Overview
Target Audiences
Report Objective
Research Notes

State Level Demographics
Local Demographics
Richmond
Henrico
Chesterfield
Powhatan
Charles City
Goochland
New Kent
Hanover

Private Housing Services
Private Housing Types

Managed Housing Types
Veteran Housing Types

Appendix A: Services
Appendix B: Further Reading

Thank you sponsors
Overview

LeadingAge Virginia embraces the diverse perspectives of residents, employees and partners representing all genders, orientations, cultures, races, economic status, and ability. LeadingAge Virginia is steadfast in their pursuit to lead today, learn from the past and create opportunities to build a bright future for all.

“Dreaming Home” is sponsored by five senior living member organizations: Westminster Canterbury of Richmond, Beth Sholom Lifecare Community, Pinnacle Living, Brandermill Woods, and LifeSpire of Virginia. The sponsors desire that the diverse elders in greater Richmond be provided with senior living options that meet their dreams and desires.

The sponsors desire a program that:

• Inclusively helps to identify senior living desires based on diverse populations’ values,
• Empowers elders with information on all options and services available in greater Richmond that might help to bring residents' vision of “home” to reality,
• Help senior living providers to create and maintain cultures of inclusion and align services and offerings with diverse elder desires and values for home.

The sponsors selected Richmond-based Kimbrough Consulting to embark on this important work. The following report is the result of Kimbrough Consulting’s initial research findings for Dreaming Home.

Target Audiences

Individuals and families interested in senior living options in the greater Richmond area.

Professionals within the healthcare and long-term care industry that are looking for a data source to help them plan programs and initiatives.

Policymakers, advocates, and community members working together to develop strategies and policy solutions for creating communities that provide equitable and healthy senior living opportunities.

Report Objective

This report aims to raise awareness of senior and veteran living options that serve the greater Richmond area. This report summarizes the estimated demographical data for Richmond, Henrico, Powhatan, Goochland, Hanover, Charles City, Chesterfield, and New Kent based on LeadingAge Virginia’s research findings on age, race, ethnicity, socioeconomic status, disability status, religion, LGBTQ+, gender type, and veteran status.

Research Notes

Information sources are referenced throughout the report and compiled in Appendix B. Richmond-based gerontologist Catherine MacDonald contributed to the information in this report. Limitations: Data on other genders has not been collected by the sources in this report. LGBT and religious data is available at the statewide level, though data sources lack information on LGBTQIA+. Detailed data for approximately 370 detailed racial and ethnic groups, such as German, Lebanese, Jamaican, Chinese, Native Hawaiian, and Mexican, as well as about 1,200 detailed American Indian and Alaska Native tribal and village population groups, such as Navajo Nation is expected to be available in late 2023.
State Level Demographics

LGBT
*Information from UCLA Williams Institute*

3.9% of Virginians are LGBT. Of those Virginians who identify as LGBT, 8% are age 65+ (0.03%)

Religious Data for Ages 65+
*Information from Pew Research Center Religious Landscape Study*

39% Evangelical Protestant
24% Mainline Protestant
12% Catholic
11% Historically Black Protestant
11% Unaffiliated (none)
2% Jewish
1% Other Faiths
<1% “I Don’t Know,” Other World Religions, Mormon, Jehovah’s Witness, Hindu, Buddhist
Local Demographics
Courtesy of US Census American Community Survey

Richmond City
229,233 people live in Richmond and 44,278 of them are age 60+.

Our Diverse City
Richmond has the highest percentage of people who are Black or African American in the region. Richmond celebrates and leverages this community, for example, Richmond Region Tourism created the BLK RVA campaign to highlight and celebrate the Black cultural experience in the Richmond region. “Black community, Black business, and Black culture continue to flourish in this region, making it more vibrant than ever before.” – BLK RVA

How people age 60+ living in Richmond identify:
45% White (not Hispanic or Latino/a/x/e)
51% Black or African American
0.2% American Indian or Alaskan Native
1% Asian
0% Native Hawaiian or other Pacific Islander
1% Other race
2% Two or more races
2% Hispanic or Latino/a/x/e (of any race)

People living in Richmond who are age 60+

- 58% are women
- $73,892 mean annual earnings
- 42% are men
- 14% live below 100% of the poverty level
- 13% are veterans
- 61% live in owner-occupied housing units
- 31% have at least one disability
- 39% live in renter-occupied housing units
## Local Demographics

### Henrico County

330,076 people live in Henrico and **70,877** of them are age 60+.

### Our Diverse County

American Indian and Alaska Native tribal grouping members live all over the region. Henrico County includes the highest number of people in the region who identify as Navajo.

#### How people age 60+ living in Henrico identify:

- **66%** White (not Hispanic or Latino/a/x/e)
- **26%** Black or African American
- **0.1%** American Indian or Alaskan Native
- **5%** Asian
- **0%** Native Hawaiian or other Pacific Islander
- **0.4%** Other race
- **2%** Two or more races
- **2%** Hispanic or Latino/a/x/e (of any race)

### People living in Henrico who are age 60+

- **59%** are women
- **$78,765** mean annual earnings
- **41%** are men
- **9%** live below 100% of the poverty level
- **14%** are veterans
- **75%** live in owner-occupied housing units
- **28%** have at least one disability
- **25%** live in renter-occupied housing units
- **14%** are veterans
- **75%** live in owner-occupied housing units
- **28%** have at least one disability
- **25%** live in renter-occupied housing units
Local Demographics

Chesterfield County

348,500 people live in Chesterfield and 73,273 of them are age 60+.

Our Diverse County

More than 30,000 people living in Chesterfield identify as Hispanic or Latino/a/x/e. Services, programs and celebrations are available throughout Chesterfield, such as the Three Kings Day event – held every January for the past decade in Chesterfield County as a way to reach out to the community.

How people age 60+ living in Chesterfield identify:

- 75% White (not Hispanic or Latino/a/x/e)
- 18% Black or African American
- 0.2% American Indian or Alaskan Native
- 3% Asian
- 0% Native Hawaiian or other Pacific Islander
- 1% Other race
- 1% Two or more races
- 3% Hispanic or Latino/a/x/e (of any race)

People living in Chesterfield who are age 60+

- 55% are women
- 45% are men
- 18% are veterans
- 25% have at least one disability
- $79,533 mean annual earnings
- 5% live below 100% of the poverty level
- 88% live in owner-occupied housing units
- 12% live in renter-occupied housing units

DreamingHome
Local Demographics

Powhatan County

29,253 people live in Powhatan County and 7,608 of them are age 60+.

Our Diverse County
Hundreds of people in Powhatan identify as Mexican or Puerto Rican. Dozens more identify as Filipino or Pacific Islander.

How people age 60+ living in Powhatan identify:
88% White (not Hispanic or Latino/a/x/e)
10% Black or African American
0.2% American Indian or Alaskan Native
0% Asian
0.3% Native Hawaiian or other Pacific Islander
0% Other race
2% Two or more races
0% Hispanic or Latino/a/x/e (of any race)

People living in Powhatan who are age 60+

52% are women
48% are men
17% are veterans
25% have at least one disability

$80,914 mean annual earnings
5% live below 100% of the poverty level
96% live in owner-occupied housing units
3% live in renter-occupied housing units
Local Demographics

Charles City County

7,014 people live in Charles City and 2,298 of them are age 60+.

Our Diverse County
Charles City includes the highest percentage of people who identify as American Indian and Alaskan Native in the region.

How people age 60+ living in Charles City identify:
- 43% White (not Hispanic or Latino/a/x/e)
- 48% Black or African American
- 6.8% American Indian or Alaskan Native
- 1% Asian
- 0.3% Native Hawaiian or other Pacific Islander
- 0.2% Other race
- 1% Two or more races
- 1% Hispanic or Latino/a/x/e (of any race)

People living in Charles City

- 51% of people age 60+ are women
- 49% of people age 60+ are men
- 10% of people age 60+ are veterans
- 29% of people age 60+ have at least one disability
- $59,191 mean annual earnings
- 12% of people age 60+ live below 100% of the poverty level
- 84% live in owner-occupied housing units
- 16% live in renter-occupied housing units
Local Demographics

Goochland County

23,472 people live in Goochland and 7,105 of them are age 60+.

Our Diverse County
Hundreds of people who identify as Mexican, Puerto Rican, or Cuban live in Goochland. Over one hundred people identify as Chinese, and dozens more are Japanese or Korean.

How people age 60+ living in Goochland identify:
82% White (not Hispanic or Latino/a/x/e)
13% Black or African American
0% American Indian or Alaskan Native
0.6% Asian
0% Native Hawaiian or other Pacific Islander
0% Other race
1% Two or more races
1.5% Hispanic or Latino/a/x/e (of any race)

People living in Goochland who are age 60+

54% are women
46% are men
14% are veterans
26% have at least one disability

$88,126 mean annual earnings
5% live below 100% of the poverty level
89% live in owner-occupied housing units
11% live in renter-occupied housing units
Local Demographics

New Kent County

21,686 people live in New Kent and 5,344 of them are age 60+.

Our Diverse County
New Kent County includes the highest percentage of people who identify with two or more races in the region. In addition, New Kent has the highest percentage of people who identify with the Cherokee tribal grouping.

How people age 60+ living in New Kent identify:
83% White (not Hispanic or Latino/a/x/e)
13% Black or African American
1% American Indian or Alaskan Native
1% Asian
0% Native Hawaiian or other Pacific Islander
0% Other race
2% Two or more races
1% Hispanic or Latino/a/x/e (of any race)

People living in New Kent

50% of people age 60+ are women
$66,702 mean annual earnings

50% of people age 60+ are men
6% of people age 60+ live below 100% of the poverty level

11% of people age 60+ are veterans
90% live in owner-occupied housing units

10% of people age 60+ have at least one disability
10% live in renter-occupied housing units
Local Demographics

Hanover County
*Courtesy of Census and ACS data*

109,979 people live in Hanover (Census). 26,210 of them are age 60+ (ACS).

Our Diverse County
In Hanover, hundreds of people identify as Asian Indian, Chinese, Filipino, Korean, Vietnamese, and other Asian. Hanover also includes the highest percentage of people who identify as Guamanian or Chamorro in the region.

How people age 60+ living in Hanover identify:

- **87%** White (not Hispanic or Latino/a/x/e)
- **10%** Black or African American
- **0.4%** American Indian or Alaskan Native
- **1.4%** Asian
- **0%** Native Hawaiian or other Pacific Islander
- **0.4%** Other race
- **0.4%** Two or more races
- **1.2%** Hispanic or Latino/a/x/e (of any race)

People living in Hanover who are age 60+

- **54%** are women
- **46%** are men
- **17%** are veterans
- **25%** have at least one disability
- **$89,733** mean annual earnings
- **4%** live below 100% of the poverty level
- **88%** live in owner-occupied housing units
- **12%** live in renter-occupied housing units
Living Options

This list is divided into two main categories: **Private Residences** and **Managed Residences**. First, this report will describe the services and care options available to private homes that are rented or owned by individuals. Then, we will describe specific types of private residences for consideration. The Managed Residences section will describe types of professionally managed housing and living options, including specific options for veterans.

**Private Residences**

Most people, as we grow older, continue to live in our homes that we rent or own ourselves. Among the many changes that come with aging, physical changes are normal and often mean we need more care and services. There are a number of options to fit our needs. For additional home and community-based services and supports, see Appendix A.

The following are **services and care options** to consider when continuing to live in a private home:

**In-Home Family Personal Care**

*Information from LeadingAge and Genworth’s Annual Cost of Care Survey*

**Available anywhere**

A family member or friend provides care at a private residence, supporting personal and health needs such as nutrition, recreation, bathing, medical appointments, and more. Also known as “consumer-directed care,” this can be paid for through Medicaid, as long as the person being cared for is receiving Commonwealth Coordinated Care Plus (CCC Plus) waiver services. CCC Plus is a Medicaid managed long-term services and support program through the Virginia Department of Medical Assistance Services (DMAS).

**Benefits**

- Allows us to live at our private residence and spend time with someone to whom we feel close
- Can strengthen our interpersonal relationships
- Less expensive than other care options
- Flexible depending on our needs

**Possible Challenges**

This can be a hefty undertaking for families, and can put strain on finances and relationships – 480 hours a year of caregiver respite is available through the state for this reason. (The state provides reimbursement vouchers to Virginia caregivers for the cost of temporary, short-term respite care provided to individuals of any age, with a documented disability or medical condition.)

**Cost Considerations**

Our family members’ time spent and the opportunity cost of time spent out of the labor market is a cost consideration. Family caregivers can be paid through Medicaid, but at about $12.70/hour, this could be a lower salary than if they pursued other work.
In-Home Professional Care

Information from LeadingAge and Genworth’s Annual Cost of Care Survey

Available anywhere
Paid caregivers come into the home to assist with activities of daily living, including grooming, light housekeeping, and meal preparation. Health aides provide help with personal care, such as bathing and toileting. Homemaker services and home health aides can be hired full time or on part-time, flexible schedules, depending on our needs and on whether we hire them directly or through an agency. Home-based primary care is available to those who qualify. A nurse will visit to administer health care and services. Additional veterans’ options are available for home-base primary care.

Benefits
• Enables us to live at our private residence
• One-on-one, personalized care

Possible Challenges
• May require modifying home
• Professional personal care can require effort in the hiring process, or using an agency for a fee
• Multiple hires might be required as caregivers are not always long term
• Home health aides do not perform medical duties, although HHAs can do basic health care tasks such checking clients’ vital signs and monitoring their mental and physical condition.

Cost Considerations
• Homemaker Services = $4,957 monthly
• Home Health Aide = $5,148 monthly
Cost may vary. Medicare will cover home primary care and Medicaid will pay for in-home care as long as the person being cared for is receiving Commonwealth Coordinated Care Plus (CCC Plus) waiver services. CCC Plus is a Medicaid managed long-term services and support program through the Virginia Department of Medical Assistance Services (DMAS).
Adult Day

Information from LeadingAge and Genworth's Annual Cost of Care Survey
Locations in Richmond, Henrico, Chesterfield and Hanover

Adult Day Programs offer planned socialization and activities. These programs provide access to coordinated health, social, functional and therapeutic activities in a community-based group setting. Some programs include meals, personal care, transportation, medication management, and an on-site nurse.

Benefits
- Allows us to live at our private residence but benefit from care, support and fun during the day
- Provides respite for family members
- Less expensive than other care options
- Medicaid coverage is available for adult days that participate in the program
- Attendance can be full-time or part-time depending on needs

Possible Challenges
- Not every Adult Day provides transportation, and we must travel from our home to the center
- Some of us prefer solitude to a social environment

Cost Considerations
Potential monthly median costs = $1,690. Medicaid may cover some costs.

Community-based continuing care

Information from the Wall Street Journal
Available in Richmond, Henrico, Chesterfield, Goochland, Hanover, and potentially more

Some life plan communities (or Continuing Care Retirement Communities) also offer home-based care services via Continuing Care at Home programs, also known as CCRC Without Walls.

Benefits
- Allows us to live at our private residence
- Allows for customized plans based on the services and care options needed
- Some programs may provide priority access to a Continuing Care Retirement Community (CCRCs) should we require a higher level of care in the future, such as assisted living or nursing home care.

Possible Challenges
- Expensive
- Could still require a move in the future

Cost Considerations
Fees depend on the applicant’s age and the plan selected. Potential costs include a one-time entrance fee of $5,000 to $150,000, plus monthly fees of $190 to $584.
Specific Private Residence Housing Options
These are ways people live within private homes in communities. People who choose these housing options might benefit from one or more of the above services and care options as their needs and desires grow and change. Depending on where we live, these private housing options below might or might not involve moving to a new home.

My Current Home
Available anywhere

Benefits
• Enables us to live at our private residence
• Staying put can avoid the stress and transition of a move

Possible Challenges
• If care needs increase, it may become more difficult to meet rising needs
• May require modifying home

Cost Considerations
Current mortgage, rent, property tax.

Downsizing to a New Private Residence
Available anywhere
Moving out of our current home to smaller or less expensive home. Downsizing means less expenses and responsibilities. With a smaller home comes potentially smaller rent or mortgage payments, utility bills, less upkeep, more manageable yardwork.

Benefits
• We might opt to move closer to family or local aging services for additional support
• A smaller home might cost less and require less maintenance

Possible Challenges
Reducing furniture and personal items to move into smaller space can be difficult.

Cost Considerations
Costs vary based on location, housing type and size, our income and wealth, etc. Considerations should include closing and moving costs, housing markets, tax implications, and moving to a more expensive area.
Private Residences

Accessory Dwelling Units
Legal in Chesterfield, **legal but restrictions apply in Hanover**—check local zoning laws
An independent dwelling unit on a single-family dwelling lot with its own living, bathroom, and kitchen space. Accessory dwelling units may be within or attached to the primary residence or in detached structures.

**Benefits**
- Provides privacy with proximity
- Cost less than a new single-family home on a separate lot

**Possible Challenges**
- If care needs increase, it may become more difficult to meet these rising needs
- A small space might not be the best fit for us

**Cost Considerations**
*Information from BuildinganADU.com*
Building costs can range from $20,000 to $400,000.

Villages
No “formal” Villages in region
*Information from Village to Village Network*
Villages are community-based, nonprofit, grassroots organizations formed by neighbors. Villages offer resources, services, programs, and activities to members, who own or rent their own private homes. May include social and educational programs, health and wellness activities, and assistance with transportation. There is one informal Village in the Fan in Richmond.

**Benefits**
- Offers access to vetted service providers
- Form community partnerships to address needs of members

**Possible Challenges**
Dependent on volunteer and community involvement

**Cost Considerations**
At $250-$425 a year, lower cost than many managed housing options, and usually have sliding scale membership fees, which vary by location. Operates entirely on membership fees and donations.
Private Residences

Naturally Occurring Retirement Communities

Information from Aging.NY.gov

No “formal” NORCs in the region
A community with a large number of elders that creates a network of shared services and supports. In other states, government funding is available for qualifying NORC supportive service programs. Services and supports may include visiting nurses or doctors, fitness classes, social activities, and educational activities. There are communities across the region that have the potential for being defined as NORCs if the communities established a network of shared services among the residents.

Benefits
• Allows us to stay where we have lived a long time
• High community engagement and input

Possible Challenges
• Depends on continued cooperation and collaboration of residents and local services
• Not every community has the services and supports available to serve as an ideal NORC

Cost Considerations
Costs vary by location. Some naturally occurring retirement communities elsewhere in the U.S. receive government funding.

Cohousing

Locations in Richmond, potentially coming to Powhatan
Information from Richmondcohousing.com
A multi-generational community of private, conventional dwellings that are individually owned but include access to shared common amenities. Everything is designed and managed by the residents to balance privacy and community.

Benefits
• Collaborative environment encourages mutual support
• May offer opportunity to organize care arrangements and other sharing of resources
• Decision making often based on consensus

Possible Challenges
Activities dependent on residents

Cost Considerations
From $200,000 to $400,000 to own and $800-$950+/month to rent.
Private Residences

Home Sharing

Available anywhere
Two or more people, who may or may not be family members, share a single home for the purpose of reducing costs. We both may be older adults, or not. Housemates or roommates have private bedrooms and shared common spaces, like a kitchen and living areas. Household costs and duties are split.

Benefits
• Reduced costs
• Social benefits of living together with others

Possible Challenges
Potential conflicts over privacy and shared spaces

Cost Considerations
Even when living with others, we count as our own “household” as elders—meaning it’s not required to count additional persons’ salaries to receive our benefits. This means we can pool money but no one will lose access to Medicaid or other services.

Housing Cooperatives

None in the region
Information from SeniorLiving.com
Co-op members purchase a share of ownership in the cooperative (co-op), which gives them a living space, shared amenities, and input into the management of the community. May be a house, apartment building or housing development. The co-op is managed by a small group of owners in the co-op, who make decisions on purchases and sales of the property.

Benefits
• Often cheaper and lower maintenance than buying or renting a single private home
• Many co-ops offer community spaces, social activities, and transportation

Possible Challenges
• Co-ops may impose restrictions on ability to sell, rent, or renovate home
• Owners in co-ops may be financially responsible for board-approved community renovations

Cost Considerations
• Most co-ops require a 10-20% deposit for move-in.
• Co-op members typically pay monthly dues that pay for landscaping, property maintenance, and even healthcare costs in some places.
• Even though ownership is in shares, members can claim tax deductions for property ownership.
For those of us who qualify, affordable senior housing allows us to live in apartments with rents that are reasonably priced, while relying on local services and supports when needed—often with the help of on-site professional service coordinators. Rents are subsidized through federal programs. Eligibility is based on age and income.

Benefits

• Regulated by the federal government
• Affordable and often centrally located with on-site professional service coordinators

Possible Challenges

• Minimal overall staffing and no medical staff
• Limited availability and long wait lists – 18 months to 2 years

Cost Considerations

Resident rents vary by federal program. In most HUD programs, residents pay about 30% of their incomes for rent. Three primary federal funding sources: the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Agriculture’s Rural Housing Service (USDA RHS) and the Low-Income Housing Tax Credit (LIHTC) program. Decision making often based on consensus
Managed Residences
Many of us currently benefit from the services and care provided by professionally managed housing options, or are considering moving to a managed community in the future. This can look different for each of us depending on what we need and want.

55+ Communities
Locations everywhere excluding Charles City County
Information from Genworth’s Annual Cost of Care Survey
Neighborhoods or apartment buildings marketed exclusively for individuals 55+. Age limitations may vary. Many communities offer amenities including fitness centers, social clubs, social activities. Home maintenance, landscaping, housekeeping, and transportation are typically included in fees structure.

Benefits
• Low maintenance lifestyle
• Plentiful opportunities for social engagement

Possible Challenges
Medical care not included in costs

Cost Considerations
Average monthly cost = $2,586

Small Care Homes
Locations in Richmond, Henrico, Chesterfield, and Hanover
These are residential care homes, adult family homes, adult/medical foster homes, and other small care homes. Usually classified as assisted living communities, these programs provide assistance with personal care and health care needs in a small, intimate setting. Staff provide care for 6-10 of us at a time. Staff may live in the home too and assist with personal care, meals, social activities, and transportation. For veterans, Veterans Affairs may cover the cost of a nurse to provide in-home primary care.

Benefits
• Smaller ratio of staff to residents
• Care personalized to each of us

Possible Challenges
Smaller settings offer less privacy and fewer social opportunities

Cost Considerations
Information from Genworth’s Annual Cost of Care Survey
Monthly median costs = $4,350.
Managed Residences

CCRC and/or Life Plan Communities

Locations in Richmond, Henrico, Chesterfield, and Hanover

Information from LeadingAge and Genworth’s Annual Cost of Care Survey

Continuous Care Retirement Communities (CCRC) and/or Life Plan Communities provide a continuum of care that typically includes independent living, assisted living, memory support and nursing home residential areas. Initially, when we first move into a CCRC community we might not need assistance with skills such as eating, bathing and walking. We later can transition to “higher levels of care” when, or if, our needs increase. Contract types, entrance fee requirements and monthly fees vary based upon the contracts offered and the services provided.

Benefits
- We can receive increasing care services as needed while remaining in the same community
- Predictability of future living and care cost
- Most not-for-profits offer financial support if we outlive our financial resources

Possible Challenges
- May be higher in cost compared to other housing options
- If we later decide to move, refunds depend on individual contracts

Cost Considerations
Life care contracts vary in fee structure and services included. Contract types, entrance fee requirements and monthly fees vary based upon the contracts offered and the services provided.

The median monthly cost in Virginia is $5,250.
Managed Residences

Assisted Living Communities (Facilities)

Locations everywhere excluding Charles City and New Kent

Information from LeadingAge and Genworth’s Annual Cost of Care Survey
Assisted living communities provide access to 24/7 clinical care, meals, assistance with personal care, medication management, housekeeping, recreational activities, and activities of daily living (ADLs). “ADLs” include bathing, dressing, toileting, transferring, bowel control, bladder control, and eating/feeding. A person’s degree of independence in performing these activities is a part of determining appropriate level of care and services. Licensed by the state, assisted living communities include individual rooms or apartments in a home-like setting. On-site medical staff, assistance with personal care, and opportunities to socialize are included.

Benefits
• Support and help for some areas of daily living
• In some assisted living communities, memory care is typically on the same premises, should we need those services now or in the future

Possible Challenges
Medical care provided is limited. Medical staff not available 24/7.

Cost Considerations
Monthly median costs = $4,850. Medicaid and Medicare do not cover the cost of Assisted Living. Medicare does not cover the cost of assisted living. Medicaid recipients may be eligible for the auxiliary grant program, which can provide financial assistance. The Auxiliary Grant program is an income supplement for individuals who receive Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals.

Veterans benefits to cover costs may be available

Information from Dept. of Aging and Rehabilitative Services
The only financial assistance available for assisted living is through the Auxiliary Grant program. Regulated by the state, the auxiliary grant (AG) is an income supplement for individuals who receive Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals who reside in a licensed assisted living facility. Not all assisted livings participate in the program.

An AG payment is issued to an individual monthly, to be used with a designated amount of their monthly income to pay the maximum monthly AG rate. This rate is determined by the Virginia General Assembly and is adjusted periodically. The AG Program is 80 percent state funded and 20 percent locally funded.
Managed Residences

Memory Care

**Locations everywhere excluding Charles City & Goochland**  
*Information from LeadingAge and Genworth’s Annual Cost of Care Survey*

Provides specialized care for those of us with dementia. May be a separate facility or a wing or unit in assisted living or skilled nursing facility. Specialized care includes higher staff-to-resident ratios, secure settings to prevent wandering, specially trained staff.

**Benefits**
Highly specialized care and settings to ensure safety and meet our cognitive, social, and emotional needs.

**Possible Challenges**
Relocating can be stressful for those of us who live with dementia, impacting our mental and physical health.

**Cost Considerations**
Monthly median cost = $5,395  
Medicaid may cover some costs based on eligibility. Medicare may only contribute to short-term medical treatments, not the long-term cost of living. May be covered by long-term care insurance. Veterans benefits to cover costs may be available.

Nursing Homes

**Locations everywhere excluding Powhatan and New Kent**  
*Information from LeadingAge and Genworth*

Grounded in the medical model, nursing homes are residential facilities that include rehabilitative, skilled nursing, and/or custodial care. The highest level of care, nursing homes provide private or semi-private rooms. 24/7 medical care is provided as well as meals, physical activities, socialization activities, and personal care.

**Benefits**
- State and/or federally regulated (some nursing homes are not federally certified)
- With 24/7 care, life in a nursing home is secure

**Possible Challenges**
Very costly compared to other housing types

**Cost Considerations:** Monthly median costs = $7,908 for a semi-private room and $9,034 for a private room. Medicare does not cover the cost of long term care. For those of us who live elsewhere, many nursing homes accept short term medicare referrals for rehabilitation. We must first have a qualifying stay in a hospital. Medicaid may cover costs based on eligibility. Some nursing homes have contracts with Veterans Affairs (VA) to provide rooms within these communities for veterans.
Managed Residences: Veteran’s Options
Information from VA.gov

Community Living Centers

Location in Richmond
Provide nursing home care to veterans of all ages in a home-like environment. We can decorate our rooms and are allowed pets. Veterans may stay for a short time or, in rare instances, for the rest of our lives. Veterans can receive nursing home level of care, which includes help with activities of daily living and skilled nursing and medical care. Some Community Living Centers also provide care for mental health recovery, memory and cognition, respite, palliative, and hospice.

Benefits
• Heavily regulated
• 24-hour skilled nursing care
• Access to social work services
• Geriatric evaluation and management

Possible Challenges
The VA will provide Community Living Center care if we meet certain eligibility criteria. A copay maybe required.

Cost Considerations
Monthly median cost = $8,200

State Veteran Homes

Location in Richmond
Facilities that provide nursing home, domiciliary or adult day care. State governments own and operate these facilities, not the VA. Provides nursing home and adult day care for veterans disabled by age, disease, or otherwise who by reason of such disability are incapable of earning a living.

Benefits
• State operated
• The VA surveys the facilities yearly to ensure they meet their standards.

Possible Challenges
Eligibility is based on clinical need and setting availability. There may be a wait list.

Cost Considerations
Costs vary by facility, are lower than non-VA-funded nursing homes, and Medicaid is accepted.
Managed Residences: Veteran’s Options

Medical Foster Homes

Locations in Richmond and Chesterfield
Information from [VA.gov](http://VA.gov)

A Medical Foster Home can serve as an alternative to a nursing home. It may be appropriate for those of us who require nursing home care but prefer a non-institutional setting with fewer residents. Trained caregivers assist with activities of daily living, some nursing assistance, prepare all meals, and plan recreational and social activities. In some cases, nonveterans may be able to live here as well.

Benefits
- Private residences
- Primary care
- 24/7 care
- The VA approves and inspects these homes

Possible Challenges
Medical Foster Homes are not provided or paid for by VA, private pay or insurance is needed.

Cost Considerations
Monthly median cost = $1,500 to $3,000, depending on income and the level of care needed. The specific cost is agreed upon ahead of time by you and the Medical Foster Home caregiver.

An auxiliary grant may help support payment for eligible foster homes, but not all will accept auxiliary grant payments.
Home and community based services provide us with the amenities that often help us thrive at home.

Medical financial aid and affordable health care providers are available throughout the region and help support our health care needs.

Wherever we live in the region, many other types of services are free or low cost to those of us who qualify, thanks to our federal, state and local government and nonprofit supports. These services include:

- in-home care coordination
- home and roof repairs
- furnace repair/replacement
- transportation for medical appointments
- transportation for shopping
- in-home doctor visits
- well-being checks
- friendly visitor programs
- congregate meals
- and home delivered meals

Public transportation is available to us in Richmond, Henrico, Chesterfield, Charles City and New Kent.

Other wrap-around services are available to us anywhere in the region for a fee, such as:

- pet care
- Dispatch Health
- seasonal lawn service
- and transportation network companies such as Uber and Lyft
Appendix B

Report researcher Catherine MacDonald is a Richmond-based gerontologist with expertise in housing and the biopsychosocialspiritual aging process. MacDonald also conducted interviews with gerontologist Annie Rhodes to contribute to this report.

For more information about the housing and services in this report, check out the links below for further reading:

Housing types and costs
- [LeadingAge](#) housing types document
- [Genworth's Annual Cost of Care Survey](#)
- [Wall Street Journal article about CCRC at home](#)
- [BuildinganADU.com site about accessory dwelling units](#)
- Hanover ADU information
- Naturally Occurring Retirement Communities
- [Richmondcohousing.com](#) site about cohousing in Richmond's Manchester neighborhood.
- [SeniorLiving.com article about housing cooperatives](#)
- Village to Village Network information at [www.vtvnetwork.org](http://www.vtvnetwork.org)
- [Information on Auxiliary Grants from Dept. of Aging and Rehabilitative Services](#)
- Veterans housing information from [VA.gov](http://VA.gov)

Home and community based services
- [Home repairs including roofing](#)
- [Furnace repair/replacement](#)
- [project:HOMES](#)
- [Dispatch Health](#)
- [Senior Connections: Transportation, congregate meals, and other services](#)
- [Bay Transit](#)
- Shepherd's Center of Chesterfield
- [GRTC CARE](#)
- [Powhatan Ride Assist](#)
- [Hanover DASH](#)
- [Goochland Cares](#)
- Pet care from [Acti-Kare](#)
- [Richmond SPCA](#)