

Assisted Living: Saving Billions for Medicaid Budgets

Legislative Briefing

February 2025



Empowering all states to offer Affordable Assisted Living ("AAL") to those entitled to skilled nursing facility benefits under existing law would:

- 1. Reduce aggregate Federal spending by **\$21 billion** over 10 years.
- 2. Enable frail seniors entitled to Medicaid benefits to choose a **higher quality, less costly living** experience with "right-sized" support services instead of sharing a room in an intuitional setting (hospital or nursing home).
- 3. Create **\$45 billion** of private sector investment in AAL, **45,000** full time jobs, and \$2.4 billion in annual private sector payroll that comes with it.

Small changes to existing law make this possible.



Silver Birch: a leading provider of affordable assisted living.



1,100+ Residents



2.3 Conditions per Resident Cared For



550+ Employees



\$250M Invested \$600M+ Pipeline



11 Communities and Growing!

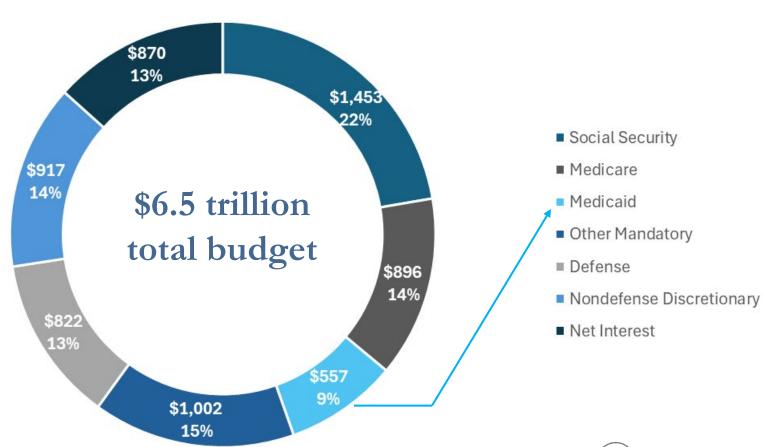


4 States and Expanding



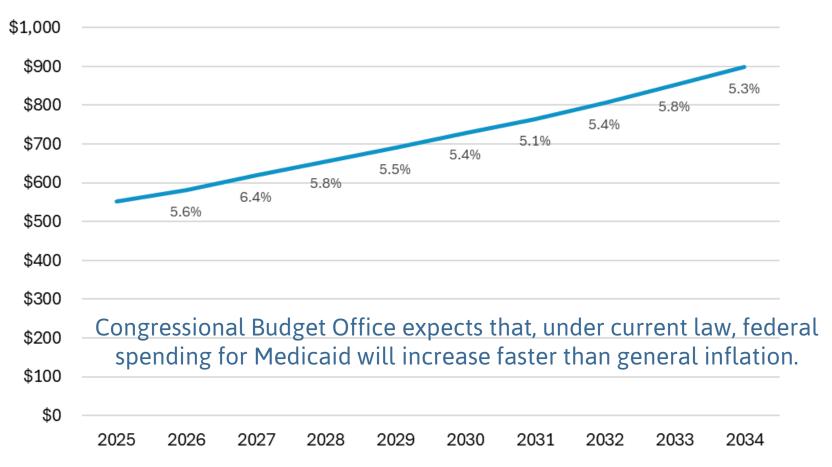
Medicaid is the 5th largest segment of the budget.

U.S. Federal Budget 2024
Billions of Dollars



Medicaid projected to grow 63% in the next 10 years.

Medicaid Projected Federal Spend Billions of Dollars and Year Over Year Growth





The Social Security Act mandates that states cover certain services under Medicaid:

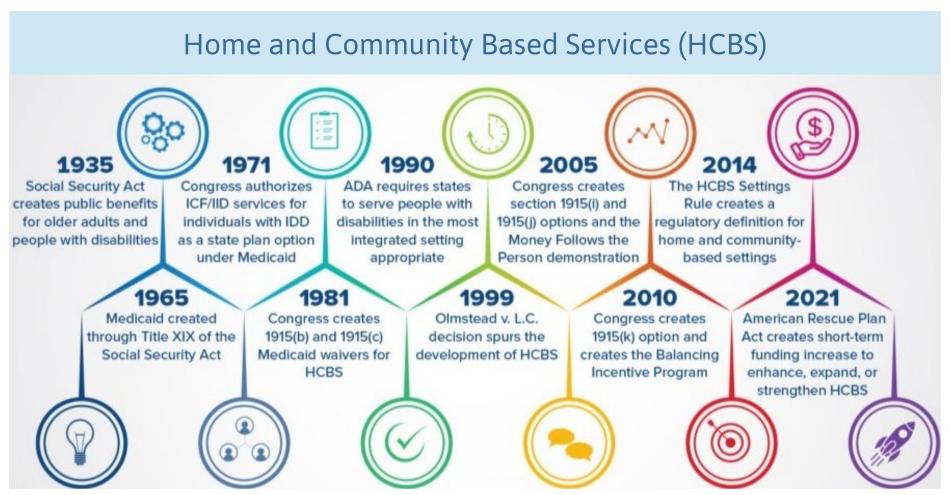
- 1. hospital (in and outpatient)
- 2. laboratory and X-ray
- **3. nursing facility** (for 21 years or older)
- 4. screening, diagnostic, and treatment services (for under 21 yrs)
- 5. physician (in any setting)
- 6. nurse-midwife
- 7. nurse practitioner
- 8. freestanding birth center
- 9. medication-assisted treatment

A State plan for medical assistance must provide for making medical assistance available, for at least the forms of care and services above, to individuals that meet certain criteria. "Medical assistance" means payment of all or part of care and services or the care and services themselves, or both.

Source: Social Security Act, Section 1905



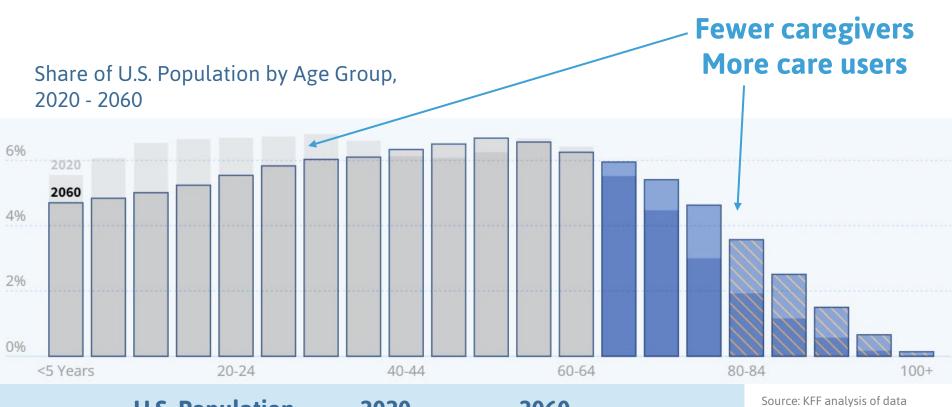
Since the passing of the Social Security Act, lower cost options to skilled nursing have emerged.



However, not all states offer assisted living and those that do, don't always ensure it's widely available.



As the silver tsunami places additional demands on Medicaid and state/federal budgets, will low-cost, more autonomous settings be available to seniors who qualify for nursing home care?



 U.S. Population
 2020
 2060

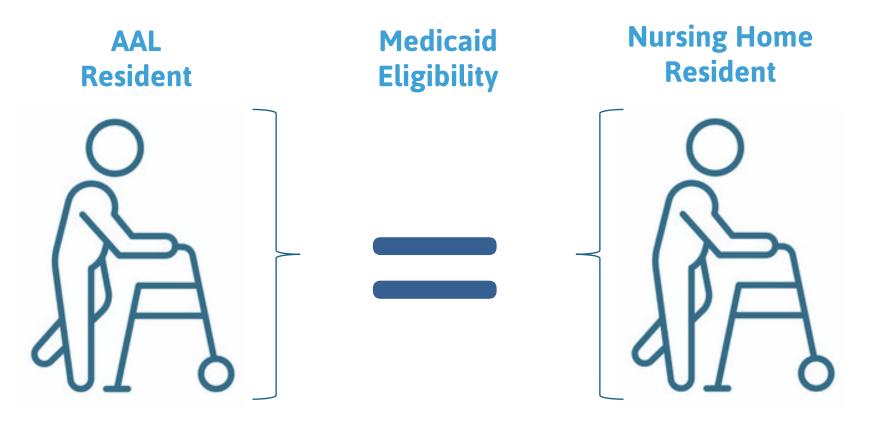
 65+
 56 million
 89 million

 65+ % of Total
 17%
 24%

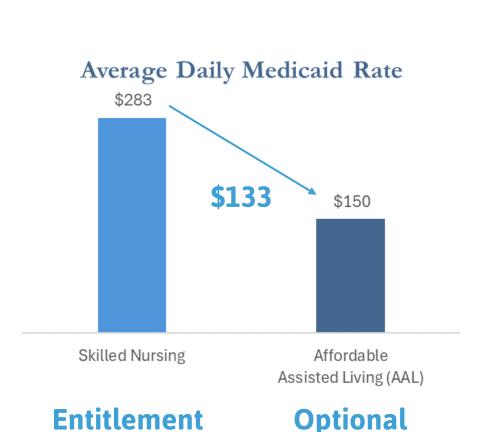
Source: KFF analysis of data from the U.S. Census Bureau



Affordable assisted living residents meet the same health and financial thresholds that qualify people for nursing homes.



Widely available assisted living could save the government billions.



Annual Medicaid Savings \$ Billions



Source: Average Daily SNF Medicaid Rate is a 7-state average for states SBL is researching for investment.



AAL costs less (than other LTC settings) in part because it utilizes LIHTC to finance apartments for seniors.

However, nothing in the tax code gives preference to projects like AAL that reduce government expenditures.

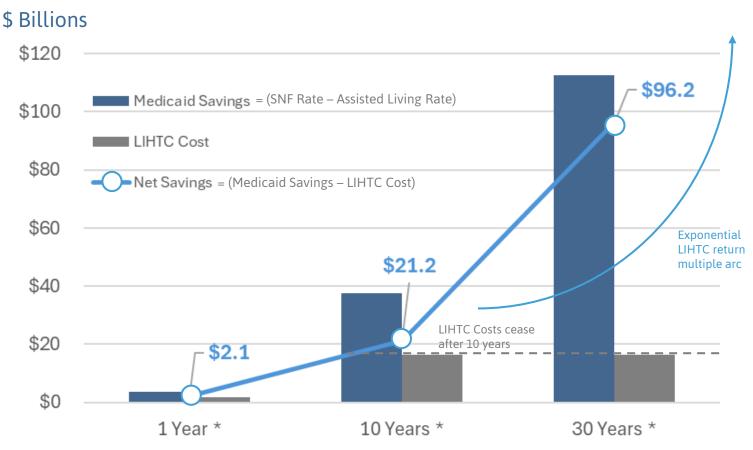
About LIHTC (Low-Income Housing Tax Credits)

- The LIHTC program, created in 1986 (made permanent in 1993), is an indirect federal subsidy used to finance the construction and rehabilitation of low-income affordable rental housing.
- LIHTC gives investors a dollar-for-dollar reduction in their federal tax liability in exchange for providing financing to develop affordable rental housing.
- Within general guidelines set by the IRS, state housing agencies administer the LIHTC program.
- LIHTC was designed for traditional apartments without care services and is prohibitive to settings that provide continuous and frequent nursing care.

Source: Novogradac LTC: Long Term Care



Federal savings of \$96 billion from national enactment of assisted living waiver and LIHTC changes.



AAL developments are necessary to serve 129,000 American seniors.

6.9x

Medicaid savings on government funding of the LIHTC program for AAL over 30 years.

A 30-year period is illustrated; however, Medicaid savings continue in perpetuity while LIHTC costs cease after 10 years.

After year 10 (when LIHTC costs cease) the return multiple on the LIHTC program grows, and grows, and grows.



^{1,150}

^{*} Medicaid savings are federal only, unadjusted by rate increases or the time value of money.

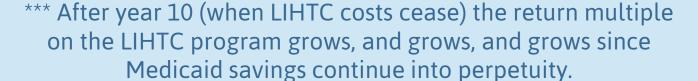
How small changes to policy add up to billions of dollars of benefits.

| 1 New AAL Development | Metric | 1,150 New AAL Developments |
|--------------------------|--|-------------------------------|
| 112 | Average Occupied Residents | 129,000 |
| \$80 | Medicaid Savings Daily Rate per Resident * | \$80 |
| \$8,900 | Daily Medicaid Savings | \$10.3 million |
| \$3.2 million | Annual Medicaid Savings | \$3.7 billion |
| \$1.4 million | Annual LIHTC Cost ** | \$1.6 billion |
| \$1.8 million | Annual Net Savings *** | \$2.1 billion |

^{* \$170/}day Federal portion of Medicaid rate for skilled nursing minus \$90/day Federal portion of Medicaid rate for assisted living = \$80/day in Medicaid savings.

An average of \$14.2 million of LIHTC is utilized per AAL development (\$1.4 million over 10 years).

Rounding of individual metrics might result in numbers not tying out exactly





^{**} No additional funds would be allocated to the existing LIHTC program; recognizes the net cost to the federal government using existing LIHTC program.

Besides billions in Medicaid savings, assisted living waiver and LIHTC change is an economic catalyst.

| 1 New AAL Development | Economic Benefit | 1,150 New * AAL Developments |
|--------------------------|-----------------------------|---------------------------------|
| \$39 million | Private Sector Investment | \$45.0 billion |
| 39 | Full Time Jobs | 45,000 |
| \$2.1 million | Payroll / Year | \$2.4 billion |
| \$353 thousand | Federal Income Taxes / Year | \$407 million |
| \$318 thousand | FICA Payments / Year | \$367 million |

30-year Federal return on LIHTC besides Medicaid savings



The 30-year combination of Medicaid savings and economic benefits generated from every \$1 of LIHTC is over **8x.**



^{*} At least 1,150 new affordable assisted living developments are needed to serve the shortfall of assisted living residences for 129,000 American seniors.

Living with purpose; a Silver Birch resident story.

Joe began his career working in grocery when he was in high school. His entire working life centered around working in and managing produce departments in several grocery stores.

In 2016, at the age of 63, Joe had to go to the hospital to have an artery replaced in his leg. His leg became infected and, unfortunately, he ultimately had to undergo an above knee amputation.

Prior to this life changing event, Joe was living life like most 63-year-olds, working, driving, and living independently, all the things we take for granted.

Once discharged from the hospital, Joe was sent to a local skilled nursing facility. This is where Joe lived for the next three years, in a shared companion room with no privacy. Not being a candidate for a prosthetic and unable to live alone in an apartment, this was the only option available to him.

Joe said none of his families' homes are wheelchair accessible so living with anyone of them was not possible. This was a grim reality for someone who worked hard his entire life, raised a family, and then was struck by an unforeseen medical situation in the prime of his life.

Joe moved into Silver Birch in 2019, able to afford his own private apartment thanks to the waiver program. He is again a productive member of society, living life as independently as possible.

Since moving in Joe has taken an active role, becoming a Resident Council President and Head of our Garden Club.





Three changes would be required to effectuate widespread availability of affordable assisted living.

Social Security Act

1. Section 1905(a) [42 U.S.C. 1396d] is hereby amended by adding,

(31) services provided in an assisted living residence consistent with State law permitting such services including to individuals who would require the level of care provided in a hospital, nursing facility or intermediate care facility for the mentally retarded the cost of which could be reimbursed under the State plan, and who meet the State's income and resources requirements adopted under Section 1902(A)(10)(A)(ii)(V).

2. Section 1902(a) (10) (A) [42 U.S.C. 1396a] is hereby amended to say

(For making medical assistance available, including at the least care and services listed in paragraphs (1) through (5), (17), (28), and (29), and (31) of section 1905(a) to...

Tax Code

3. 26 USC 42(m)(1)(C) is hereby amended to state

(C) Certain selection criteria must be used

The selection criteria set forth in a qualified allocation plan must include (i) project location, (ii) housing needs characteristics, (iii) project characteristics, including whether the project includes the use of existing housing as part of a community revitalization plan, (iv) sponsor characteristics, (v) tenant populations with special housing needs, (vi) public housing waiting lists, (vii) tenant populations of individuals with children, (viii) projects intended for eventual tenant ownership, (ix) the energy efficiency of the project, and (x) the historic nature of the project, and (xi) projects that reduce the medical assistance costs of long-term services and supports for the elderly by providing them services in a non-institutional setting.



Thank you

for your consideration to solve the growing Medicaid expenditure problem.

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