%	26%	43%	38%	33%	38%
10 - 20%	7%	8%	10%	11%	11%
No answer	49%	27%	29%	32%	30%
Don t know	19%	23%	23%	24%	21%

While the data regarding willingness to contribute shows some encouraging responses the monthly income of most residents are quite low so that their monthly payments will not amount to the full cost of services provided.

The following table provides a better sense of willingness to pay by income group. According to this information, 20% of those with incomes of \$1,160 - \$1,667 are

willing to contribute between 10 and 20 percent of their monthly income. No other income group reaches 10% willing to contribute between 10 and 20 percent of income.

Percent of Income Willing to Pay by Monthly Income							
Percent of Income	All	Monthly Income					
		<\$490	\$491 - \$740	\$741 - \$1,159	\$1,160 - \$1,667	\$1,667 - \$2,083	\$2,084+
Less than 10%	26%	22%	28%	26%	23%	57%	33%
10 - 20%	7%	2%	6%	9%	20%	0%	0%
No answer	49%	61%	50%	42%	40%	29%	33%
Don t know	19%	14%	17%	23%	20%	14%	33%
N =	1010	122	494	325	71	7	3

Even assuming a 10% contribution of income a month by all those definitely interested in Service Package 1, and assuming that each individual is at the highest income level within their reported income bracket, the average contribution for Service Package 1 would be \$102 a month per recipient. A more realistic projection using the middle income per bracket would yield an average monthly payment of about \$87. And a more conservative estimate of only a 5 % contribution on average of income a month would yield an average monthly payment of approximately \$44 per month per participating resident.

c) Availability Financial Help From Family to Purchase Services

Survey respondents were asked about the likelihood that they could obtain financial assistance from their families to help pay for services that they wanted. The results appear encouraging in that 33% report that they are either very likely or somewhat likely to get such financial assistance. The following table sets out the full breakdown of likelihood of obtaining family financial assistance.

Likelihood of receiving financial help from your family to pay for services	
Very likely	17%
Somewhat likely	16%
Somewhat unlikely	10%
Very unlikely	31%
Would not ask family	14%
Don t know	6%
No answer	7%

8. Assets

a) Residents Assets

The asset position of most residents is not much rosier than their income status. For all residents, 63% have less than \$5,000 in assets and that percentage is up to 68% for individuals definitely interested in the service packages. In fact, 75% report total assets of fewer than \$10,000. The table below presents the reported asset value as a percentage of all respondents as well as a percentage of those definitely interested in either of the service packages.

Total Value of All Financial Assets			
Amount	All Respondents	Definitely Interested In SP1	Definitely Interested in SP2
Less than \$5,000	63%	68%	68%
\$5,000 - \$10,000	12%	10%	12%
\$10,001 - \$20,000	6%	3%	6%
\$20,001 - \$50,000	5%	5%	2%
\$50,001 - \$100,000	2%	1%	1%
Over \$100,000	1%	1%	0%
No answer	12%	12%	11%

Three-quarter of the residents do not have significant assets to rely on to help defray the cost of service packages.

b) Willingness to Spend Down Assets on Services

Almost 50% of all respondents were either definitely or possibly interested in spending down their assets at a rate of \$50 a day on services in order to avoid a nursing home placement. Only 20% of respondents were definitely not interested in spending down their assets in this manner. The table below shows the percent of respondents willing to spend down their assets in such a way. This high level of interest in spending down assets on services is a positive sign for the viability of HCBC funding as a significant source for a pilot service package. As long as the service package recipient is eligible for the HCBC program based on acuity level (and income level), then they can purchase the services with their assets until they are asset eligible for HCBC funding.

Percent of all respondents willing to spend down \$50 a day on services to avoid nursing home.	
Definitely	25%
Possibly	24%
Not at all	20%
Don t know	15%
No answer	15%

As depicted in the following table, the percent of residents definitely willing to spend down \$50 a day on services to avoid a nursing home stay increases as ones asset value increases. This trend is probably due to the fact that the higher asset groups have a great deal more to loose by not spending down prior to entering a nursing home. In contrast, the lower asset groups have little savings and do not want to spend it on services when they realize that they will qualify for Medicaid funded services in the near future anyway.

Percent Definitely Willing to Spend Down 50 a Day on Services to Avoid Nursing Home Stay by Asset Value						
Asset Value	< \$5000	\$5,000 - \$10,000	\$10,001 - \$20,000	\$20,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000
Percent willing to spend down	21%	35%	43%	45%	56%	50%
N =	640	119	56	51	18	6

Unfortunately, for the pilot program the increased willingness of high asset groups to spend down \$50 a day for services will not result in lots of potential revenue for a pilot program from resident assets. First, the survey question implies an immediate need for nursing home care as the reason to spend down. Second, the number of high asset individuals comprises a very small percentage of the residents. In fact, 53 % of those definitely willing to spend down report less than \$5,000 in total assets and another 16% have less than \$10,000 in assets. Thus, the large majority of residents willing to spend down once they have reached a level of care that warrants such spenddown will only have enough assets to cover 0-6 months with most clustering somewhere under 3 months. However, once they do spend down, many of the services could be paid for through the HCBC program.

F. Conclusions

In designing the pilot program, in addition to heeding the broad-brush advice contained in this report, it would be worthwhile to look more closely at the data gathered from promising sites. With the steady interest in receiving the service packages, the potential cost savings of providing a package of predominantly unlicensed care and the growing demand among the younger elderly, the availability of a service package is clearly needed. As expected, the major challenge in designing the pilot will be amassing various funding mechanisms to help cover the cost of care above that which is affordable to the residents.