

## SENIOR HOUSING | ASSISTED LIVING | ADULT CARE FACILITIES | HOME CARE | RETIREMENT COMMUNITIES ADULT DAY HEALTH CARE | PACE/MLTC | NURSING HOMES | CCRC

## ENSURE ALL SENIORS HAVE ACCESS TO SAFE, AFFORDABLE HOUSING WITH SERVICES

**SFY 2023-24 BUDGET PROPOSAL:** Invest \$25 million over five years to support Resident Assistant positions in subsidized and income-restricted independent rental housing for low-income seniors, and develop a new source of dedicated funding for middle-income senior housing.

WHAT MAKES SENIOR HOUSING UNIQUE? In addition to age-appropriate design, safety, and accessibility features for older adult residents, many senior housing properties facilitate access to much-needed, non-medical aging services to help their residents remain independent for as long as possible. While the level of services available on-site might vary based on the income level of residents and other factors, the most common – and necessary – include providing or connecting residents with service coordination, meals, transportation, housekeeping, social activities, counseling, or recreational programs.

**FUND THE AFFORDABLE INDEPENDENT SENIOR HOUSING RESIDENT ASSISTANCE PROGRAM:** The older New Yorkers living in affordable and income-restricted apartments are generally income-eligible for Medicaid, but often struggle to navigate the network of health and social supports that could help them age safely in place. Resident Assistants available on-site and at resident request can help address this need by providing information and referrals to supports in the community; education regarding Medicaid and other benefits; and assistance with accessing public benefits, services, and preventative programming.

A rigorous New York-based study of the <u>Selfhelp Active Services for Aging Model (SHASAM)</u> – a successful Resident Assistant program – found that the average Medicaid payment per person, per hospitalization was \$3,937 less for Selfhelp residents as compared to older adults living in the same Queens ZIP codes without services, and Selfhelp residents were 68 percent less likely to be hospitalized overall.<sup>1</sup> Furthermore, with the SHASAM program in place, <u>less than 2 percent</u> of Selfhelp's residents are transferred to a nursing home in any given year. However, without State operational support, most providers have little or no avenue outside of charitable donation to maintain a much-needed Resident Assistant staff person.

**INVEST IN MIDDLE-MARKET SENIOR HOUSING:** To meet the needs of New York's aging population, the State must make a substantial capital investment in middle-market senior housing. The population of older adults who are too wealthy to qualify for most affordable housing programs but not wealthy enough to afford market-rate rentals with appropriate aging services is growing and is expected to account for 43 percent of the total senior population by 2029.<sup>2</sup> Projections indicate that approximately 60 percent of those middle-income seniors will have mobility limitations, and one in five is likely to have three or more chronic conditions as well as one or more limitations with the activities of daily living.<sup>3</sup> However, funds included in the recent five-year spending plans for Homes and Community Renewal to support the creation of rental units affordable to middle-income households are generally committed to projects serving individuals and families. A dedicated source of funding to create rental housing that is affordable to and appropriate for middle-income seniors is therefore critical to avoiding a compounding housing and health crisis for the growing population of older New Yorkers.

**THE EXISTING NEED:** In the wake of the COVID-19 pandemic's negative effects on the social, emotional, and physical wellbeing of New York's growing population of older adults, and given the workforce challenges plaguing higher-level health and long-term care settings, the State must invest in modest and innovative programs that support healthy aging NOW – before our independent seniors need more advanced care.

QUESTIONS? Please contact Sarah Daly at 518-867-8845 or sdaly@leadingageny.org.

<sup>3</sup> Id. at 857.

<sup>&</sup>lt;sup>1</sup> Gusmano, MK. Medicare Beneficiaries Living in Housing With Supportive Services Experienced Lower Hospital Use Than Others. *Health Affairs*. Oct. 2018. Li, G., Vartanian, K., Weller, M., & Wright, B. Health in Housing: Exploring the Intersection between Housing and Health Care. Portland, OR: *Center for Outcomes, Research & Education*. 2016.

<sup>&</sup>lt;sup>2</sup> Pearson, Caroline F., Quinn, Charlene C., Loganathan, Sai, Rupa Datta, A., Burnham Mace, Beth, and Grawbowski, David C. (2019). The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources for Housing and Health Care. Health Affairs 38, No. 5: 851-859.