



## PROJECT RENEWAL INC.

### TOOLS FOR AGING PLACE PROGRAM

#### Building Capacity to Address Needs of Aging Tenants



#### BUILDING CAPACITY TO ADDRESS NEEDS OF AGING TENANTS

### Program Overview

**Tools for Aging in Place (TAP)** is an innovative senior supportive housing pilot program supported by the Medicaid Redesign Team Supportive Housing Health Home Pilot Project.

- The **TAP** program currently serves 25 Medicaid active seniors, who have been identified as “high risk” of nursing home placement as a result of a potential adverse event. TAP provides supportive services that allow participants to age in place with dignity and the highest quality of life.

#### Objectives of the TAP program

- To reduce incidents of adverse events (i.e. high cost hospitalizations, falls, noncompliance, social isolation, etc.) that place participants at risk of nursing placement.
- To enhance participation and engagement in onsite services in order to combat isolative behaviors that may be directly related to the participants’ dual psychiatric diagnosis and/or maladaptive coping mechanisms for aging.



## BUILDING CAPACITY TO ADDRESS NEEDS OF AGING TENANTS

### Roles of the TAP Team Members

**Nurse Coordinator-** Provides day-to-day clinical care coordination, as well as direct involvement in development, implementation, and ongoing reviews of senior-specific individualized care plans.

**Occupational Therapy Coordinator/ OT interns-** Help clients develop the highest possible degree of functional independence in activities of daily living. This is done by means of implementing one-to-one, groups, and community based treatment sessions focused on direct skill development.

**Case Aides-** Provides senior residents with accessibility assistance, escorts, and enhancement in activities of daily living by directly supporting the client's individualized care plan.



## BUILDING CAPACITY TO ADDRESS NEEDS OF AGING TENANTS

### Communication Process

- Internal methods of communicating amongst the onsite clinical staff consists of weekly “At Risk” meetings in order engage in clinical dialogue, and develop comprehensive interventions.
- TAP senior staff conduct “Monthly Care Plan Conferences” with the assigned Case Manager in an effort to communicate the client's care/treatment plan. Necessary modifications to client's plan care are made based on the client's medical/behavioral needs.
- Communicates in “real time” with clients' external primary care providers in order to coordinate services and care, as well as enhance the client's compliance.



## BUILDING CAPACITY TO ADDRESS NEEDS OF AGING TENANTS

### **Overseeing the Clients' Health**

- Utilization of assistive technology (Alarm.com motion sensors) to monitor and identify potential changes to the clients' normal behavioral pattern in order to ensure informed service delivery meets the ongoing needs of the client.
- Collecting and analyzing Alarm.com data on behavioral patterns that put clients at risk for social isolation, sedentary lifestyles and/or the onset of acute medical occurrences.
- An internal tracking mechanism has been created to account for occurrence of adverse events (i.e. acute falls, ER visits, hospitalizations, etc.).