Linking Housing and Supportive Services for the Frail Elderly:
Challenges and Opportunities

A DISCUSSION FEATURING:

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FORUM SESSION ANNOUNCEMENT
FRIDAY, OCTOBER 23, 2009
11:45AM–12:15PM—Lunch
12:15PM–2:15PM—Discussion

LOCATION
Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
(Across from the Dirksen Senate Office Building)

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OVERVIEW

Creating effective linkages between supportive services and housing for frail older people is considered to be an important, but often overlooked, part of health and long-term care policy and practice. Finding ways to provide services in places where older people with disabilities live, and locating affordable and accessible housing to accommodate people with long-term care needs, are often difficult tasks fraught with policy, administrative, and financing hurdles. This Forum session will provide an overview of the complex subject of housing and supportive services linkages, noting challenges in implementing successful models and finding sustainable financing. Speakers will discuss how effective linkages can be achieved, using as examples a public housing authority, a naturally occurring retirement community (NORC), and other supportive housing models.

SESSION

For years, policymakers have discussed ways to develop sustainable long-term services and support programs to help older people with disabilities “age in place” in their own homes and communities. Targeting programs to places where older adults live in high concentrations makes it easier for providers to link services and housing. Access to services by frail older people is considered an essential factor in preventing or delaying the need for nursing home care, and ameliorating the effects of chronic illnesses among this population.

Some researchers use the term “service-enriched housing” to refer to living arrangements that include health and/or social services in an accessible, supportive environment, outside of an institutional setting. Strategies to enrich housing target the living arrangements of concentrated groups of frail older people with chronic care needs with the aim of creating program efficiencies. Some expand services to people with low or modest incomes who reside in publicly supported housing and need supportive services. Some expand alternative housing arrangements, such as assisted living or adult care homes, or help people move out of institutions to community-based settings. Still others work with an existing high concentration of elderly in a neighborhood and provide services to older people who want to age in place.
These strategies seek to develop appropriate options for increased consumer choice over where to live when health declines and disability increases. Examples include congregate housing, board and care homes, assisted living, naturally occurring retirement communities (NORCs), and continuing care retirement communities, among others. Programs differ by income and disability characteristics of the population to be served; whether the program is to serve a neighborhood, a housing complex, or other entity; and whether both housing and supportive services are to be provided to the targeted population. Financing mechanisms also differ among the programs.

The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Health and Human Services (HHS) are the key federal agencies that support programs to help older people live in community settings. HUD, in addition to its general public housing programs that serve all populations, finances several programs specifically designed for low-income elderly with limited ability to pay. The “Section 202” Supportive Housing for the Elderly program provides capital grants and project rental assistance to housing developers to build affordable housing for low-income elderly households. The Congregate Housing program provides supportive services, such as meals, home care, and transportation, to senior residents of HUD-assisted housing units as well as limited funding to make units accessible. HUD also supports programs that provide service coordinators to help frail older people living in HUD-supported housing units access a wide range of services such as transportation, meals, housekeeping, and medication management. The Assisted Living Conversion program provides grants to convert HUD-assisted units or entire buildings into assisted living facilities. Each of these programs is limited in scope.

HHS supports home and community-based services programs for the elderly primarily through Medicaid and the Older Americans Act. Medicaid, as the main public source of support for these services through its waiver and optional state plan services, can only serve those who can meet defined financial and functional eligibility criteria. The Older Americans Act supports a wide range of these services, but funding constraints limit the number of elderly served. In both cases, the types of services provided are largely dependent on each state’s decisions, and services may not be available statewide.

Each of the HUD and HHS programs has different financing mechanisms and regulatory requirements at the federal, state, and local levels. No single federal or state administrative agency is responsible
for coordinating the various pieces of the puzzle. In addition, people seeking assistance with both housing and services face different program income and functional eligibility requirements, making coordination of services difficult. These factors present challenges to housing developers and supportive service providers seeking to link programs.

Despite complexities, some communities have been able to overcome policy and administrative barriers. For example, a study completed for HHS and HUD reviewed numerous initiatives that housing providers and community aging agencies have undertaken to develop successful linkages. Some public housing authorities have used HUD financing to employ service coordinators, or have used Medicaid and Older Americans Act funds to provide supportive services to older people living in HUD-financed facilities. Some communities have developed service programs for older people who want to age in place in their NORCs. Many states are using Medicaid home and community-based waiver funds to develop assisted living options for low-income elderly.

In recent years, policymakers have developed special initiatives to link services and housing through nursing home diversion and transition programs with the aim of reducing, or controlling, the rate of growth in Medicaid institutional spending. For example, the U.S. Administration on Aging (AoA) has used discretionary funds to support community living programs to provide home and community-based services to older people at imminent risk of entering a nursing home, and to support older people in NORC neighborhoods with large concentrations of elderly households. In 2005, Congress enacted a major federal demonstration program, known as Money Follows the Person (MFP), to help institutionalized Medicaid beneficiaries make the transition to their own residences in the community with appropriate supports.

Despite the activities of some states and communities and recent federal efforts, many policymakers and practitioners believe that much more work needs to be done, especially given the near-term growth of the elderly population and waiting lists for Medicaid home and community-based services and HUD-financed housing units in many states. This Forum session will survey the complexity and promise of housing and services linkages.
KEY QUESTIONS

• What is the range of housing and services options for the frail elderly? How large is the supply? What are the characteristics of the various options, and which populations do they serve?

• What challenges do supportive service providers and housing developers face in making appropriate program linkages? What challenges do public housing authorities face in providing services to their aging residents?

• What are NORCs, and how did they get started? What are vertical and horizontal NORCs? Is the financing for NORCs sustainable when fewer older residents live in these neighborhoods?

• What special strategies are used to develop assisted living services in low-income and rural areas, and for Medicaid beneficiaries?

SPEAKERS

Jon Pynoos, PhD, UPS Foundation Professor of Gerontology, Policy, and Planning at the University of Southern California’s Ethel Percy Andrus Gerontology Center will present an overview of where older people live, discuss why integration of housing and services is important for the growing elderly population, and describe various service-enriched housing models and opportunities and barriers to successful delivery of services. Candace Baldwin, senior policy advisor at NCB Capital Impact, will discuss housing and services integration from the housing developers’ and financing perspectives, with examples from various housing and services programs. Kenneth Barbeau, director of community programs & services at the Lapham Park Venture of the Housing Authority of the City of Milwaukee, will discuss how a local public housing authority has linked housing and supportive services. Kathy Rosenthal, vice president of Long Island Regional Operations at FEGS Health & Human Services System, will discuss neighborhood NORCs and the partnerships that have made their development successful, as well as obstacles in implementation.

ENDNOTES


