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THE NEW OLD AGE

A Retirement Community That Comes to You

In continuing care at-home programs, members live in their own houses for years, with regular health check-ins.

By Paula Span

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Carole Ann Basso had spent years tending to her ailing parents and disabled husband; at one point, all three were receiving hospice care in her northern New Jersey home.

"It was so incredibly stressful," recalled Ms. Basso, a retired high school history teacher. "I didn't want to give my children that craziness."

So when she relocated to the small bayside town of Lewes, Del., in 2012, after her parents' and husband's deaths, her own future weighed on her mind. At 69, Ms. Basso had a long-term care insurance policy and a modest pension, but scant savings, which had prompted her move to a lower-cost region.

She wondered, "How am I going to take care of myself?"

In Lewes, she heard about another option in long-term care offered by a few pioneering continuing care retirement communities: a C.C.R.C. without walls.

Typically, a C.C.R.C. operates a complex or campus where residents shift from independent living to assisted living, a memory-care unit or a nursing home if their health and mobility decline.

But in continuing care at-home programs, members essentially spend the independent living years in their own houses.

In 2015, Ms. Basso joined a program called Springpoint Choice that allows her to stay in her comfortable ranch house with an also-aging English setter named Princess Leia. Diane Willoughby, her "care navigator," checks in regularly to monitor her needs.

With luck, Ms. Basso, now 76, may remain in her home for years — or for good. If she eventually requires help with bathing, dressing or other so-called activities of daily living, the program will provide home aides.

If she can no longer live safely at home, Ms. Basso can move onto the campus of The Moorings at Lewes, the affiliated continuing care retirement community a few blocks away. Her one-time entrance fee and monthly fees will cover her long-term care costs, at home or on campus, while Medicare and her supplemental insurance pay for medical care.

"It gives you a feeling of security," Ms. Basso said.

Ms. Basso with her care coordinator, Diane Willoughby, and Ms. Basso's dog, Princess Leia. Michelle Gustafson for The New York Times

Though some at-home programs date to the 1990s, there are still very few. Across the country, nearly 2000 C.C.R.C.'s, mostly nonprofits, serve about 745,000 residents. Only 32, in about a dozen states, have added at-home programs.

But more senior living organizations are considering this approach, a possible answer to a perpetual conflict: Older Americans are very likely to need long-term care, but often loathe the thought of leaving their homes.

“Most people want to age successfully in place; they don’t want to transition to a community,” said Kevin Ahmadi, who heads Senior Choice at Home, connected to Gulf Coast Village, a C.C.R.C. in Cape Coral, Fla. “We believe there’s a strong future for at-home programs.”

To enroll, applicants must provide years of medical records and extensive financial documents showing that they’re healthy and can afford the fees. Progressive neurological diseases, like dementia or Parkinson’s disease, will disqualify applicants.

“We assume they won’t be needing any services for at least five years,” said Cecily Laidman, executive director of Springpoint Choice. But that need could arise in 15 years or the next month.

Such programs work financially, Ms. Laidman said, because many members enroll in their 70s, instead of waiting to move to a community in their 80s. They’re paying into the program for a longer period than if they had moved into a facility, allowing the programs to invest for members’ later years, when they’re more apt to need care.

Traditional C.C.R.C’s operate under an assortment of contractual arrangements. Some have high buy-in fees, refundable to varying degrees after a resident’s death; others function more like rentals. Depending on luxury and geography, they tend to serve seniors who are financially comfortable.

Often, residents sell their houses to pay entrance fees that average $107,000 to $427,000, according to a report from LeadingAge, the trade association representing nonprofit senior care providers. (LeadingAge has rebranded these entities “life plan communities.”) Monthly fees range from $2,100 to $4,200.

“It’s a great solution for people who either have means or good retirement plans, some wealth built up,” said Ruth Katz, senior vice president of public policy and advocacy at LeadingAge.

So far, the at-home programs carry lower price tags, though members still pay for housing and other living costs. At Senior Choice at Home in Florida, Mr. Ahmadi said, a 75-year-old would probably pay $55,000 to $60,000 in entrance fees and about $525 a month.

At Springpoint Choice, which has about 270 members in New Jersey and Delaware, initial fees run $30,000 to $65,000, with monthly charges of $300 to $500. All the fees are tax deductible.

“If in a year they have a life-changing event, they could be paying $400 a month for skilled nursing, which on the East Coast typically costs $13,000 a month,” Ms. Laidman said.

Ms. Basso joined Springpoint Choice at a bargain rate. Because she has good long-term care insurance, her entrance fee was a discounted $25,790; she paid it with the sale of her New Jersey house and her parents’ condo. Her $128 monthly fee has since increased to $146.

She needed help far sooner than anyone had foreseen. Months after signing her contract, she had open-heart surgery at Johns Hopkins, followed by two weeks in intensive care.

After open-heart surgery, Ms. Basso needed a home aide for a few weeks to help with daily needs. Michelle Gustafson for The New York Times

Ms. Basso then spent five weeks in rehab at The Moorings, doing physical therapy twice each day, with daily visits from Ms. Willoughby, her care navigator. Finally strong enough to go home, Ms. Basso still needed an aide for three weeks to help with shopping, laundry and meals.

“They took total care of me, and I never had to pay one cent beyond my monthly fee,” said Ms. Basso, now back to her independent life. “I’m not as agile as I was, but my goodness, I’m blessed.”

She’s also discovering another advantage to a C.C.R.C. without walls: Members are encouraged to join community trips, participate in activities, use the campus gyms and pools and get to know residents and staff.

“They’re connected,” Mr. Ahmadi said of at-home members. In his program, one woman changed her mind and, at 86, left her home to move into Gulf Coast Village with her newfound friends.

Though the number of continuing care retirement communities is once again growing, after taking a hit during the recession, it’s unclear whether at-home options will gain popularity. Some state regulations won’t allow them, so advocates are working to amend the laws, as has happened in Florida.

And these communities have to explain how it all works to prospective members. “Educating the public is probably the biggest challenge we have,” Ms. Laidman said.

Moreover, the at-home versions don’t provide all the services — like scheduled transportation, meals and housekeeping — that members would have if they moved onto a campus.

But at-home arrangements may be more appealing to those older adults — not a paltry number — who vow that the only way they’re leaving their home is feet-first.

With an aging population, “the bottom line is, we’re going to need lots and lots of long-term care options,” Ms. Katz said. “We need to be experimenting and finding new models, and this is one more.”

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