Developing a CCaH Program: From Concept to Practice

Presenters

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Learning Objectives

1. Identify the gap between consumer demand for aging-in-place options and actual CCaH adoption, using market and enrollment data to evaluate growth potential.
2. Describe the shift from traditional product-driven marketing to a consumer-first positioning strategy that builds trust within the community.
3. Apply key operational lessons, including interdisciplinary staffing, member assessments, caregiver partnerships, and emergency response protocols, to structure a well-run CCaH program.
4. Analyze the challenges CCaH organizations face across the development, marketing, and operating phases, drawing on real-world data from CCaH operators.
5. Assess their own organization's readiness, motivations, and strategic fit for launching or expanding a CCaH program.

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Discussion Outline

1. Jordan River Group
2. Carlyle Place at Home
3. SmartLife VIA Willow Valley

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Hidden Secrets to Building a 500-Member CCaH Program

Why Great Programs Stay Small…and What Changes Everything

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jordan river group

Which statement do you believe is MOST true?

A. People don't understand Continuing Care at Home.

B. People understand it, but don't want it.

C. People absolutely want it...they just aren't looking for it the way we're trying to sell it.

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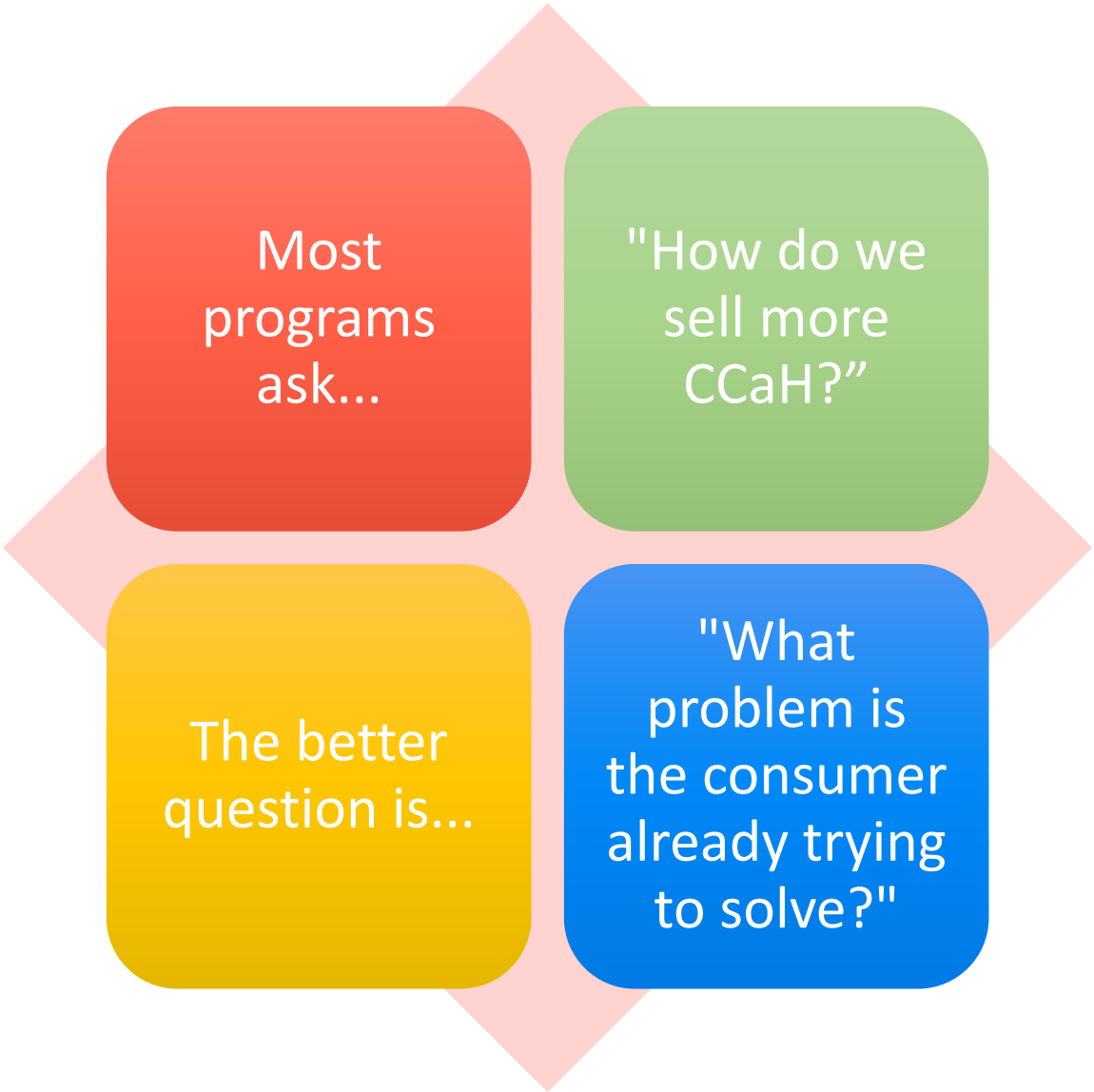
We've Been Solving the Wrong Problem



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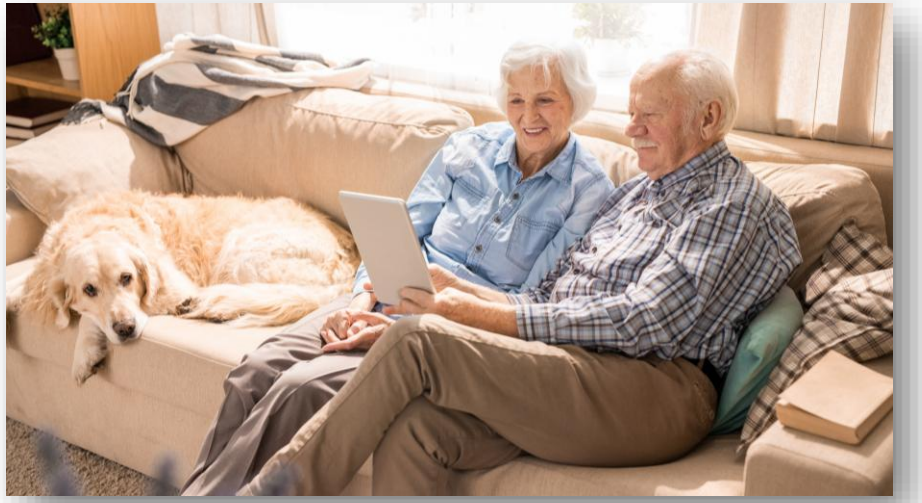
Consumers don't buy products.

They hire solutions.

Older adults wake up wondering...

1. Can I stay in my home?
2. Will I become a burden?
3. Do I have enough resources?
4. How do I stay in control?



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We've accidentally positioned ourselves as another senior living option.

Consumer hears...

"Another senior housing sales pitch."

Instead, position yourself as...

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The Hidden Growth Secret:

Stop selling memberships.
Start solving problems.

Instead of: *"Attend our seminar."*

Offer: Conversations

- "The hidden costs of aging at home."
- "The care funding matrix."
- "The care readiness score."
- "The family coordination risk index."

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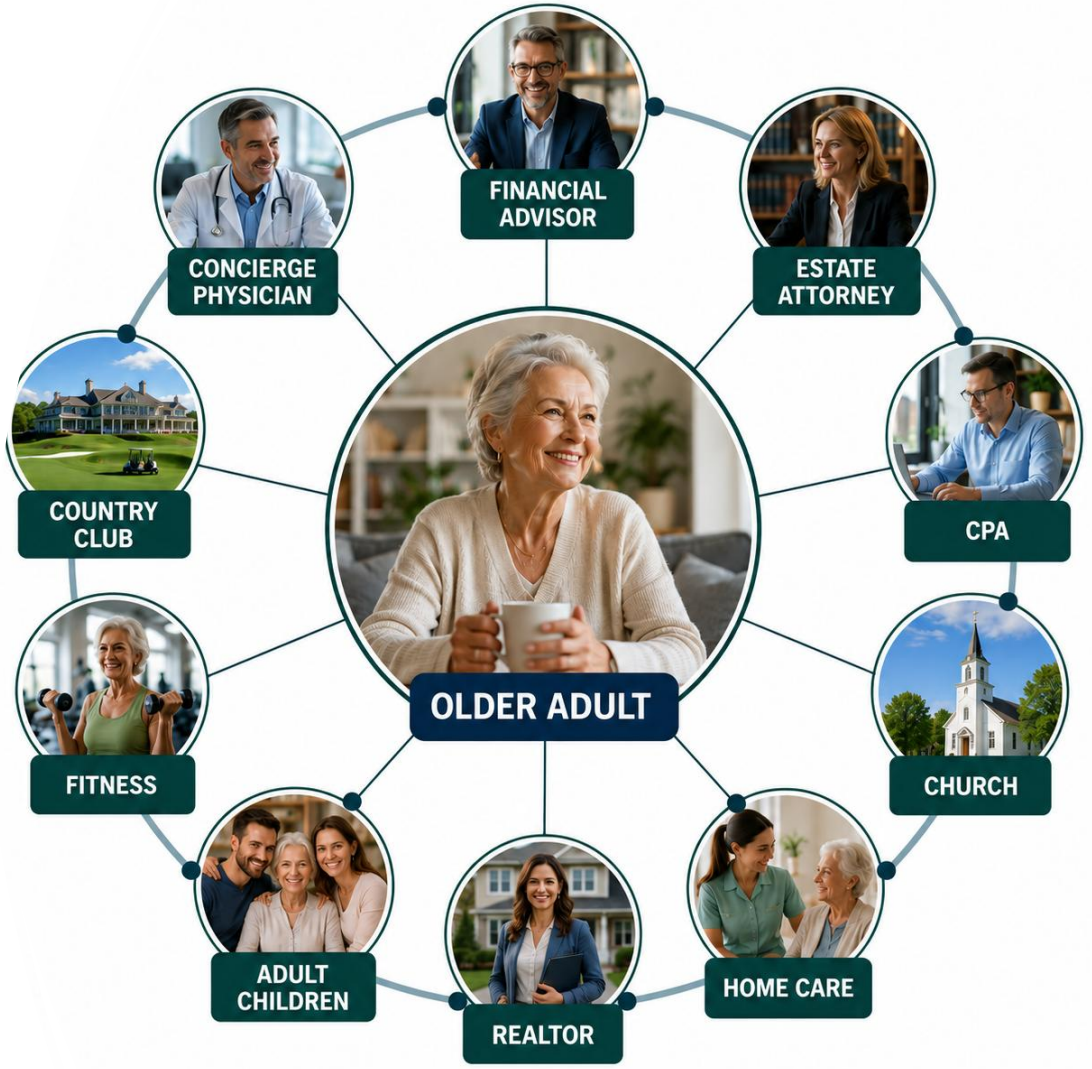
Scale Comes From Trust Networks

Everyone thinks growth comes from advertising.

Growth comes from borrowed trust.



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Stop Measuring Marketing

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Everything We've Been Told About CCaH Growth Is Probably Backwards

Conventional Wisdom		**The Scalable Model**
Sell memberships	→	**Solve problems**
Hold seminars	→	**Build trust ecosystems**
Compete with CCRCs	→	**Feed CCRCs through relationships**
Explain the product	→	**Create curiosity**
Market to seniors	→	**Influence everyone seniors already trust**
Build awareness	→	**Build authority**

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What is the Evolution of the CCaH Model?

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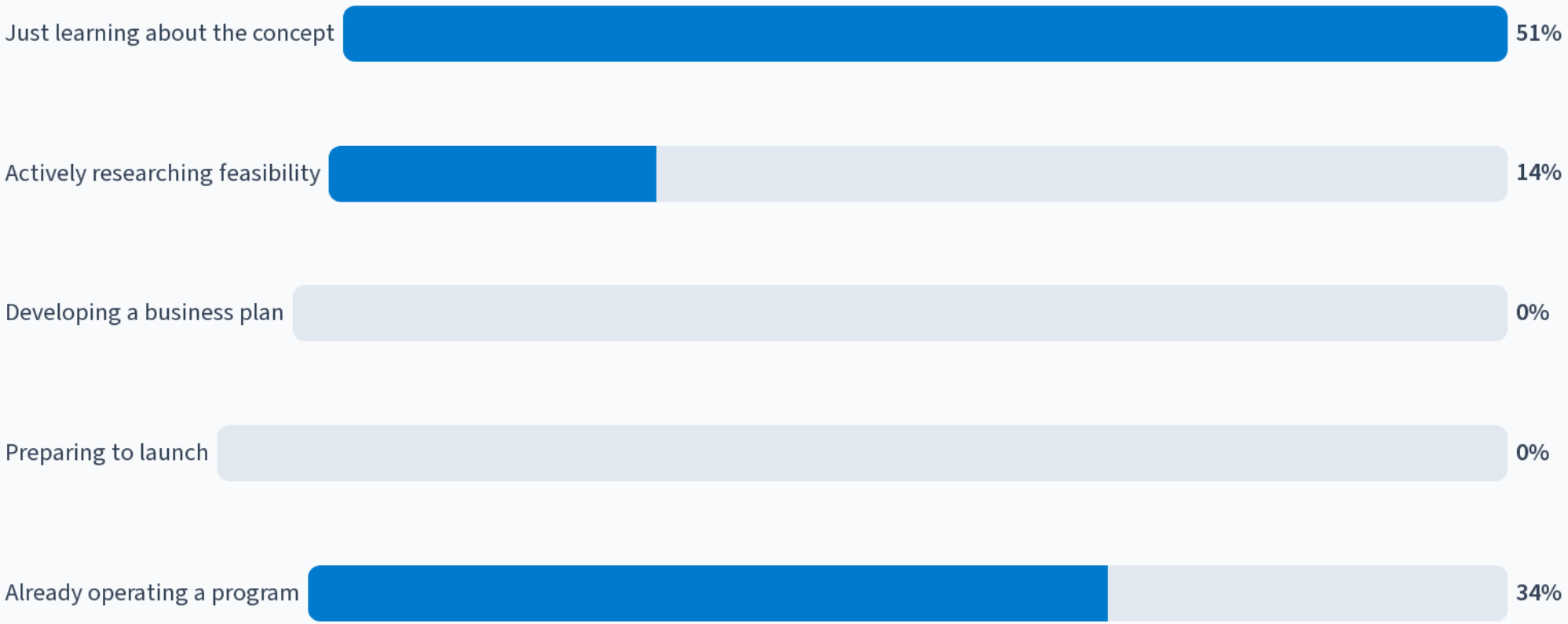
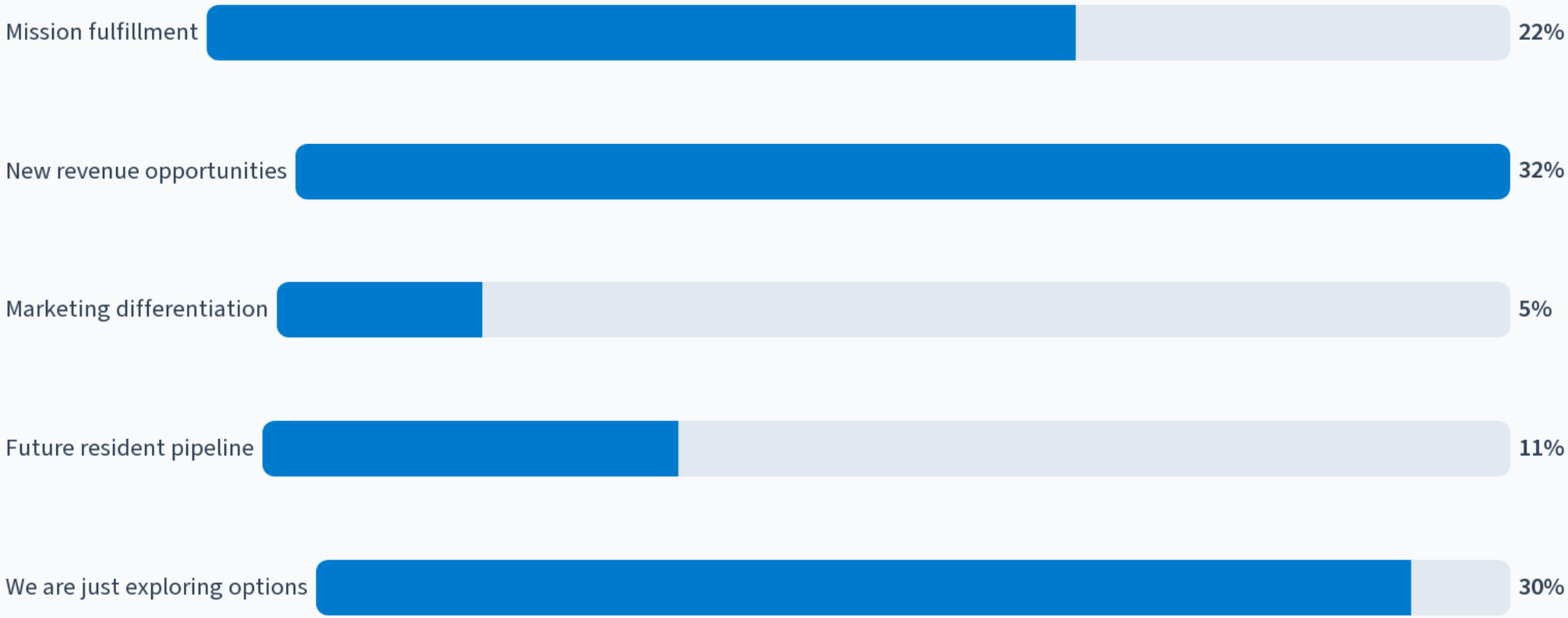
Where is your organization in exploring an At Home/CCRC Without Walls program?

35



What is the primary reason your organization is interested in an At Home/CCRC Without Walls program?

37



Carlyle Place at Home Program History

1. Introduced in 2016 , Georgia's 1st @Home program
   a. Is believed to be the only one
   b. Operates under the Life Plan license with the Dept. of Insurance
2. Since inception, we have served over 130 members in Central Georgia
3. 21 stays in our healthcare neighborhoods, 12 different members
   a. One member moved to assisted living
   b. One member moved to memory care
   c. All others utilize skilled nursing through Medicare Part A or respite care

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Supporting Independent Living at Home with Confidence and Planning

Personalized Care Planning

Members create personalized plans to support safe, independent living aligned with their goals and preferences.

Collaborative Care Team

A dedicated team, including family, physician, and Care Coordinator, ensures coordinated and informed care decisions.

Comprehensive Service Coverage

Program offers a broad range of services like emergency response, transportation, home safety, and nursing care.

Wellness and Independence

Focus on wellness coaching and preventive care to promote healthy habits and extend independence and quality of life.

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Eligibility

- Ages 62–80 at entry; membership continues for life
- Must be healthy and able to live independently upon acceptance
- Must reside in service area for the first year; portable within continental U.S. thereafter
- No diagnosis of neurological or degenerative conditions (e.g., Parkinson’s, Alzheimer’s, MS)
- Must have and maintain medical insurance
- Application includes three years of medical records, financial review, and cognitive testing

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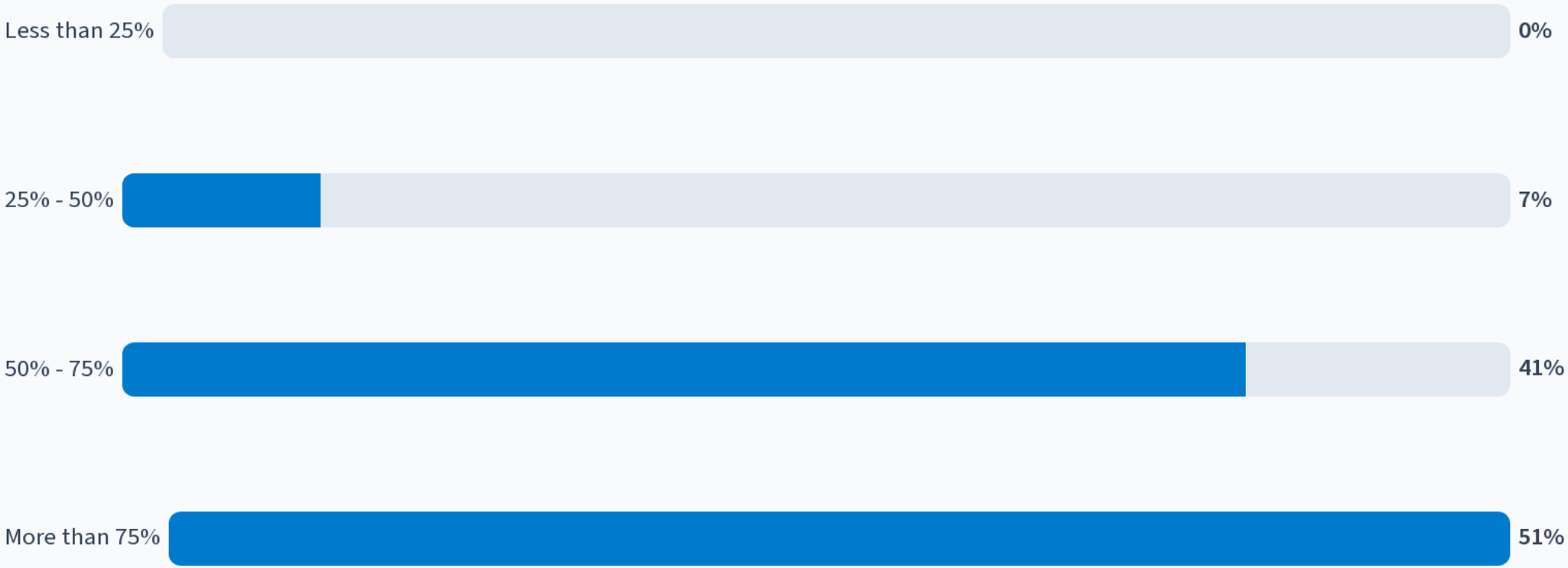
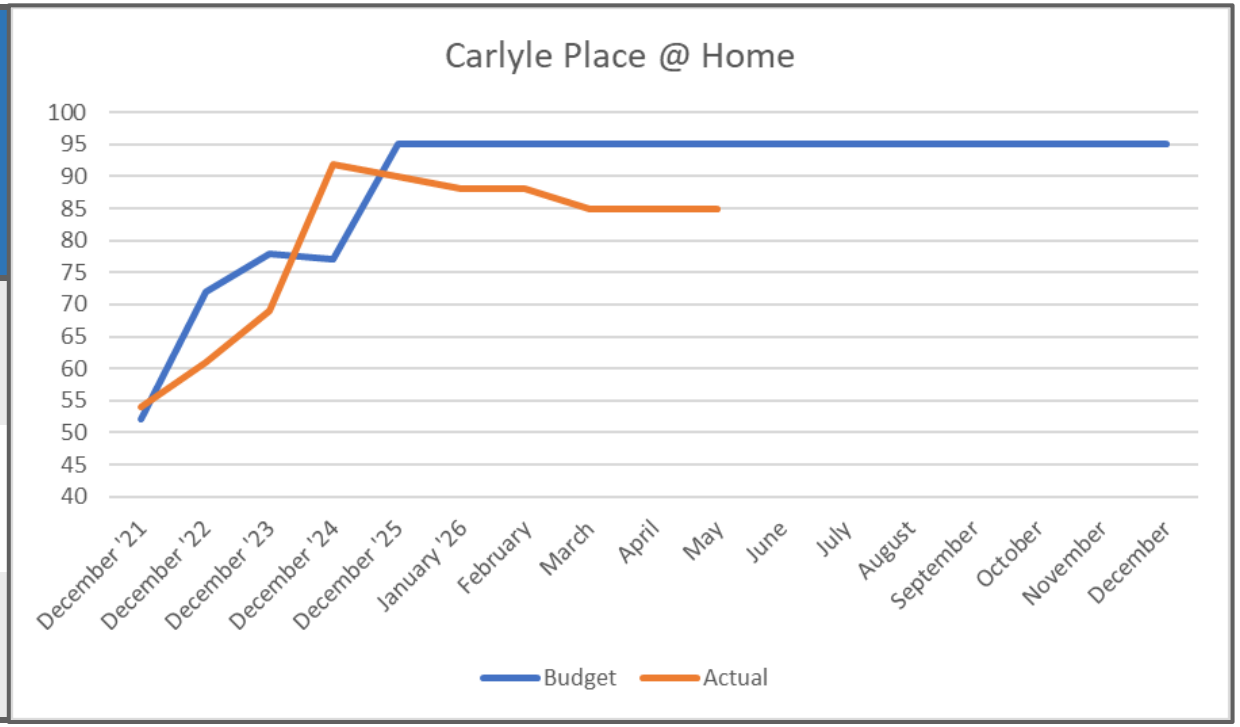
How many older adults in your market do you believe want to remain in their own homes for as long as possible?

41



Pricing & Participation

Membership Fee and Monthly Fee Plan	Membership Fee	Monthly Fee	Participation
Platinum 90/10	$51,826 – 95,856	$662	51.76% (44)
Gold 75/25	$44,496 – 83,931	$630	4.7% (4)
Silver 50/50	$29,124 - 56,757	$611	43.53 (37)



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Lessons Learned - Part 1

1. Ensure strong collaboration and trust between marketing and At Home teams
2. Build an interdisciplinary team (social workers, nurses; consider occupational therapy)
3. Conduct thorough membership assessments, especially fall risk; use medical records and home observations
4. Partner with high-quality caregiver agencies aligned with 5-star service standards
5. Clearly define on-call services for emergencies to avoid overuse

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Lessons Learned - Part 2

1. Prioritize proactive wellness programs and support members at appointments
2. Deploy emergency response devices based on changing health needs
3. Recognize when an independent living community may better support long-term independence
4. High satisfaction driven by trust, relationships, and care coordination support
5. Focus on small details—responsiveness, personal touches, and thoughtful communication

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Willow Valley Communities

By the Numbers

Existing:

- Over 2,700 residents from 46 states
- 1,752 Independent Living Residences
- 342 Skilled Care Beds
- 232 Personal Care Beds
- 80 Memory Care Beds opening 2027

Planned:

- 60 additional Memory Care Beds
- 150 Apartments, 20-story Urban Highrise

WILLOW VALLEY COMMUNITIES

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Why a CCaH for Willow Valley Communities?

- Meet the needs of those wishing to remain in their home
- Revenue diversification
- Provide option for those on lengthy wait list
- Limited space for brick & mortar growth

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SmartLife VIA Willow Valley

- Developed with Cadbury Consulting in 2014
  - ✓ First member joined in September 2014
- Membership concentrated in Lancaster County, PA
  - ✓ Also offered in four surrounding counties

smartLIFE
VIA WILLOW VALLEY

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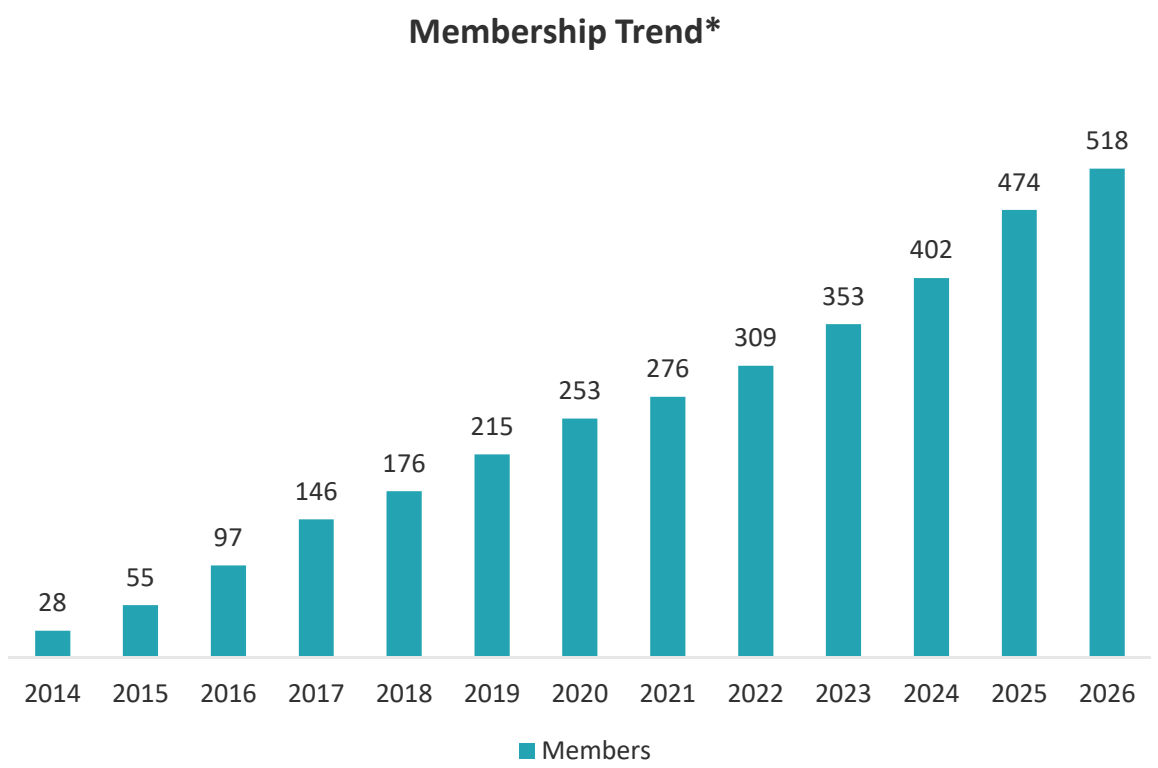
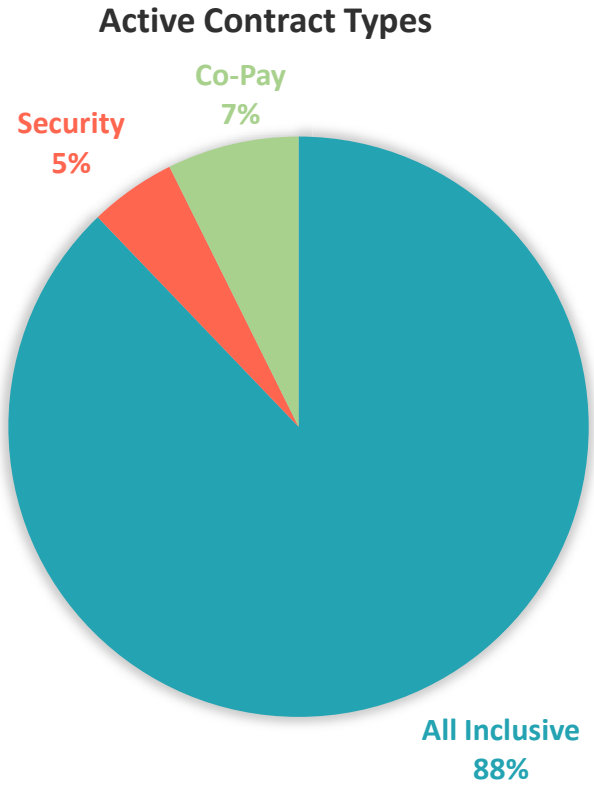
SmartLife VIA Willow Valley Metrics





* 2026 Membership as of 06.30.2026

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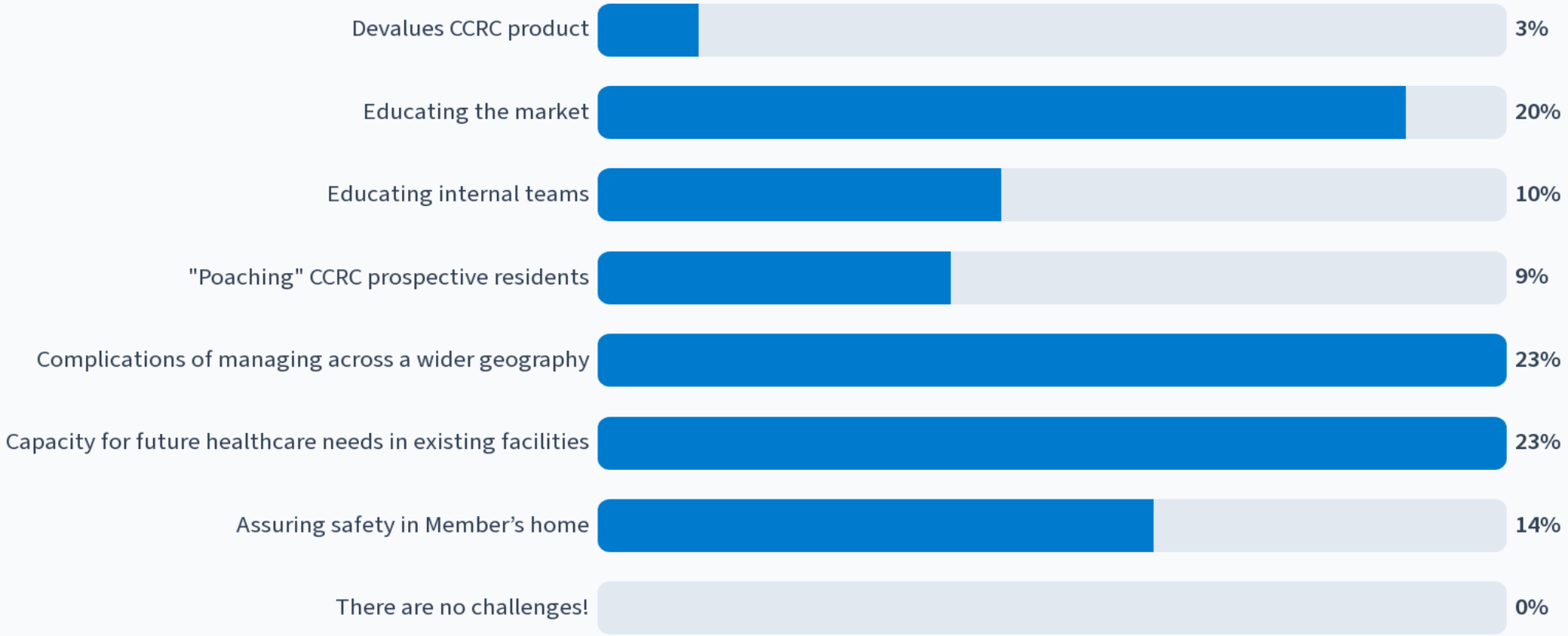
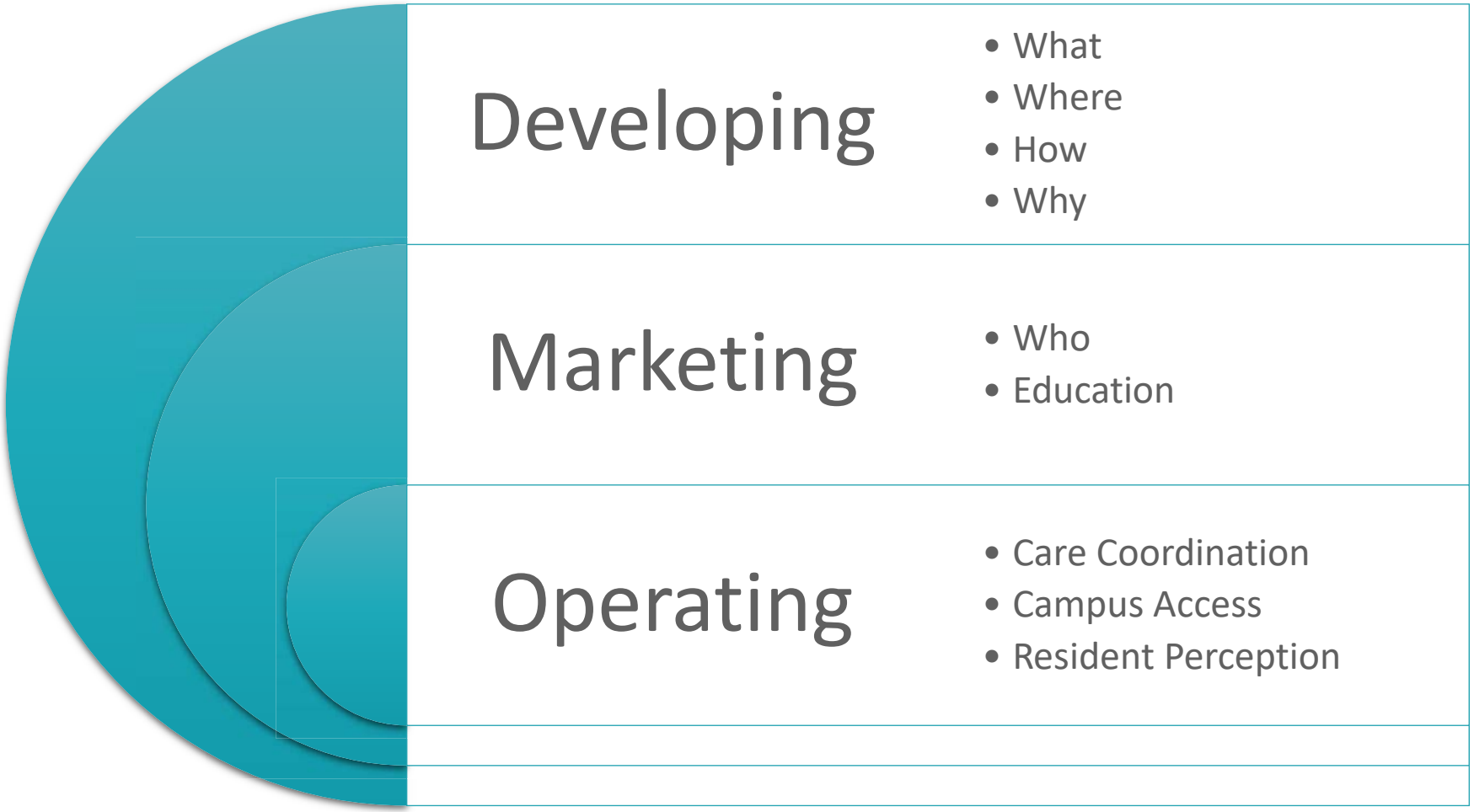
What are the biggest perceived challenges in starting or operating a CCaH program? (select all that apply)

80



Challenges



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Summary / Questions & Answers