

Appendix C: Summary of Survey of AAL Providers

Background

A survey was sent out to owners and primary managers of existing affordable assisted living (AAL) facilities in Indiana to gain insight into the details of lease-up and operations to help better understand the feasibility of AALs in counties with < 50,000 residents. Results of the survey are summarized in the following sections.

Summary of Results

As of July 19, 2023, we had received survey responses for 26 AAL facilities. There are a total of 31 AAL properties in the IHEDA records. In other words, we didn't receive responses for 5 facilities. However, these five facilities were awarded grants in 2020 or later (3 awarded in 2020 and 2 awarded in 2022) and are either not open yet or likely still in the lease-up phase. The following sub-sections provide a summary of the responses for each survey question.

How many units does this project include?

Of note, we excluded one response which provided a "1". We believe this was a typo. Based on IHEDA records, the facility associated with this response contains 125 units.

Minimum	114
First Quartile	119
Median	124
Mean	123.8
Third Quartile	126
Maximum	136

How long was the project in the initial lease up phase?

The table below summarizes the lease up phase reported for the projects. Of note, two facilities mentioned that their lease-up time was extended due to COVID. These facilities reported a lease-up time of 16 months and 1.5 years, respectively. There were 5 facilities who responded with a lease-up time greater than 2 years. The three facilities who were still in the lease-up phase had an award year of 2019 (1 facility) or 2020 (2 facilities).

Lease Up Duration	Frequency
12 months	8
13 - 24 months (1 - 2 years)	7
25 - 36 months (2 - 3 years)	3
49 - 60 months (4 - 5 years)	2

Lease Up Duration	Frequency
Ongoing	3
Unknown	3

What is the average age of your residents at the time of move-in?

We received one response of “62 plus”, one of “65-75”, and another of “78 - 83”. Excluding the response for “62 plus” and using the midpoint for the two range responses, we categorized the age at move-in as follows:

Average Age at Time of Move-in	Frequency
(70,74]	10
(74,80]	5
(80,85]	1

The minimum average age at move in was 62 while the maximum average age at move-in was 80.5. The average age at move-in (averaged across the responses) is 71.9.

According to the American Health Care association and the National Center for assisted living, about 48% of assisted living residents in Indiana are 85 years and older (<https://www.ahcancal.org/Assisted-Living/Facts-and-Figures/Documents/State%20Facts/Indiana-AL.pdf>). The average age of *affordable* assisted living tenants in Indiana at the time of move in seems lower than the general population of assisted living residents in Indiana. This is especially true considering the national median length of tenancy is around 22 months (and the median tenancy length for AAL facilities in Indiana is also close to 22 months, see the following section).

What is the average length of tenancy?

Responses to this question were provided in a variety of formats. Some were very precise (i.e. 351 days) while others were much more vague (i.e. “6 months to 1 year or longer” (we used 1 year), “3 - 4 years” (we used 3.5 years), or “2 years plus” (we used 2 years)). Converting each of the responses to months (and using the midpoint of any range provided), we calculated the following summary statistics:

Minimum	11
First Quartile	19
Median	22
Mean	22.8
Third Quartile	24
Maximum	36

Of note, the national median length of tenancy for all assisted living facilities is about 22 months (<https://www.ahcancal.org/Assisted-Living/Facts-and->

[Figures/Pages/default.aspx](#)), which is very close to our calculated mean and median for the AAL facilities.

What are the primary reasons for the end of tenancy?

Note that some facilities provided multiple reasons for the end of tenancy.

- Twenty-four (all but 2) responses indicated that one of the primary reasons for the end of tenancy was that a higher level of care was needed.
- Seven responses indicated that lease violations were a primary reason for the end of tenancy. Of note, all responses mentioning lease violations came from one management organization.
- Six responses indicated that tenant death was a primary reason for the end of tenancy.
- Five responses indicated non-payment as a primary reason for the end of tenancy. Of note, all but one response indicating non-payment arose from one management organization.
- One response indicated behavioral concerns as a primary reason for the end of tenancy at their facility.

How many units are currently vacant?

Three facilities indicated that they are still undergoing lease-up and noted that 48, 53, and 64 units were currently vacant, respectively. After we exclude these three facilities, we summarized the number of vacant units in the table below:

Minimum	0
First Quartile	1.5
Median	5
Mean	6
Third Quartile	9
Maximum	23

Note that five facilities indicated 0 vacant units.

What is the average turn time on renting a unit that becomes vacant?

Turn-around times reported are summarized in the table below. One of the facilities which was still undergoing lease-up did not provide a response (this is the “Unknown” observation in the table below). The other facility which was undergoing lease-up stated they have a 30-day turn-around time. There was one other facility which reported a 30-day turn-around time (this facility was not in the lease-up phase). This facility also stated they had 23 vacant units and no wait list.

Turn-around time	Frequency
7 days or less	11

Turn-around time	Frequency
8 - 14 days	12
30 days	2
Unknown	1

In general, how long of a waiting list do you have for the next available unit?

One of the facilities still undergoing lease-up did not provide a response while the other facility indicated 2 people were on the wait list for an independent living apartment. The third facility currently undergoing lease-up reported no wait list. Nine facilities (excluding the facilities undergoing lease-up) indicated they currently have no wait list.

The remaining facilities reported the length of their wait list in number of months or number of tenants. Facilities who reported the length of their wait list as number of tenants reported 5, 9, 14, 15, "10 - 15 Depending", 20 (reported by two facilities), 30, or 52 people on their wait list. On the other hand, five facilities reported the wait list length in number of weeks or months: "2 weeks" (2 facilities), "30 days", "2-3 months" or "AL 3-6 months working from waiting list. EPC 6 months to 1 year due to AL internal resident transfers then working off the waitlist."

What percentage of current residents are supported by Medicaid?

All but five responses reported $\geq 90\%$ of residents supported by Medicaid (two of these responses belonged to the facilities still undergoing the lease-up phase, and the responses for these facilities were: 55% [lease-up phase facility], 81% [lease-up phase facility], 86%, and 88% [two facilities]). Summary statistics are provided below.

The facility with 55% of tenants supported by Medicaid is still in lease up and likely reported this value incorrectly (they reported the sum of the number of individuals on all tiers of Medicaid). In order to obtain 55%, we calculated the number of occupied units (by subtracting the reported number of vacant units from the reported total number of units) as the denominator and the sum of individuals on each tier of Medicaid as the numerator. This approximated percentage is still much lower than the percentage reported in the other AAL facilities and should be interpreted with caution.

Minimum	55
First Quartile	90
Median	95
Mean	92.6
Third Quartile	98
Maximum	100

Of note, the National Center for Assisted Living reports that 27% of assisted living residents in Indiana rely on Medicaid for their long term care in assisted living (<https://www.ahcanca.org/Assisted-Living/Facts-and->

[Figures/Documents/State%20Facts/Indiana-AL.pdf](#)). Affordable assisted living residents utilize Medicaid at a much higher rate than the state average.

What is the breakdown (simple count) of Medicaid tiers of current residents?

The respondents provided the count of tenants using each tier of Medicaid, and this was used to calculate the percentage of tenants using Medicaid who are within each tier for each facility. Then, we calculated the following summary statistics for the percentage of tenants who use Medicaid for each tier of Medicaid:

	Minimum	First Quartile	Median	Mean	Third Quartile	Maximum
Percent of Medicaid Tenants on Medicaid Tier 1	15.4	28.3	48.6	44.2	56.3	67.4
Percent of Medicaid Tenants on Medicaid Tier 2	5.7	9.5	14.1	15.3	17.0	39.5
Percent of Medicaid Tenants on Medicaid Tier 3	3.9	29.3	40.9	40.5	51.9	65.9

How many members are on the property management team when fully staffed?

One facility reported 30 members on the property management team while all other responses indicated 7 - 11 members on the property management team.

How many members are on the services/resident support team when fully staffed?

Two facilities reported the number of members on the services/resident support team per shift (16 and 14, respectively). However, the rest of the facilities reported the number of staff members overall. The two facilities who reported the number of staff per shift were removed and summary statistics for the remaining facilities are provided in the summary table below.

A couple of additional notes regarding the responses: One facility indicated one services/resident support staff member. This response was believed to be an error and was excluded from the summary table below. Additionally, one response indicated “40 nursing and 25 other support staff (Culinary, HSKP, Maint., Etc.)” and this response was summed to 65 and included in the summary table below.

Minimum	30
First Quartile	34
Median	41
Mean	43.1
Third Quartile	51

Please describe any specific challenges you have experienced with this particular property and location?

Six facilities indicated no challenges or left the response blank. Four facilities indicated staffing issues, one of these specified that staffing the culinary department on weekends was a challenge while another mentioned “high turnover and shortage of staff due to significant number of LTC and AL competitors in the area” and a third mentioned “Staffing and construction issues” (this was the only facility to mention construction issues).

Two facilities mentioned challenges related to Medicaid, specifically getting Medicaid and service plans approved/active in a timely manner. Also, five facilities (all from the same management company) indicated “delays in AAA processing timelines”.

Five facilities indicated that the location of the development was in an undesirable area of town, an area less desirable than some competing facilities in town, or an area with higher levels of homelessness and drug activity (which caused security concerns). Of note, four of these facilities were operated by the same management company. Also, seven facilities mentioned competition or competitors either in regard to staffing (one facility) or in general (six facilities, all from the same management company)

One facility stated “mental health” while another mentioned a “high number of residents with substance abuse issues”.

One facility indicated “residents not adhering to lease rules” while another indicated “getting residents to consistently pay their rent and pay it on time.”

One facility indicated that COVID caused problems in general and specifically when staffing the facility. They mentioned that challenges are reduced now that COVID has been controlled and mentioned no other challenges.

Finally, one facility indicated “challenges with the local Ombudsman not serving as an intermediary between facility and resident”. This comment is likely referencing the long-term care ombudsmen (<https://www.in.gov/ombudsman/long-term-care-ombudsman/overview/>).

Results Stratified by County Population Category

We have been able to match all responses to a facility on IHCD records and determine the county in which each facility is located. Below we summarize the number of responses related to facilities in counties with different population ranges.

County Population Range	Frequency
< 100k	5
100k - 200k	9
> 200k	12

We currently have a relatively small sample size within each of the county population categories which limits the certainty with which we make our conclusions. However, we can summarize the data we have to see if we can make any interesting observations.

The table below summarizes the number of facilities within each lease-up duration category and county population category.

County Pop	12 months	13 - 24 months (1 - 2 years)	25 - 36 months (2 - 3 years)	49 - 60 months (4 - 5 years)	Ongoing	Unknown	Total
< 100k	2	0	2	0	1	0	5
100k - 200k	2	3	0	2	2	0	9
> 200k	4	4	1	0	0	3	12
Total	8	7	3	2	3	3	26

The table below summarizes average age at move-in stratified by county population range. We see a trend for lower age at move-in for larger counties (population > 200k). The average move-in age for the larger counties is about 3 years younger than the smaller counties and considering that the average length of tenancy is less than three years, this could be a substantial difference.

County Population Range	Average Age at Move-In
< 100k	73.4
100k - 200k	72.9
> 200k	70.4

The table below summarizes the average length of tenancy, stratified by the range of county population. We observe a trend of longer tenancy (about 7 months) for facilities in larger counties.

County Population Range	Average Length of Tenancy (months)
< 100k	19
100k - 200k	21
> 200k	26

Next, we summarize the average number of vacant rooms for AAL facilities in different counties. Recall that three facilities indicated that they are still undergoing lease-up and noted that 48, 53, or 64 units were currently vacant, respectively. After we exclude these three facilities, we note that there is a trend towards larger counties having more vacant units (likely driven by the two leased-up facilities with the largest number of vacant rooms (12 and 23) both being located in counties with > 200k people).

County Population Range	Average Number of Vacant Units
< 100k	3.8

County Population Range	Average Number of Vacant Units
100k - 200k	5.4
> 200k	7.1

Regarding turn-around time for a vacant unit, see the table summarizing the turn-around time by county population category below. This table provides the count of facilities in each cell. Recall that one of the facilities which reported a turn-around time of 30 days is still leasing up (and is in a county of < 100k people) while the other facility which reported a turn-around time of 30 days is in a county with > 200k people (and has 23 vacant units).

	7 days or less	8 - 14 days	30 days	Total
< 100k	2	2	1	5
100k - 200k	2	6	0	8
> 200k	7	4	1	12
Total	11	12	2	25

In the table below we summarize the average percentage of people on Medicaid stratified by county size. There appears to be a trend of higher percentages of tenants on Medicaid with higher county populations. However, we encourage interpreting this trend with caution due to the response of one facility (located in a county with < 100k residents) which is still in lease up and has 55% of tenants using Medicaid. After removing this facility from consideration, the trend is no longer present.

County Population Range	Average Percent of People on Medicaid
< 100k	85.4
100k - 200k	93.0
> 200k	95.2

The percent of Medicaid tenants who are part of each Medicaid tier are averaged over the facilities in each county population category below. There tends to be a higher percentage of Medicaid Tier 1 tenants in facilities in smaller counties and a higher percentage of Medicaid Tier 3 tenants in larger counties.

County Population Range	Percent of Medicaid Tenants on Medicaid Tier 1	Percent of Medicaid Tenants on Medicaid Tier 2	Percent of Medicaid Tenants on Medicaid Tier 3
< 100k	53.7	14.7	31.5
100k - 200k	45	15.3	39.7
> 200k	39.6	15.6	44.8

Regarding the number of members on the property management team, recall that all but one response had a range of 7 - 11 members while one facility had 30 members. The facility with 30 members was in a county of < 100k residents.

In the table below, we summarize the average number of members on the services/resident support team. Of note, there were two facilities which reported the number of members per shift (16 and 14) and these facilities were in counties with > 200k people and < 100k people, respectively. After removing these facilities (and the facility who reported only 1 staff member), we summarized the average number of members on the services/resident support team. Based on the table below, facilities in larger counties tended to have slightly larger services/resident support teams.

County Population Range	Average Number of Members on the Services/Resident Support Team
< 100k	37.5
100k - 200k	46.8
> 200k	42.5

Conclusions

Based on the responses, it appears that the number of units per facility is within a fairly narrow range (114 - 136).

The lease up phase took about 2 years or less for most facilities but can take up to 4 - 5 years for some. There doesn't appear to be a strong association between lease up phase duration and county population. Also, the facilities with the longest lease up durations (i.e., > 3 years) are distributed around the state and don't seem to be concentrated in a particular area.

The average age of move-in for AAL facilities in Indiana seems lower than the state average age for all assisted living residents (not at move in, but overall). The average age at move-in appears slightly lower for counties with > 200k residents. This, combined with the median tenancy of 22 months indicates that AAL tenants appear younger in general compared to the general assisted living population in Indiana.

The average length of tenancy (average across facilities: about 23 months) was very close to the national median length of tenancy (<https://www.ahcancal.org/Assisted-Living/Facts-and-Figures/Pages/default.aspx>). Tenancy tends to be longer for facilities in larger counties.

The primary reason for the end of tenancy was that a higher level of care was needed. Less common reasons for the end of tenancy included lease violations, tenant death, and non-payment.

The number of vacant units was generally low with the exception of a facility with 23 vacant units. The number of vacant units seems higher in facilities in more populous counties, likely driven by two facilities with a relatively high number of vacant rooms (12 and 23, respectively).

The turn-around time for a vacant unit was between 1 - 2 weeks for most facilities, with about half of the facilities having a turn-around time of 1 week or less.

Medicaid utilization is generally much higher than the overall state-level utilization of Medicaid for assisted living residents.

While the number of staff members on the property management team was fairly consistent across facilities, the number of members of the services/resident support team ranged from 30 - 60 and appeared to be slightly higher on average in larger counties.