The Future of Senior Housing in New York State

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LeadingAge New York
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Agenda
- LeadingAge New York’s research paper “Senior Housing in New York State.”
- HUD & Federal Update
- LeadingAge’s Center for Housing Plus Services
- NYS Supportive Senior Housing Services Program (SSHSP)
- The Future of Senior Housing

“Senior Housing in New York State”
- Written by LeadingAge New York.
- 55 Pages + terminology.
- Funded by U.S. Department of Housing and Urban Development (HUD) and Enterprise Community Partners, Inc.
- Posted on: LeadingAgeNY.org.

Senior Housing in New York State
“Senior Housing in New York State”

1. Describe the demographics of the aging population in NYS.
2. Discuss various types, features and benefits of senior housing; supportive services and care coordination related to senior housing; and health care services available to seniors.
3. Review New York’s assisted living models and regulations and illustrate the differences between senior housing and assisted living.
4. Discuss state and national policy issues affecting senior housing including Medicaid reform and federal initiatives.
5. Provide examples of innovative and successful state and national models of housing development and services integration.

Population and Aging Trends

• 65+ population increases steadily in all regions from 2010 – 2030. New Rochelle and the Capital District experience largest increase.
• After 2030 the growth rate for 65+ begins to decline.

Income and Poverty

• 13.3% of individuals 65+ are below the poverty threshold in NYS (defined in 2012 as $11,770 single, $17,350 for a 2-person household).
• Poverty rates vary by region: NYC has highest rate at 21.3%.
• For nearly 2/3rds of older adults, Social Security accounts for more than 50% of their income.
Disability

There is a sharp increase in ADL limitations with increasing age; nearly 47% of 85+ population has difficulty walking, 32% needs bathing assistance, and 1 in 4 has limited ability to get in and out of bed or chair.

Senior Housing Continuum

Various Types of Senior Housing:

- 55+ communities.
- Naturally Occurring Retirement Communities (NORC.)
- Subsidized housing (HUD, HCR...)
- Retirement communities.
- Market-rate senior housing.
- Housing with services.
- Continuing Care Retirement Communities (CCRC.)
- Fee-for-service CCRC.

Support Services

Non-medical, non-licensed services:

- Dining.
- Security/staff for emergencies.
- Resident services (e.g. transportation, laundry, housekeeping, pharmacy delivery.)
- Education/entertainment (e.g. wellness programs, social day programs.)

- NYSOFA provides support services.
Health Care Services

- Home and community-based health care services (HCBS) are provided directly through licensed home care or personal care agencies.
- Payment for services depends on income and eligibility criteria (private pay, Medicare, Medicaid, managed care.)
- Includes home care, personal care, waiver services, and adult day services.

HUD Income and Medicaid Eligibility 2012 by NYS Region

<table>
<thead>
<tr>
<th>Region</th>
<th>50% AMI</th>
<th>80% AMI</th>
<th>Medicaid Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC</td>
<td>$29,050</td>
<td>$46,500</td>
<td>$9,500</td>
</tr>
<tr>
<td>Westchester</td>
<td>$37,800</td>
<td>$51,600</td>
<td>$9,500</td>
</tr>
<tr>
<td>Albany</td>
<td>$27,350</td>
<td>$43,750</td>
<td>$9,500</td>
</tr>
<tr>
<td>Syracuse</td>
<td>$24,520</td>
<td>$32,350</td>
<td>$9,500</td>
</tr>
<tr>
<td>Buffalo</td>
<td>$23,350</td>
<td>$30,900</td>
<td>$9,500</td>
</tr>
<tr>
<td>Jamestown</td>
<td>$19,950</td>
<td>$28,850</td>
<td>$9,500</td>
</tr>
</tbody>
</table>

Note: Medicaid income limit reflects the standard for individuals who are blind, disabled, or age 65+. In addition to annual income limits, individuals can retain up to $14,250 in other resources and still qualify for Medicaid.

• Potentially significant number of older adults qualify for low-income senior housing but not for Medicaid services.

Long Term Care Costs by Service 2012 NYS Median Values

<table>
<thead>
<tr>
<th>Service</th>
<th>Per Hour/Day</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker services</td>
<td>$20/hour</td>
<td>$481</td>
<td>$5,776</td>
</tr>
<tr>
<td>Home health aide</td>
<td>$22/hour</td>
<td>$547</td>
<td>$6,564</td>
</tr>
<tr>
<td>Adult day health care</td>
<td>$55/day</td>
<td>$1,192</td>
<td>$14,300</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>$32/day</td>
<td>$720</td>
<td>$8,640</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$30/day</td>
<td>$685</td>
<td>$8,215</td>
</tr>
</tbody>
</table>

Note: Homemaker and home health aide rates assume 44 hours/week for 52 weeks. Adult day health care rates assume 5 days/week for 52 weeks.

• Senior housing residents who must pay for long term care services out-of-pocket or who go without needed services are at higher financial risk for needing Medicaid-funded services.
Service Coordination

- Assisting senior housing residents in accessing information on services offered on-site and in the community.
- A critical resource for residents that often allows them to remain in an independent setting.
- Provide linkages with and referrals to community agencies and service providers; monitor and manage provision of supportive services and educate residents on service availability and advocate as appropriate.

Assisted Living

Currently 494 licensed ALFs in NYS serving over 33,000 residents and regulated by the Department of Health.

Various Licensures:
- Adult homes
- Enriched housing
- Adult care facilities (ACF)
- Assisted living programs (ALP)
- Assisted living residences (ALR)
- Enhanced assisted living residences (EALR)
- Special Needs assisted living residences (SNALR)

Resident Services in AL

- Residential care, including room and meals.
- Personal care.
- Medication management.
- Care plans and case management.
- Supervision and monitoring.
- Activities.
Components of Assisted Living

- Licensure requirements.
- Resident criteria.
- Consumer protections.
- Building requirements.
- Documentation and reporting.
- Payment:
  - Mainly private pay
  - Low income options include ALP, SSI

Major Differences Between Assisted Living and Senior Housing with Services

<table>
<thead>
<tr>
<th></th>
<th>Assisted Living</th>
<th>Senior Housing w/Services</th>
</tr>
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<tbody>
<tr>
<td>Personal Care Services</td>
<td>Must provide or arrange for personal care services.</td>
<td>Resident obtains personal care services on their own. SH does not provide personal care or health care services.</td>
</tr>
<tr>
<td>Regulations</td>
<td>Highly regulated, regardless of funding source and includes requirements for care plans, resident oversight, medications, etc.</td>
<td>Regulations based on funding source, primarily focused on financial, fair housing and eligibility requirements.</td>
</tr>
<tr>
<td>Service Integration</td>
<td>Offers a truly integrated package of housing and services.</td>
<td>May have resident assistant to provide information and links to community services when requested.</td>
</tr>
<tr>
<td>Monitoring &amp; Supervision</td>
<td>Required to provide 24/7 monitoring and to intervene in the event of an emergency.</td>
<td>Staff may “keep an eye” on residents but are not responsible or liable for monitoring, supervising, or intervening.</td>
</tr>
</tbody>
</table>

Assisted Living Reform Act

- Created in 2004.
- Added new requirements for AL, including requirement that entity must be licensed in order to use the term “assisted living.”
- Exemptions:
  - NORCs
  - HUD or HCR-funded CCRCs
  - Independent Senior Housing
Assisted Living Reform Act

- Definition of “independent senior housing” in 2004 Assisted Living Reform Act.
- In 2008, DOH promulgated ALR regulations to clarify the point at which a housing entity must be licensed as assisted living.
- Confusion still exists around definitions: “supervision”, “monitoring”, “arranging”, “coordinating”, “case management”, “either directly or indirectly.”

New York State Medicaid Redesign

NYS Initiative to Reform the Medicaid Program

- Phase 1 resulted in 79 recommendations, all of which are in various stages of implementation.
- Move nearly every Medicaid-eligible person into a managed care plan or care coordination model.
- Phase 2 established 10 work groups including one on MRT Affordable Housing.
- Increase state and federal funding for supportive housing

Housing: Emergencies

- A 87-year-old resident of the Glenwood Gardens community in Bakersfield, Calif., collapsed in the dining hall and later passed away after being denied CPR by a resident services director, who told the dispatcher it was against company policy.
- The staff person refused to obey a 911 dispatcher's requests to administer CPR to the resident who later died.
- The company later stated “This incident resulted from a complete misunderstanding of our practice with regards to emergency medical care for our residents.”
Housing: Emergencies

What is Your Policy?

- What is your policy for emergency responses?
- Are they known by all staff and residents?
- Are residents told of the policy prior to move-in?
- How would you know if a resident had a DNR?
- Would you follow a "911" dispatcher’s directions for CPR?

Case Studies

New York Innovative Senior Housing Models

- Selfhelp Community Services (NYC)
  Technology-enabled supportive housing
- Weinberg Campus (Buffalo)
  Co-location of PACE and senior housing
- Loretto, Forest View at Fayette (Central NY)
  Small group homes with tax credit financing
- Flushing House (Queens, NY)
  Market-rate housing with services
- Ken-Ton Presbyterian Village (Buffalo) & Bernardine
  ALCP Service Enriched Housing
Senior Housing with Supportive Services in Neighboring States

- Vermont
  - Supports and Services at Home (SASH) program.
  - Received $10.2 billion from Medicare funds as part of demonstration program to implement SASH in 112 housing sites throughout state.
- Massachusetts
  - Established Supportive Housing Program.
  - Strengthens coordination between housing and services agencies to support aging-in-place.
- Connecticut
  - Assisted living as a service in affordable and congregate senior housing.

Senior Housing in NYS

Research Paper Conclusions:

1. New Yorkers are aging and there will be an increased future demand for senior housing, support services and home and community-based health care services.

2. There is already an unmet need in many areas of New York for subsidized senior housing with support services and upgraded building features. In certain other regions, waiting lists are less of a concern than the need to modernize existing buildings.

3. Federal funding for new subsidized housing development is waning, and other funding programs leave gaps and add complexity.

Conclusions, continued:

4. Aging-in-place programs and partnerships can help to address shortages of subsidized senior housing.

5. State assisted living regulations that define independent senior housing are unclear and confound the development of innovative housing with services models.

6. New York's Medicaid redesign initiatives will fundamentally change how services are delivered and paid for in New York, and that in turn will affect senior housing residents.

7. There are important gaps in the availability of service coordination and support services.
Senior Housing in NYS

Conclusions, continued:

8. The state’s proposed investment in supportive housing is focused on costly Medicaid recipients, rather than on an aging-in-place model for seniors.

9. Federal regulations, funding and programs are promoting senior housing as a platform for delivering supportive and health care services.

10. Senior housing operators in New York State and around the country have developed creative housing with services models that should be studied and possibly replicated.

Changing Federal Housing Policy

HUD Assisted Living Conversion Program (ALCP)

- Grants for building modifications to existing HUD 202, 236 and other senior housing.
- Beginning in 2012, ALCP grant applicant could either be a licensed assisted living facility OR a service-enriched housing (SEH) facility.
- SEH makes available supportive services through licensed or certified third party service providers

Changing Federal Housing Policy

HUD Section 202 Reform

- Providing HUD operating assistance only.
- Relying more on state housing agencies for regulatory oversight.
- Ensure new Section 202 housing serves as a platform for frail and at-risk elderly as well as those aging-in-place by encouraging collaborations between state housing and health care agencies.
Federal Housing Policy

Sequestration
- 5.1% cut in HUD Section 202: $18 million.
- 5.1% cut in AoA programs: $86.7.
- HUD March 11 Memo on Section 8 Assistance.

HUD Section 202 New Construction
- Eliminated funding in 2012.
- Perhaps in 2013?

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National Research

LeadingAge
The LeadingAge Center for Affordable Housing Plus Services serves as a national catalyst for the development, adoption and support of innovative affordable housing solutions that enable low- and modest-income seniors to age safely and successfully in their homes and communities.

- Learning Collaborative
- Clearinghouse
- MacArthur grant

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NYS Supportive Senior Housing Services Program (SSHSP)

- Improved access to stable affordable housing for seniors, together with a targeted and enhanced support services program.
- Focused especially on high cost Medicaid utilizers in senior housing that will delay or defer placement into higher cost settings.
- The MRT Affordable Housing Workgroup Allocation Plan sets aside $3 million in funding for a supportive senior housing pilot program. Funding is contingent on legislative approval of the budget appropriation.
NYS Supportive Senior Housing Services Program (SSHSP)

Funding would be available for the following purposes:

**Construction and Renovation Capital Grants**: Capital funding through a competitive process established by DOH to incorporate supportive housing features such as universal design modifications, renovation and reconfiguration including co-location of supportive services, gap financing for new senior housing “pipeline” construction, security systems and other technologies for residents to maintain safety and independence, vehicles to provide transportation for residents.

**Supportive Services Program Grants**: Grant funding shall be available through a competitive process established by the department to provide financial assistance for the following supportive services: Assistance with obtaining meals, access to groceries and pharmacy, transportation, referral services related to resources available in the community, housekeeping, and security.

**Program and Application Review Criteria**: Each applicant must provide a detailed description of the specific program to be funded, the population to be targeted with the funding, and a projection of Medicaid savings to be generated by the implementation of the program.

**Advocacy needed** to your state legislature to ensure funding is included into the budget. Go to “Take Action” at: [www.LeadingAgeNY.org](http://www.LeadingAgeNY.org)

Senior Housing Trends

- Federal HUD funding is being decreased, but...
- Policy shifting toward possible larger role of state funding and oversight (HCR, NYSOFA & DOH).
- Aging-in-place models vs. nursing homes.
- Combining housing with support services.
- NYS Supportive Senior Housing Services Program.
- Mandatory Managed Care for Medicaid recipients.
- Service Coordinator and MLTC integration.
Acknowledgements

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