

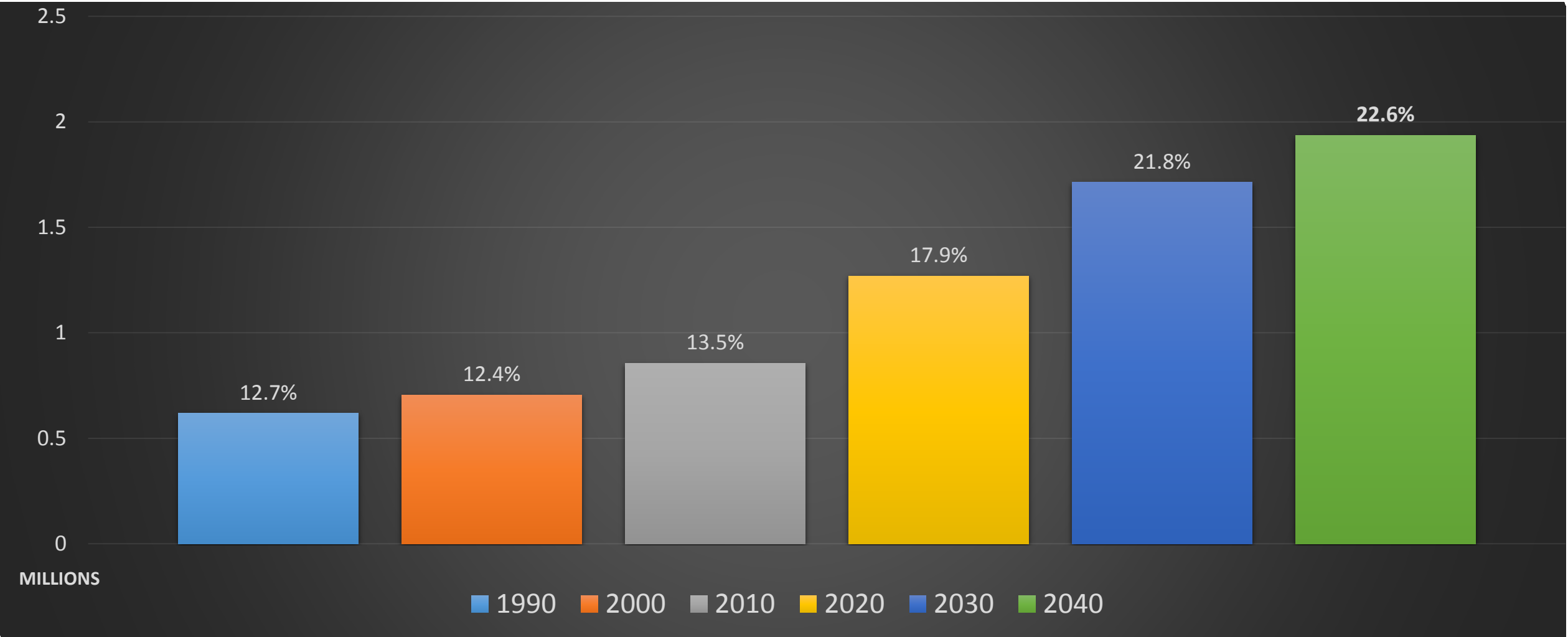
The Need to Create Affordable & Service Enriched, Accessible Housing Opportunities for Older Adults



*What can we do in
Tennessee with existing
programs & resources?*

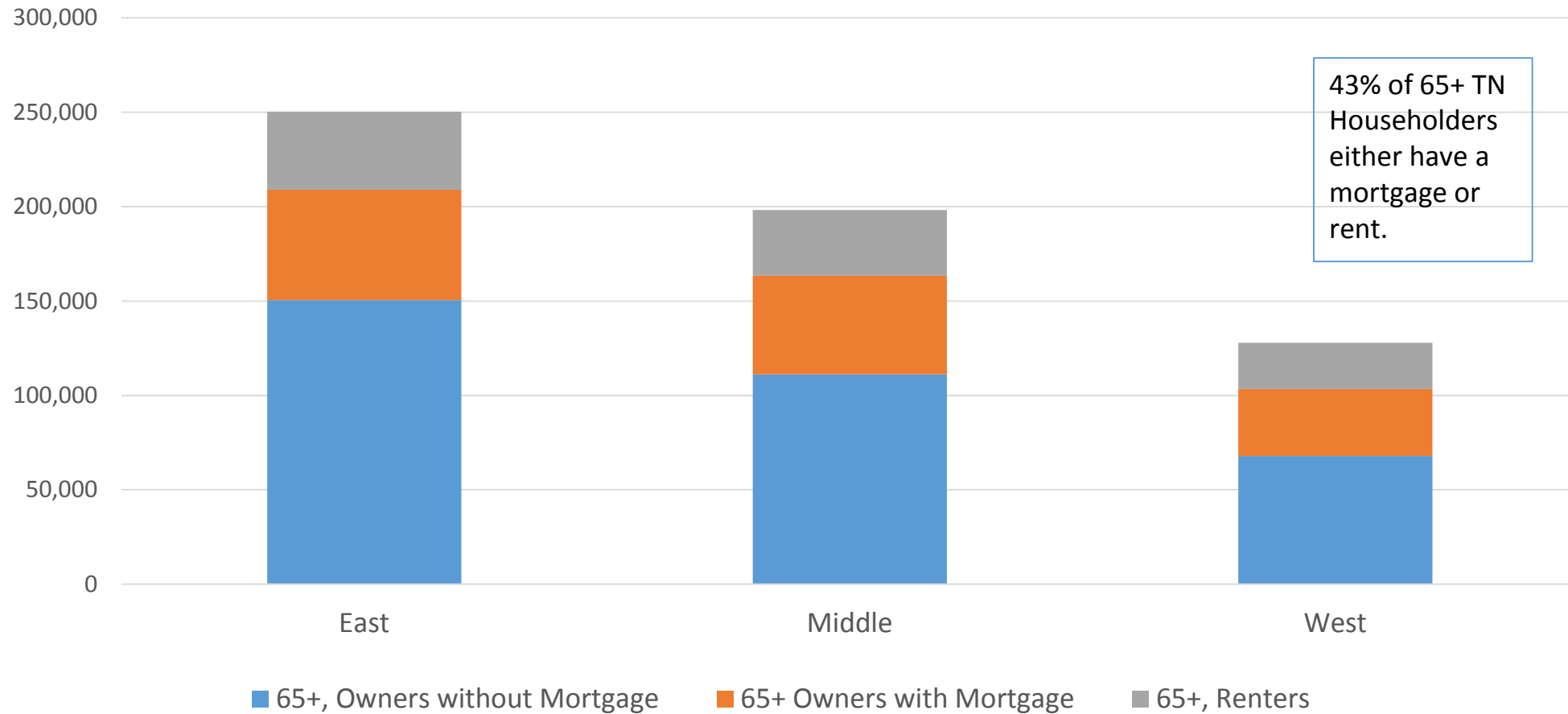


Rising Tide

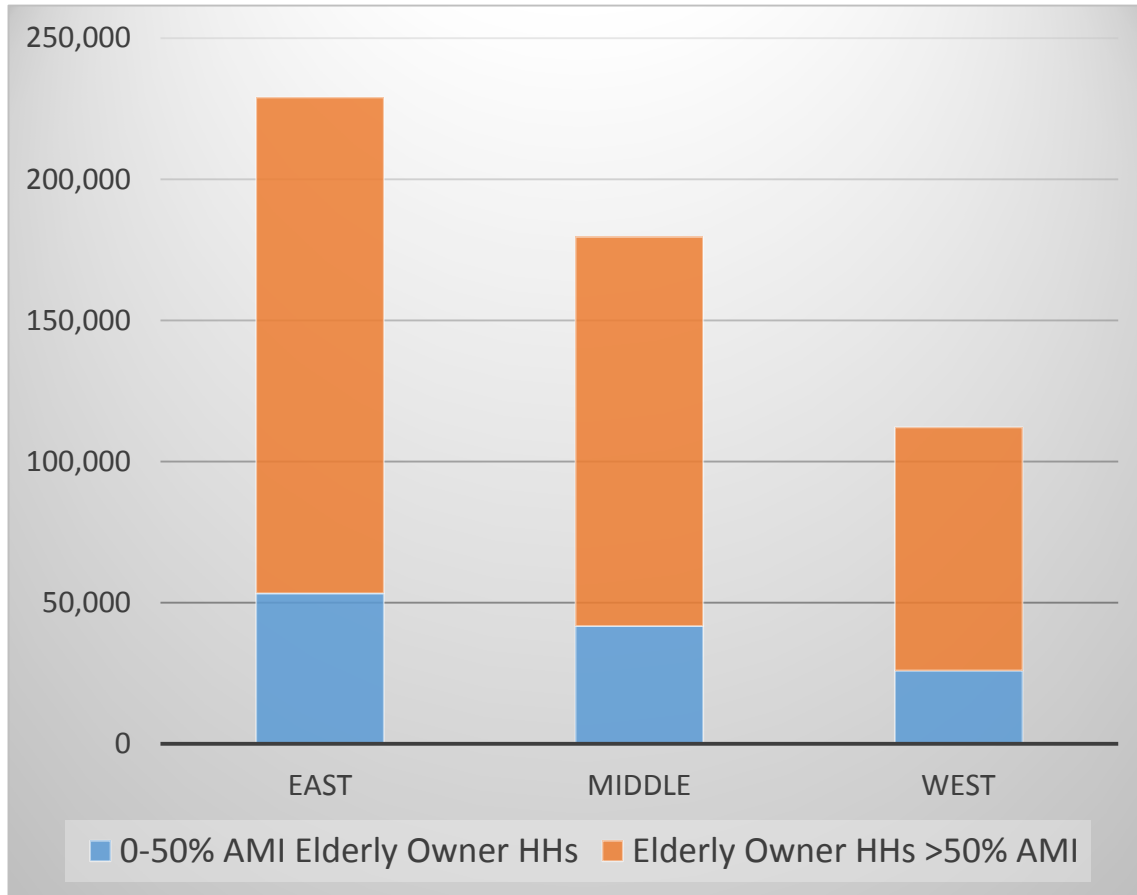


% Seniors Comprise of Overall State Population, 1990-2040

Senior Owner & Renter Householders by Region



Very Low Income Elderly Owner & Renter Households in TN



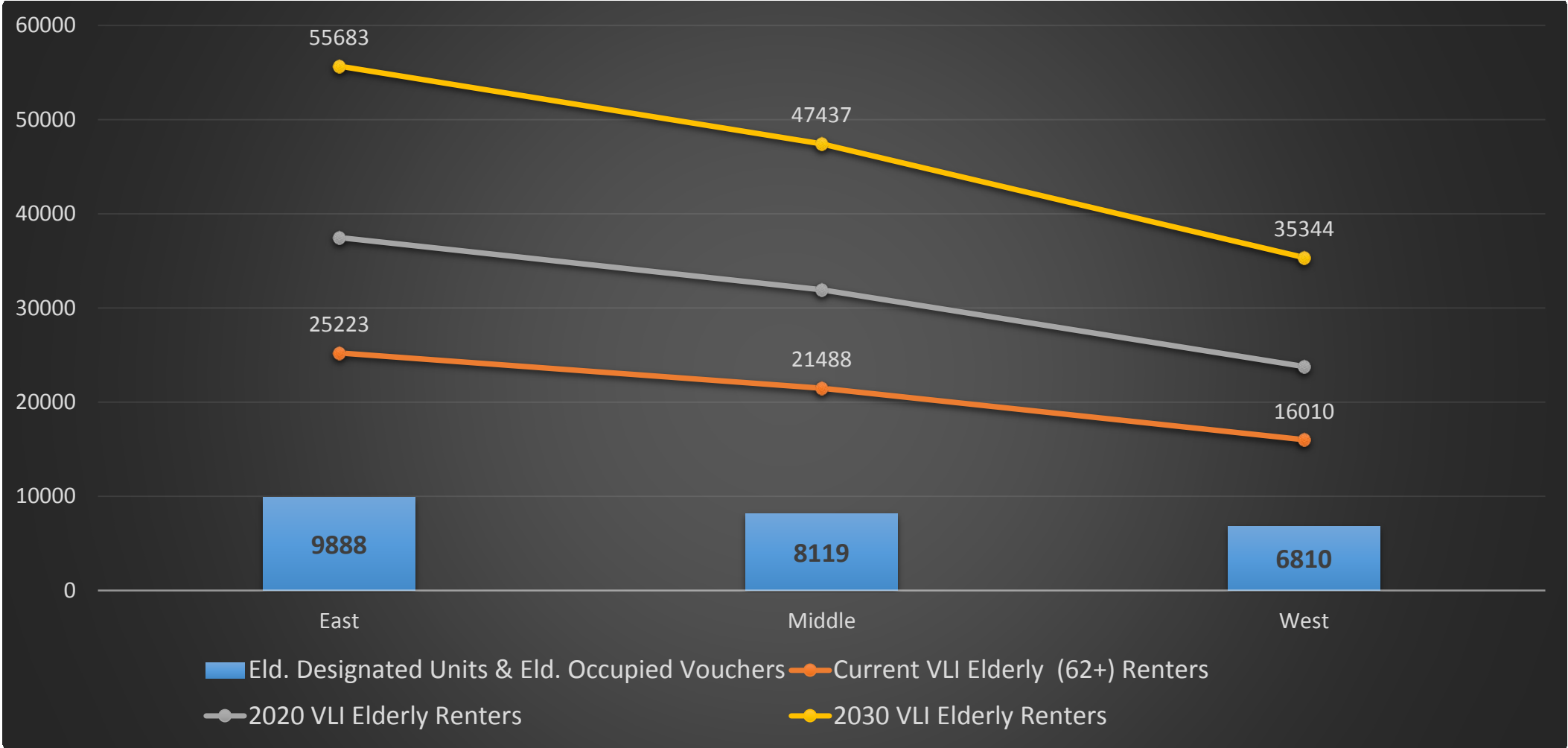
What Programs Help Seniors Afford Rent?

Tennessee has a variety of rental subsidy or development programs funded by federal, state and local sources that serve or target low income senior renters (0-80% AMI).

- Public Housing
- HUD Multifamily Rental Programs (Section 8, Section 202 apartments)
- Housing Choice Vouchers (HCV)
- HOME
- USDA Section 515/538 apartments
- Low Income Housing Tax Credit (LIHTC)
- THDA & National Housing Trust fund– new in 2016; THDA awards funds.
- Housing Non-profits- use some of the above funds and private funding

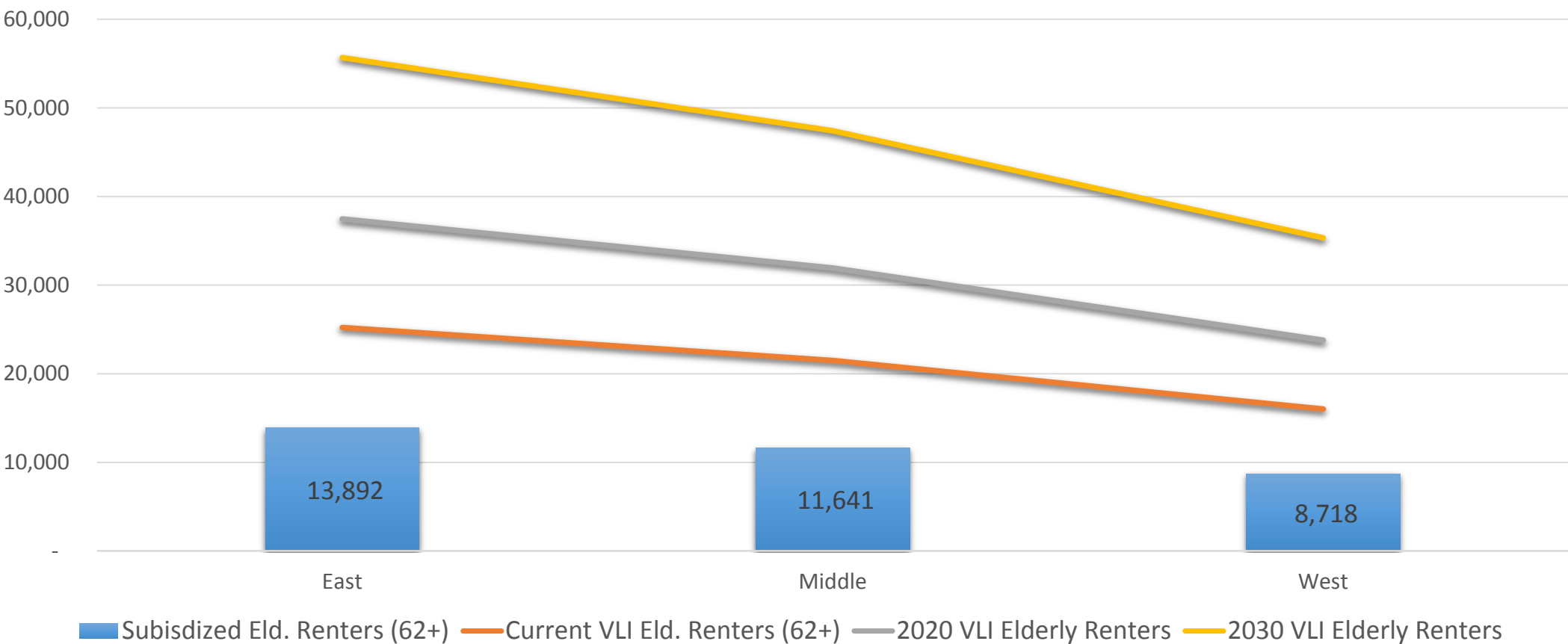
The number of housing agencies & programs may be difficult for seniors/caregivers/ health professionals to navigate.

How Many Subsidized Units are Designated for Seniors?



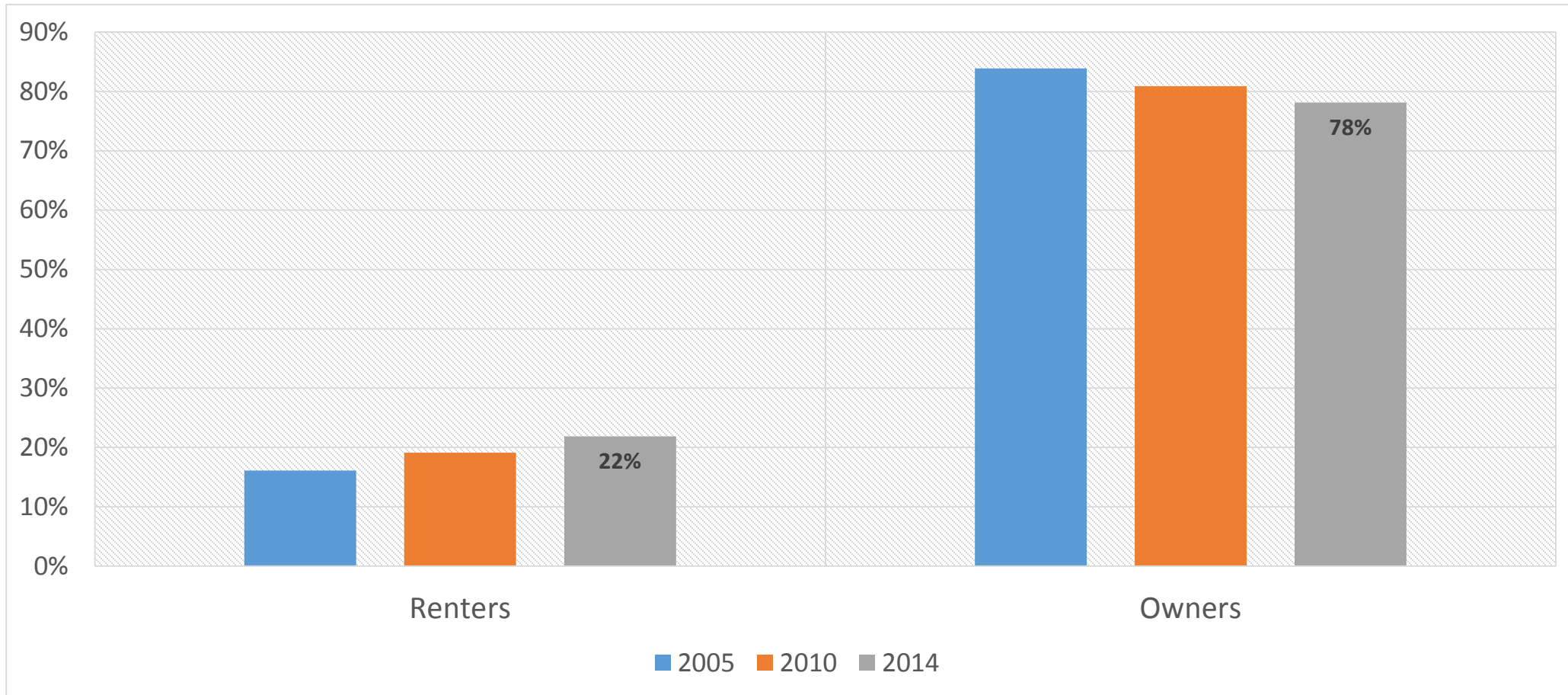
Tennessee Elderly Designated Subsidized Units/ Occupied Vouchers Compared to Current & Projected Elderly VLI Renter Population

How Many Seniors Already Receive Help Paying Rent?



Subsidized Elderly Renter HH in Tennessee Compared to Current & Projected VLI Elderly Renter Population

Senior Homeowners in Tennessee



While the percent of seniors who rent is on the rise, the majority of Tennessee seniors own their own home (with or without a mortgage). So, the housing conversation cannot be limited to rent affordability for seniors.

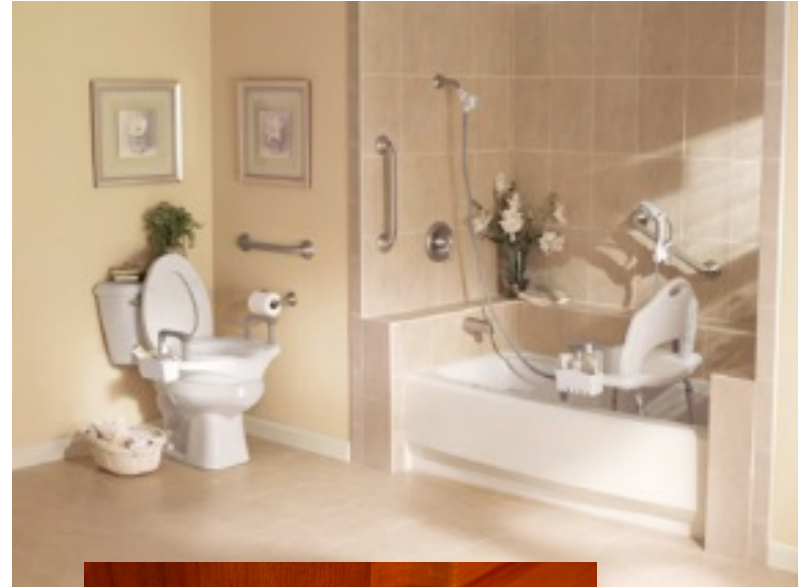
Senior Homeowners & Need for Home Modification for Accessibility

- Not much specific county/state level data on accessibility (owned or rental).
- The **Plough Foundation AdvantAge survey** (2012) of Shelby County seniors found:
 - 23 percent of 65+ HH need accommodations for easier access into or within their home (i.e. ramp)
 - 48 percent of 65+ HH need bathroom safety modifications for mobility (grab bars, handrails, etc.)
- A **HUD analysis of the American Housing Survey** data for the most recent period available (2011) shows nationally:
 - 1/3 of housing units are “potentially modifiable”
 - < 5 percent of units are livable for individuals with “moderate mobility difficulties”
 - <1 percent of units are wheelchair accessible
- Units built before 1990 are less likely to have accessibility features.
 - Recent THDA report on preservation of affordable rental housing found more than 50% of affordable rental housing was built before 1980.
- Universal design may be an affordable goal for new development but will be hard to achieve in many existing housing units due both to cost and pre-existing design.

Most Commonly Needed Accessible Features for Long Term Independent Senior Living

“Potentially modifiable” units may be modified to be “moderately accessible” at a reasonable cost.

\$ Bathroom- handrails or grab bars in bath/shower & near toilet, shower seat (or walk in bath/shower), raised toilet



\$ Kitchen cabinets with levers or handles (no knobs) and pull out shelving



\$ Doors with lever or handle



\$\$ Ramp into home (if step entry) - @\$750



How Can Low Income Senior Homeowners Afford to Modify their Home?

- Tennessee has a variety of grant programs that seniors may access to modify their home for accessibility.
- The programs are federal and state funded and many pass through funds to local non-profits who select eligible families & activities.
 - State/THDA Housing Trust Fund: Emergency Repair Program; Housing Modification & Ramp
 - State/TCAD funded: Options program (discussed in greater detail later)
 - Federal funded: weatherization; HOME; CDBG
- >\$3 million was spent to repair or make 550+ homes accessible in FY 2015 by THDA non-profit grantees of the following programs: [Emergency Repair Program](#), [USDA/THDA Rural Repair, Housing Modification and Ramp Program](#), [Weatherization Program](#).
- [THDA's HOME program](#) grantees helped 320 senior owner HHs with home repair in the most recent 3 grant years available.

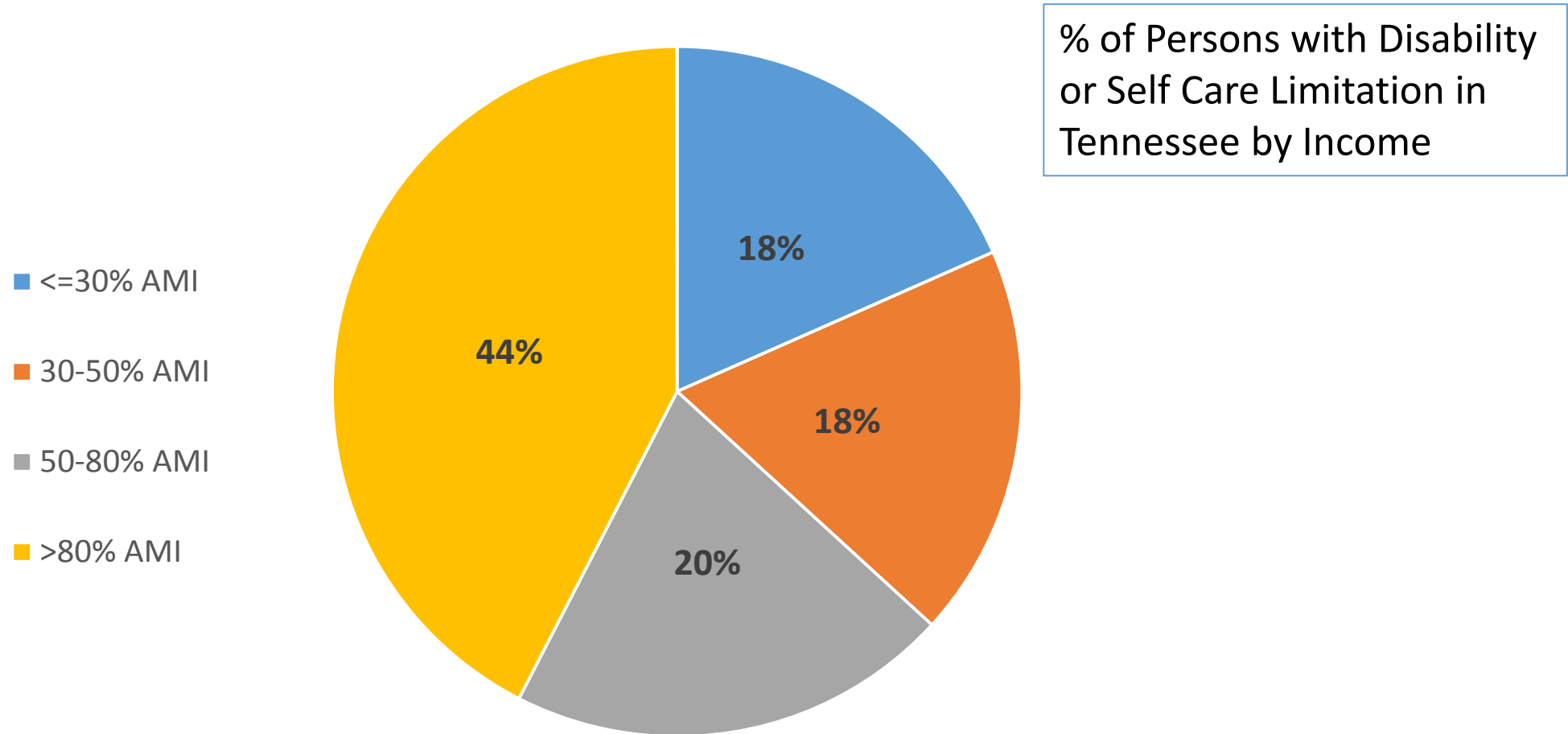
Seniors/caregivers/health professionals may find it difficult to know how/where to find an available grant or provider.

GAPS in Affordable and Accessible Housing for Low Income Seniors

“The fact is, if society wants to provide affordable housing to low-income elderly, subsidies of some sort will always be needed.” Thomas Bledsoe, President & CEO of Housing Partnership Network

1. Subsidized rental units & vouchers are not available for all very low income seniors (or other low income households).
2. Affordable rental production does not meet the demand of the current or future low income renter population, including seniors.
3. Most rental subsidy and development programs have faced funding reductions in recent years (the LIHTC program is the exception).
 - HUD 202 program, which is the only program that specifically funds new development of affordable senior rental housing, has not received funding for new units since 2012.
4. There are not enough affordable accessible rental units.
5. Grant program funding for home modification/repair falls short of need.

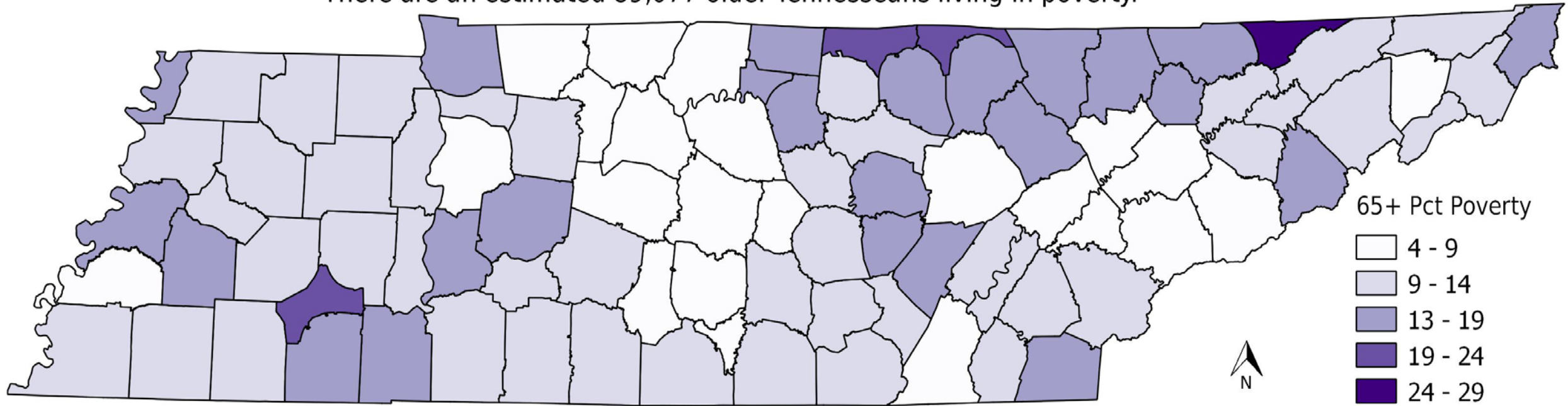
Need for Support Services



Medical problems can be caused and worsened by factors related to poverty- poor nutrition, lack of safe and stable housing, unemployment, income insecurity, etc. The greatest predictors of need for support services are poverty, disability, living alone, and older age (i.e., at least 75).

Percent of Population Age 65 and Older in Poverty, 2014 ACS 5-Year Sample

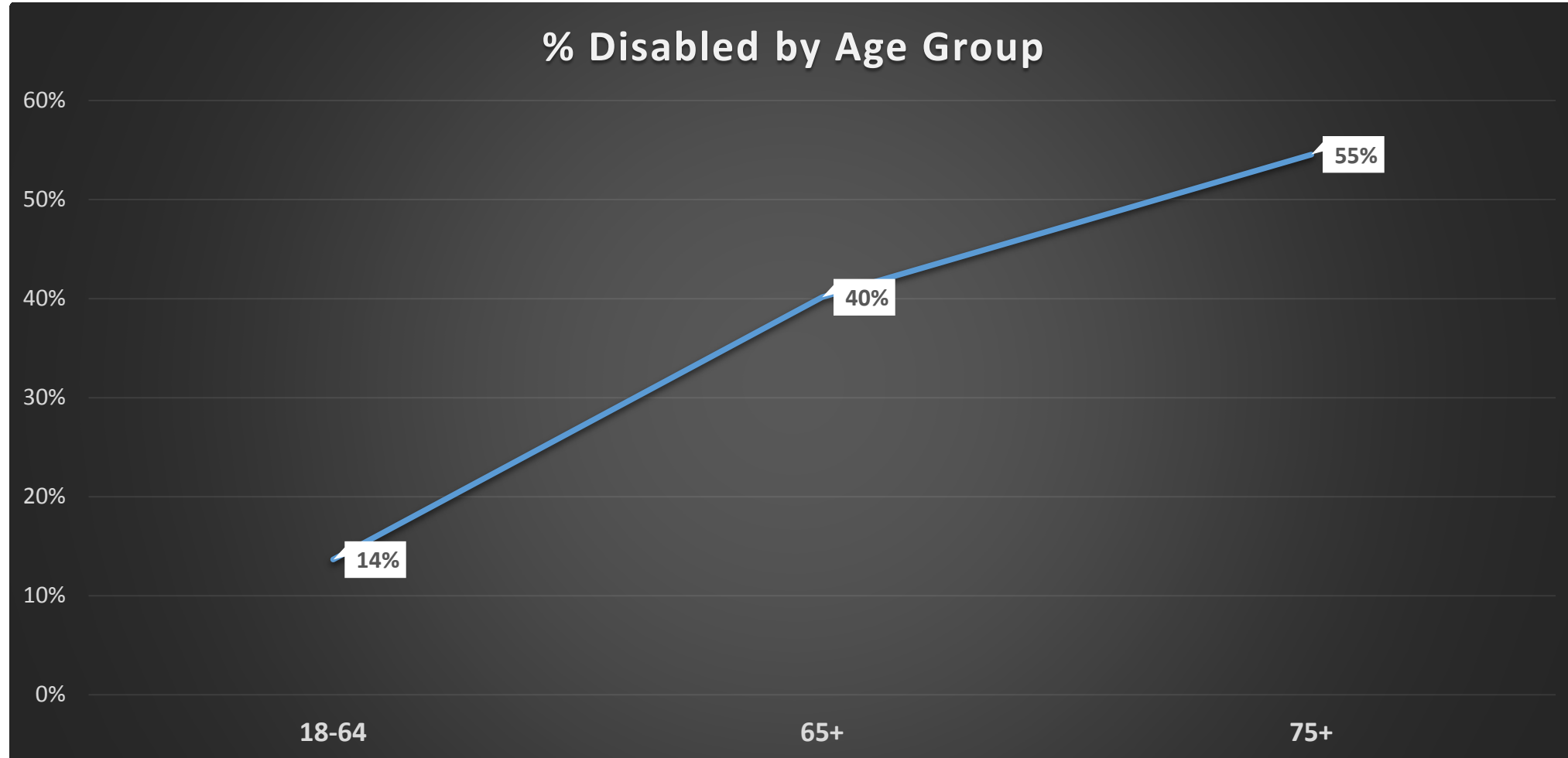
There are an estimated 89,077 older Tennesseans living in poverty.



Prepared by: Tennessee Commission on Aging and Disability, 2016
Source: US Census

State Total = 10.0%

Need for Support Services



As people age, a greater % experience disabilities & self care limitations.

Supportive Services or Individual Level of Care – the Continuum

- Many people will require long-term care for a period of time as they age.
 - Nursing home care, skilled nursing, home health care, or hospice
- >30% of adults who reach the age of 65 will spend time in an institutional setting such as nursing home or skilled rehab for a period of time.
 - Some of these are for a long period of time
 - Many are for shorter periods of time due to surgery or short-term illness.
- 90% of people 65+ want to stay in their home for as long as possible.
- 80% believe current residence is where they will always live.



Supportive Services or Individual Level of Care – the Continuum



Supportive Services - Funding and Providers

Medicare

- Skilled care in a certified skilled nursing facility after a qualifying hospital stay
 - Up to 100 days of skilled nursing care in a skilled nursing facility
 - Copays begin after 20 days
- Home Health Services (under certain circumstances)

Medicaid

- TennCare CHOICES in Long-Term Services and Supports (CHOICES)
 - CHOICES covers long-term nursing facility care as well as home and community based services (HCBS) for seniors 65 and older and adults 21 and older with a physical disability

Supportive Services - Funding and Providers

- **OPTIONS for Community Living**

- State funded program that serves older adults and provides HCBS selections.

- **Private Pay**

- Individuals can pay for nursing home care (skilled or long-term) and HCBS care out of pocket.

- **Long-Term Care Insurance**

- Coverage depends upon policy but usually covers the gaps in what Medicare will pay for nursing home care (skilled and long term). Estimated less than 10% of population have LTC insurance.

- **Family/Volunteer Caregiver**

- **Community organizations**

- Meals on Wheels
- Community Action Agencies/Human Resource Agencies
- Faith Based Organizations
- Area Agencies on Aging and Disability
- Senior Centers
- TN Respite Coalition

Tennessee's Senior Support Services Programs: CHOICES

21,559 Senior
Participants

- Tennessee's CHOICES program includes nursing facility services and home and community-based services (HCBS) for adults 21 years of age and older with a physical disability and seniors (age 65 and older). There are three CHOICES groups:
 - CHOICES Group 1 is for people of all ages who receive nursing home care. For more information about nursing home care.
 - CHOICES Group 2 is for adults (age 21 and older) with a physical disability and seniors (age 65 and older) who qualify to receive nursing home care, but choose to receive home care services instead.
 - CHOICES Group 3 is for adults (age 21 and older) with a disability and seniors (age 65 and older) who don't qualify for nursing home care, but need a more moderate package of home care services to delay or prevent the need for nursing home care.
- 21,559 seniors were participating in CHOICES as of May 31, 2016. This number includes those receiving CHOICES in a nursing facility and those receiving HCBS.

Tennessee's Senior Support Services Programs: OPTIONS

- OPTIONS for Community Living is a state-funded program. The program was created to provide the elderly, as well as adults with disabilities, home- and community-based service choices. This program is available through the local Area Agencies on Aging and Disability.
- To be eligible for the OPTIONS program, an individual must:
 - Be a resident of Tennessee
 - Be eighteen (18) years of age or older
 - Must meet Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) limitation requirements.
- The services funded through the state for OPTIONS are provided to clients based on availability and level of need.
 - Homemaker services
 - Personal care
 - Home delivered meals

Tennessee's Senior Supportive Services Programs: OPTIONS

2,883 Senior
Participants

Consumers of OPTIONS services are adults with physical and/or cognitive disabilities (excluding individuals with intellectual disability). There is no income eligibility requirement for this program. However, there is a sliding fee scale based on income.

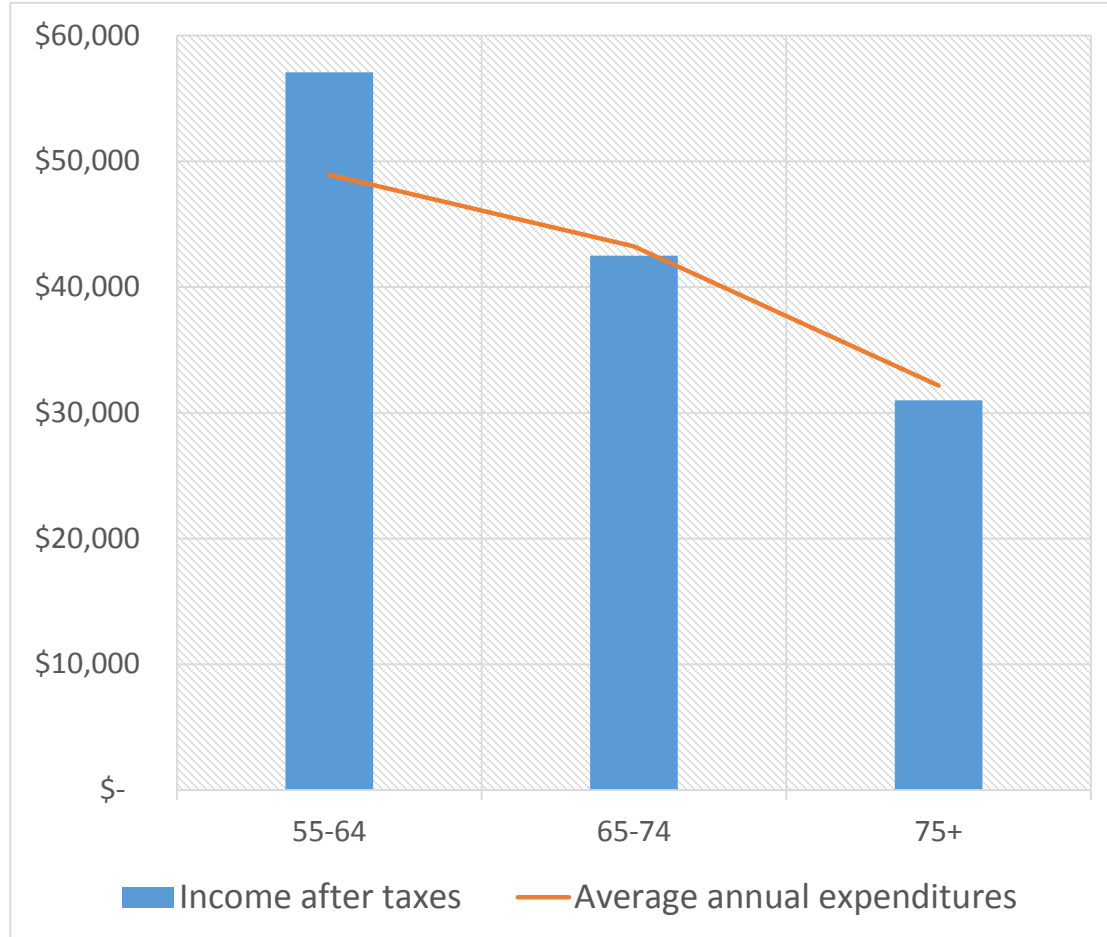
2,883 seniors received services (including home modification) through the Options program in the past year (as of May 2016).

Tennessee's Senior Supportive Services Programs: OTHER PROGRAMS or COORDINATION

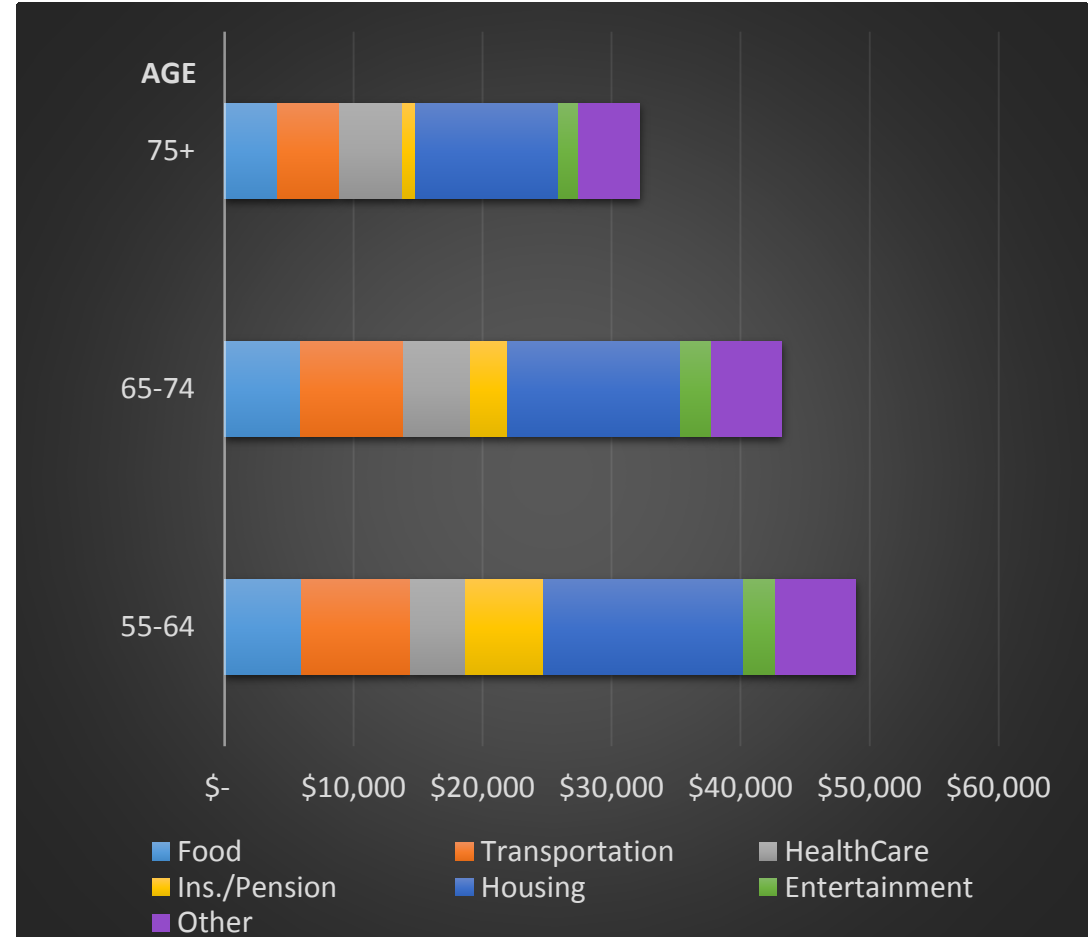
- Program of All-inclusive Care for the Elderly (PACE)
 - Managed care program for frail elderly (55+) “dual eligibles” (Medicare/Medicaid)
 - Provides comprehensive medical and social services at adult day health center, at home, and/or inpatient facilities, using an interdisciplinary team and integrated care planning approach.
 - PACE is only available in Hamilton Co. to persons receiving care through the Alexian program. The State is currently not planning to expand PACE.
- Area Associations on Aging and Disability (AAADs)
- Service Coordinators— HUD grant or paid with other grants/funds

Senior Income & Ability to Pay

If insurance (public or private) is not available to pay for support or assistance with activities of daily living– can most seniors pay for it?



Income after Taxes & Average Annual Expenditures by Age, Southeast



Average Household Expenses by Age Group, Southeast Region

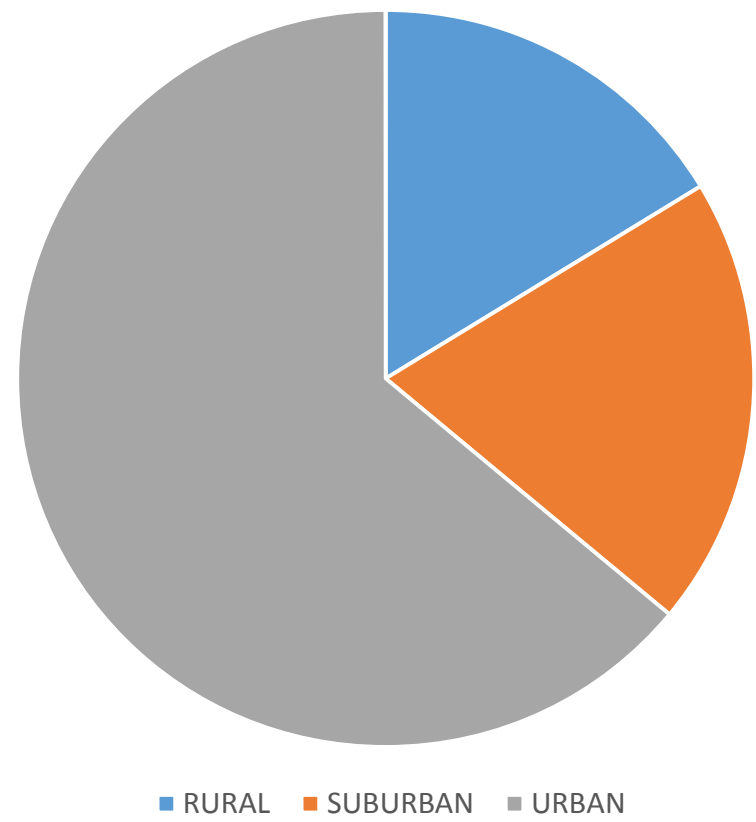
Improving Senior Access to Affordable, Accessible & Service Enriched Housing

- What are other states doing that we are not in Tennessee?
- What are we already doing that works in Tennessee?
 - What can we do in the future to improve housing/services integration within current funding constraints?

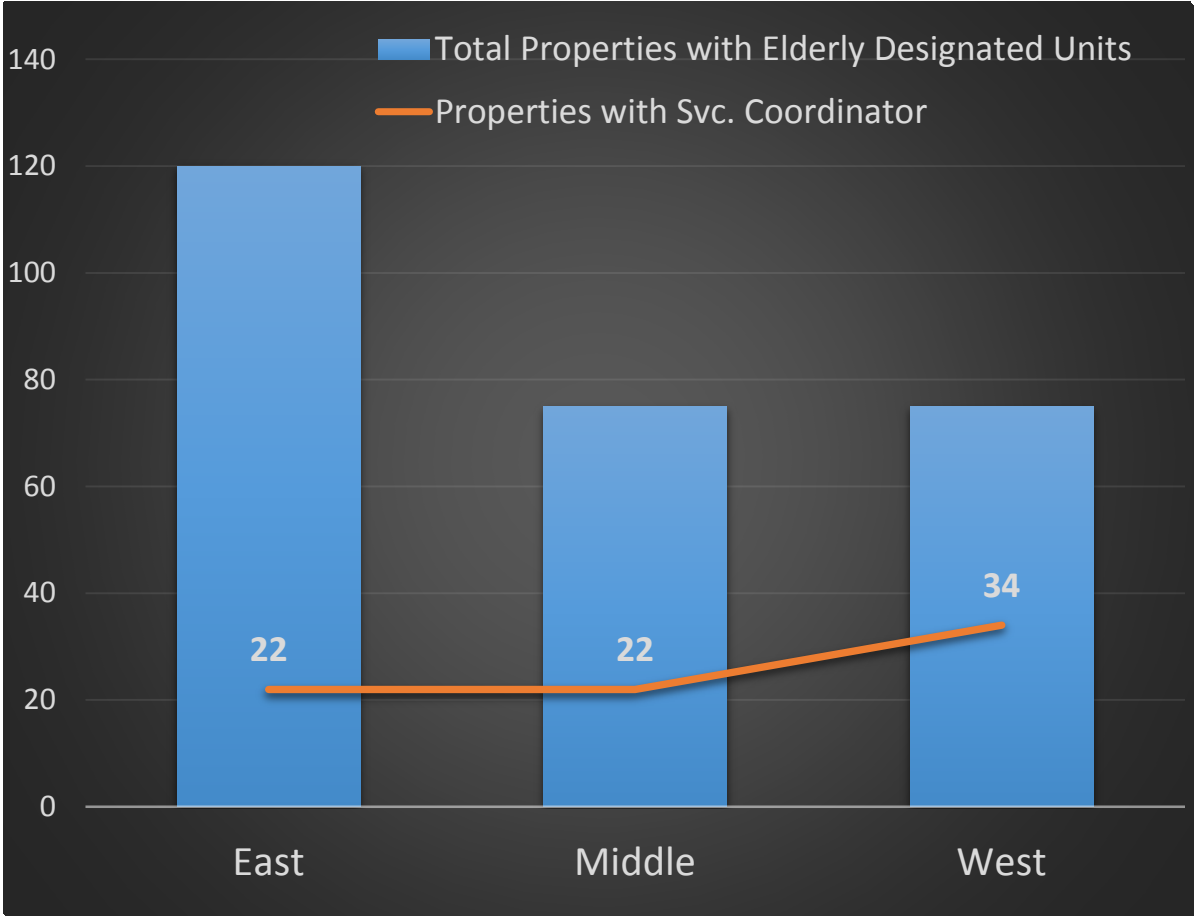
Best Practices outside Tennessee- SASH

- Support & Services at Home (SASH)- Vermont
 - Demonstration program funded by Medicare (MAPCP) \$3.78M & state funds-just under \$1M
 - SASH is embedded in affordable housing properties across the state– HUBs for coordination.
 - 22 public housing authorities or nonprofit housing providers participate
 - Plan for expansion to 112 housing sites by October 2016.
 - Targets both non-medical and social needs of residents in their homes--SASH HUBs have both a wellness nurse and a service coordinator.
 - 5,000 households are served; but MAPCP is set to expire in December 2016- if not renewed- future is uncertain.
- HUD's new Enhanced Service Coordinator NOFA is modeled on SASH- grant covers a full-time Enhanced Service Coordinator and a part-time Wellness Nurse
 - It is unknown if any Tennessee HUD MF properties applied for the NOFA.
 - Tennessee currently has 78 HUD Service Coordinators in Section 8 MF Properties who link residents to the specific support services they need to maintain independent living.

Tennessee HUD Subsidized Properties with Service Coordinators



Memphis has 16 properties with a Service Coordinator & Nashville has 10.



42 cities in Tennessee have a Service Coordinator within a HUD property.

Best Practices outside Tennessee- ALF Conversion

- HUD Multifamily Assisted Living (AL) conversion program started in 2000.
 - @ \$25M/year for physical conversion; 80 senior properties converted (2015) mostly in mid west and northeast. Florida is the only southern state with 5 ALFC grants.
 - AL units must be licensed and regulated by the appropriate state agency and provide support services.
 - **Housing provider must coordinate with state health agency to develop a Supportive Services Plan (SSP) for services and coordination.**
- Public Housing may convert to ALF under RAD (for physical conversion)
- **Barriers to ALF Conversion in Tennessee:**
 - Other states that make this model work have demonstration or MOU with state health care agency (already in place when applying for conversion funds) to ensure Medicaid waiver slots are available for AL units when available & service plan is in place.
 - Medicaid waiver reimbursement rate is low (though higher than Florida where they have found other capital to make conversions work).
 - Lack of necessary capital or layers of funding for physical conversion. Older buildings can be very expensive or impossible to modernize. New buildings built to ALF codes also expensive. HUD funding alone may not cover the costs.

Best Practices outside Tennessee- REITs

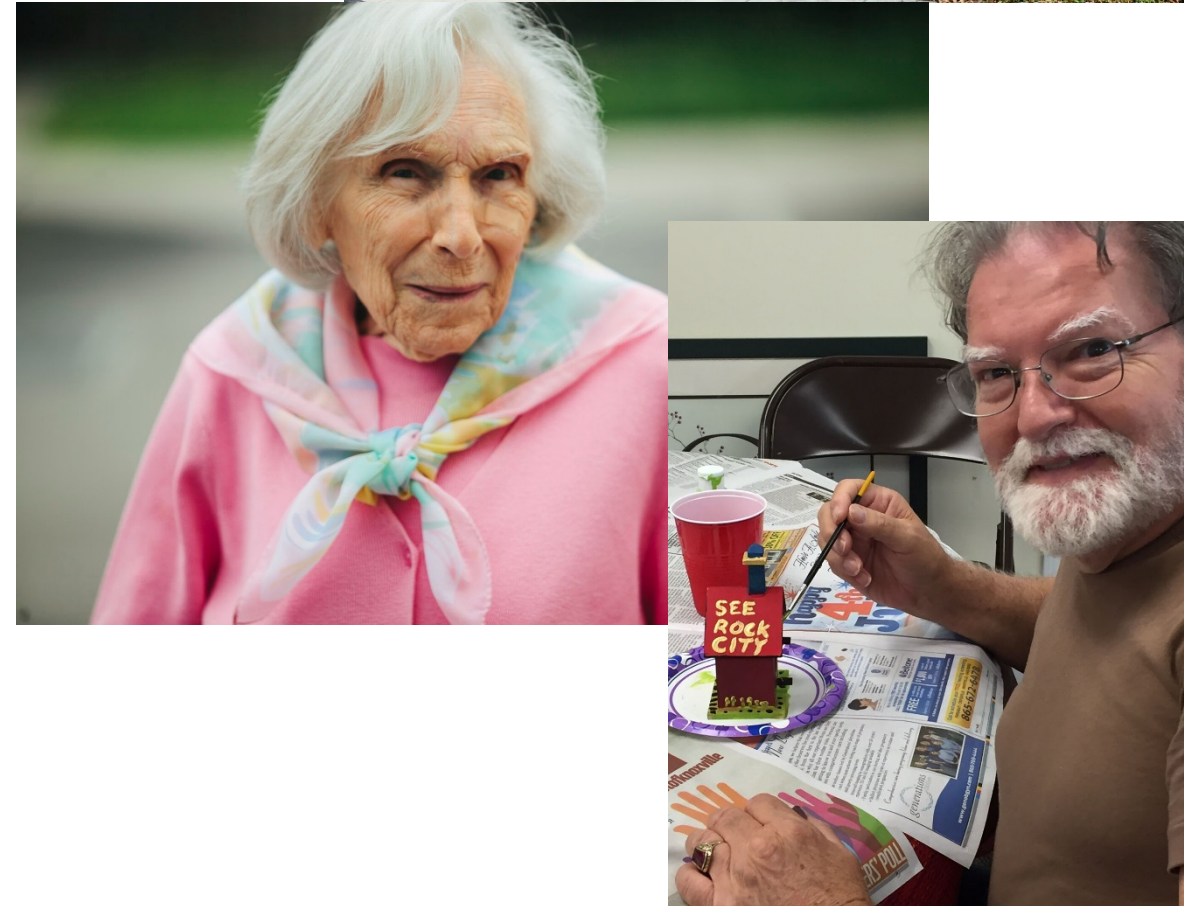
- Senior housing development or mixed income development with financing through “social minded” Real Estate Investment Trusts (REITs).
 - Multiple “high capacity” non-profits and members join together to raise capital (i.e. Mercy Housing in Chicago; Eden Housing in California; and NHT/Enterprise).
 - Allows non-profits to bid competitively because they do not have to secure complex funding arrangements prior to bid.
 - LITHC (and other grants or government funds) often combined with REIT investment
- The Housing Partnership Equity Trust (HPET) begun in 2012 as the country's first social venture REIT owned by nonprofits and devoted to preserving affordable rental housing. <http://hpequitytrust.com/>
 - Initially raised \$100 million of capital from the MacArthur and Ford Foundations, Prudential, Citi and Morgan Stanley and member investments.
 - Preserved 6 properties and 1,100 units so far (some elderly designated); working toward a goal of 8 additional properties this year.

Do we have high capacity non-profits in Tennessee who could create an REIT or join an existing social-minded REIT?

Best Practices in Tennessee- Non Profit Housing Providers



- HomeSource has built 3 properties in the Knoxville area; 90 units of senior rental housing
- Funding/lending sources: local CDBG, THDA LIHTC and HTF, Federal Home Loan Bank, private.
- One service/care coordinator shared by the 3 properties funded through private fundraising- local community organizations (churches, businesses), excess rental income, grants (local CDBG).



Best Practices in Tennessee- Non-Profit Housing Providers



- United Housing Inc. (UHI) of Memphis partners with Meritan Inc. and Shelby Residential and Vocational Services (SRVS) to build “medical-residential” homes for very low income persons with intellectual and developmental disabilities, and some seniors.
 - A \$3M grant from the TN Department of Economic Development’s 2008 Community Development Block Grant Disaster Recovery Funds helped fund 16 of these homes.



- In most cases, the residents are “dual eligible” and qualify for LTSS through the CHOICES program.
- All residents require direct skilled nursing services as well as habilitative services and supports.
- Medical residential services must be ordered as medically necessary by an individual’s physician or nurse practitioner.

Best Practices in Tennessee- Subsidized Properties with Service Coordination

- Wesley Living and Housing Corporation

- 9 senior housing complexes in Memphis; 16 senior housing developments in other West Tennessee cities
- Many properties have public housing or Section 8/202 PBRA
- 14 properties- HUD service coordinator grants
- Current focus- Choices eligible population



- Public Housing Agencies with elderly targeted units

- May partner with health organizations/providers to offer health clinics on-site (bi-weekly, monthly or annual).
- Many coordinate with organizations who provide meals (eg. Meals on Wheels) & transportation (HRAs).
- On site ROSS/FSS Coordinators may be available to help coordinate some services— ROSS/FSS not dedicated to senior sufficiency.



Best Practices in Tennessee- Home Modification

- Plough Foundation Aging Initiative in Shelby County
 - \$12+ million grants- 7 non profit orgs. - focus on housing and successfully living independently in the community
- Elder Home Rehab -Aging In Place (Lead Agency - Habitat of Greater Memphis)
 - \$3.89M grant– began in March 2015. More than 1,000 calls for first application round.
 - Original goal to repair or rehab 500 low income senior homes in the Greater Memphis area; revised to 380 homes when the cost per home was higher than expected.
 - 9 staff at Habitat work on Aging in Place Initiative (part or full time); includes a social worker who connects clients to local senior resources.
 - **Nominated for Tennessee's Best this year.**
- Habitat has estimated 7,900 homes in Memphis are in need of this type of home repair. Plough Initiative offered a one time, not recurring grant.

Can we continue (& expand) this effort in Tennessee?

What Can we Do in Tennessee to Increase Affordable, Service Enriched, Accessible Housing

- More or variations on what we're already doing.....
 - Preferences in affordable housing development programs (state and local):
 - For developments that commit to including certain % of 0 and 1 bedroom ground level, accessible units
 - For housing built or rehabbed to Tennessee's "Setting" Standards
 - Choices participants likely need this level of accessibility to live successfully in the community rather than in a facility.
 - THDA HTF already has "Setting" Standards built into requirements.
- Target existing grant funds to home modification for very low income senior homeowners & find additional sources of funds.

What Can we Do in Tennessee to Increase Affordable, Service Enriched, Accessible Housing

- Creative actions that do not necessarily require government funds:

- Educate Seniors Homeowners about FHA Home Equity Conversion Mortgage (HECM)- aka Reverse Mortgage
 - Allows seniors to stay in home while using the equity to help pay for modifications (or pay for HCBS) not affordable on monthly income.
 - 3,000+ HECMs approved in TN from 2013-2015.
 - Controversial- Quality counseling is a must, but currently there are only 4 HUD approved counselors in Tennessee.

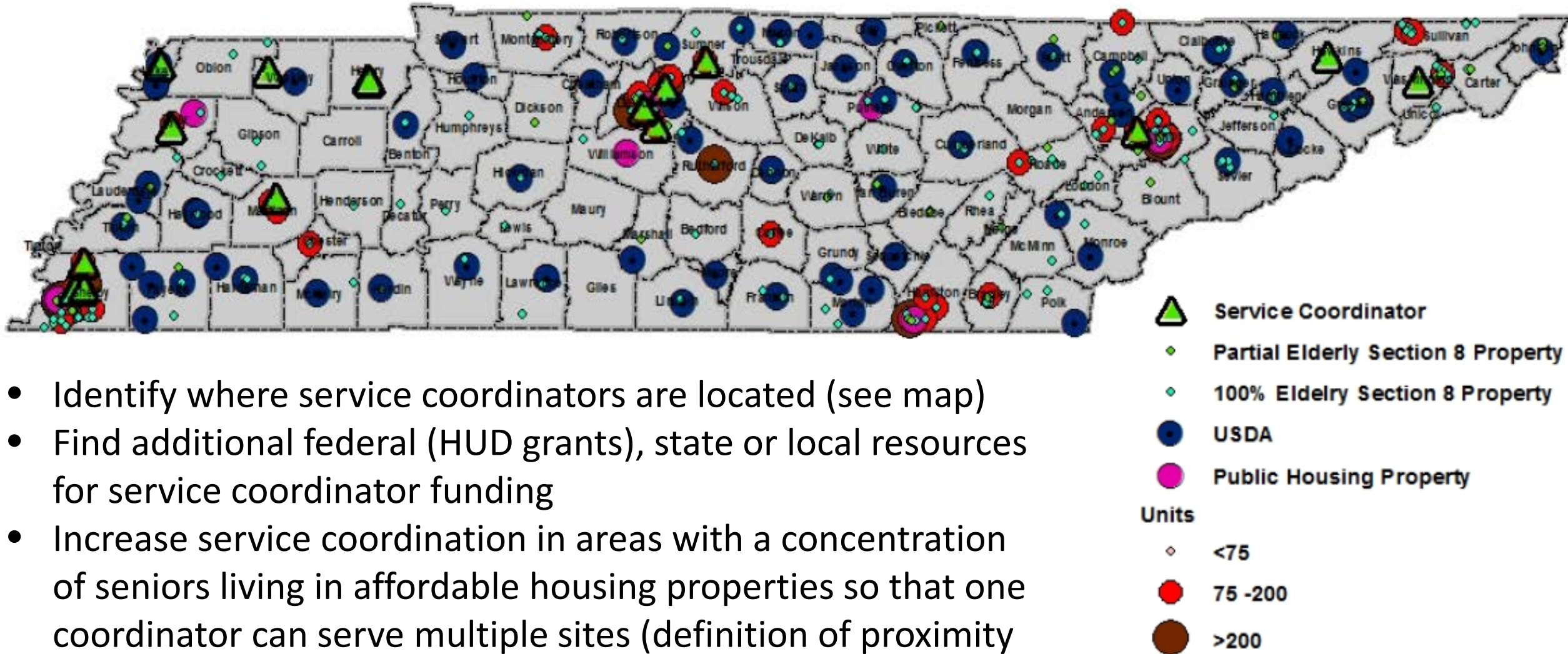


- Increase Accessory Dwelling Units (“Granny Pods”)

- THDA Leadership Academy is exploring the potential of this solution.
- Local zoning may limit this as a permanent housing solution—many cities limit ADUs.
- New state law HB 2040 may impact feasibility.



What Can we Do in Tennessee to Integrate Services & Affordable Housing?



- Identify where service coordinators are located (see map)
- Find additional federal (HUD grants), state or local resources for service coordinator funding
- Increase service coordination in areas with a concentration of seniors living in affordable housing properties so that one coordinator can serve multiple sites (definition of proximity may be different for rural & urban/suburban).



Support Services PILOT

- **Consumers**

Older adults age 60+ who reside in or near a public or other affordable assisted housing community (e.g. USDA 515/538, HUD Section 8) but do not have easily accessible medical assistance or access/awareness of support services.

- **Problem**

- Lack of available resources
- Lack of coordination or communication where existing resources exist
- Available resources are not person-centered & people are getting missed.

- **Existing Alternatives**

A patchwork system of uncoordinated services & resources

- **Solution**

Integrating services into housing through on-site service coordinator & medical services/clinic. Empowers individuals to best utilize their “village of support” to live independently as long as possible.

- **Channels/Providers**

HUD Service Coordinators; Door-to-Door Outreach; word of mouth; Resident Councils; affordable housing staff; hospitals, seniors centers; AARP; AAADs

Other Recommendations

- Create an Older Adult Affordable Housing/Health Partnership to develop joint goals for integrating affordable housing & services.
 - Coordination between the many different affordable housing and service providers is essential to improve housing/service integration across the state.
 - Include state officials (health services & housing), local housing and service providers, service coordinators, AAAD staff, MCO staff and beneficiaries.
- Improve information & education available to seniors and caregivers or current programs. State agencies may facilitate this by creating and maintaining an online, searchable database of affordable housing and services in each city/county.
 - TNHousingSearch.org may provide a good base of housing information.
 - Forthcoming research report also contains information that may be included.
 - THDA & TCAD are already talking about how to make this happen.

Parting Thoughts.....

- States with most progress linking health services to senior housing, particularly affordable housing, have dedicated state funds to supplement Medicaid/Medicare (in addition to match funds).
 - Some states allow Medicaid waiver funds for housing costs; Tennessee does not.
- Right now, most state governments are focused on relocating persons from nursing facilities to affordable housing in the community (i.e. Money Follows the Person).
 - There is not enough affordable, accessible housing opportunities for seniors and disabled persons who now live in the community. What impact will relocating persons from facilities into the community have on the availability of affordable housing units/subsidies for all low income seniors/disabled?
- Vanderbilt University is working with United Housing and TennCare to conduct a study on the Money Follows the Person target population and could use feedback from housing and service professionals— please plan to attend their group meeting at 2 pm this afternoon in 105 AB.

My Kind of Universal Design

