



**TEXAS DEPARTMENT OF  
HOUSING & COMMUNITY AFFAIRS**

*Building Homes. Strengthening Communities.*

**Housing & Health Services Coordination  
Council**

Pending Decisions for the Council

November 13<sup>th</sup>, 2009 10:00am  
Capitol Extension Rm. E1.030

## INTRODUCTION

Public program spending for long term care for seniors and persons with disabilities in Texas has long been targeted in large part to institutional facilities such as nursing homes. However, home and community based service (HCBS) alternatives have become an increasingly significant priority. Advocacy organizations for both older adults and individuals with disabilities have emphasized the need for living arrangements which bridge the gap between independent living and facility care, offering supportive services to these populations so that they can remain living within their community.

Several national policy changes have mandated that states respond to consumer demand for community based care. The 1999 Olmstead decision by the US Supreme Court requires that states create a comprehensive working plan for people with disabilities to receive community-based care, rather than being subjected to “unjustified institutional isolation.”<sup>1</sup> Another key policy change was the Deficit Reduction Act of 2005, which enacted the Money Follows the Person (MFP) Rebalancing Demonstration. MFP assists States in their efforts to “reduce their reliance on institutional care, while developing community-based long-term care opportunities, enabling the elderly and people with disabilities to fully participate in their communities.”<sup>2</sup>

Service-enriched housing is an attempt to combine housing and services outside of institutional care, allowing older adults and individuals with disabilities to age in place. The Housing and Health Services Coordination Council has been tasked with developing and implementing policies to coordinate and increase state efforts to offer service-enriched housing. However, in order to proceed with fulfilling its duties, staff needs Council guidance on three decisions that will direct ongoing research and data gathering efforts:

- 1) How will the Council define service-enriched housing?
- 2) Who does the Council believe should be eligible for service-enriched housing & how will the Council define these special needs populations?
- 3) Given questions (1) & (2), what are the essential services that the Council believes should be offered through service-enriched housing?
  - Housing assistance based services
  - Supportive services for long term care

These decisions, as further expanded on the following pages, will be posed for Council action at the next Council meeting; staff requests that members review this document in preparation for that meeting.

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<sup>1</sup> OLMSTEAD V. L. C. (98-536) 527 U.S. 581 (1999)

<sup>2</sup> [http://www.cms.hhs.gov/DeficitReductionAct/20\\_MFP.asp#TopOfPage](http://www.cms.hhs.gov/DeficitReductionAct/20_MFP.asp#TopOfPage)

How will the Council define service-enriched housing?

As tasked by SB 1878, the Housing and Health Services Coordination Council is required to advise and assist in defining “service-enriched housing.” The phrase “service-enriched housing” is a nationally recognized but broadly defined term, which has been used by a variety of government agencies and non-profit organizations to define a wide range of programs that establish the provision of housing and services for a specified population. The 2009 Texas State Government Effectiveness and Efficiency Report, which served as a primer to SB 1878, broadly defined “service-enriched housing” as “living arrangements that include health and/or social services in an accessible, supportive environment.”<sup>3</sup>

In order to effectively guide the work, research, and eventual recommendations of this Council, a more specific definition should be agreed upon. In order to give the Council a sense of the language and phrasing used to ascertain the overall intent of service-enriched housing programs in other states, a quick sampling below is included below:

*Government programs:*

- The Iowa Finance Authority, which administers the state’s Senior Living Revolving Loan Fund, **defines service-enriched housing as “integrated, affordable and accessible housing coordinated with, but separate from, personal assistance and supportive services for persons with disabilities.”**<sup>4</sup>
- Twin Cities Housing Development Corporation **defines service-enriched housing as “properties that offer selected and targeted resident services in addition to providing affordable, safe and clean living units for families.”**<sup>5</sup>
- New York’s Task Force on Housing and Services for Families **defines service-enriched housing as “permanent, affordable housing models that link residents to flexible, easily accessible, on-site or off-site social services and other supports.”**<sup>6</sup>

*Non-profit organization programs:*

- Rainbow Housing Assistance Corporation, a national non-profit developer with 18 properties in Texas, **defines service-enriched housing as the provision of “quality affordable housing for families and individuals of diverse ethnic, social and economic backgrounds, while supporting their well-being through the delivery of onsite social service programs.”**<sup>7</sup>

<sup>3</sup> Legislative Budget Board Staff, “Texas State Government Effectiveness and Efficiency Report,” (2009).  
[http://www.lbb.state.tx.us/Performance%20Reporting/TX\\_Govt\\_Effective\\_Efficiency\\_Report\\_81st\\_0109.pdf](http://www.lbb.state.tx.us/Performance%20Reporting/TX_Govt_Effective_Efficiency_Report_81st_0109.pdf)  
(Accessed October 22, 2009)

<sup>4</sup> Michael Morris, Community Living Exchange, Rutgers Center for State Health Policy, “Reducing Nurse Home Utilization and Expenditures and Expanding Community-Based Options,” (2007)

<sup>5</sup> Twin Cities Housing Development Corporation, “Service Enriched Housing,”  
[http://www.tchdc.org/asp\\_pages/service\\_enriched.asp](http://www.tchdc.org/asp_pages/service_enriched.asp) (Accessed October 22, 2009)

<sup>6</sup> Supportive Housing Network of NY, The Task Force on Housing and Services for Families, “Supportive and Service-Enriched Housing For Families,” (2003)  
[http://www.shnny.org/documents\\_resources/Family\\_Supportive\\_Housing\\_Report.pdf](http://www.shnny.org/documents_resources/Family_Supportive_Housing_Report.pdf) (Accessed October 22, 2009)

<sup>7</sup> Rainbow Housing, “What We Do: Rainbow Delivers Service-Enriched Housing,”  
[http://www.rainbowhousing.org/service\\_enriched\\_housing.htm](http://www.rainbowhousing.org/service_enriched_housing.htm) (Accessed October 22, 2009)

- Americans Helping Americans, a non-profit service provider in the Appalachian Mountains region, **defines enriched housing as “a particular variety of affordable and rental housing that provides supportive, voluntary resident services designed to reduce resident isolation, build neighbor relations, address the individual needs of residents, provide positive self-improvement opportunities and promote resident pride in their community.”**<sup>8</sup>
- Los Angeles based non-profit Beyond Shelter has promoted the term service-enriched housing as referring to **“permanent, basic rental housing for the low-income population at-large, in which services coordination is available to residents of a rental property, most often provided directly through staff hired by the owner or management or through contract for services by a community-based agency.”**<sup>9</sup>

Additional terminology exists to describe the coming together of housing and services, some of which is more frequently used in public policy research and government legislation than others. Although the language included in these definitions frequently overlaps, important distinctions exist in both the *frequency of care* provided as well as the *level of independence* afforded by the facility. These terms include:

- Affordable Housing Plus Services (AHPS): The Institute for the Future of Aging Services defines AHPS as a strategy to enable low- and modest-income seniors to remain in their own apartments as long as possible through the integration of independent, unlicensed, and primarily subsidized multi-unit housing environments for older adults with health and supportive services.<sup>10</sup>
- Assisted Living: “Assisted Living” is defined by the National Center for Assisted Living as a “long term care alternative for people who need more assistance than is available in independent living, but do not require the heavy medical and nursing care provided in a nursing facility.”<sup>11</sup> As defined by the Texas Administrative Code, an Assisted Living or Residential Care Program is a 24-hour residential care program for Community Based Alternatives (CBA) clients.
  - The Texas Department of Aging and Disability Services (DADS) defines “assisted living facility” as a facility that “provides food and shelter and personal care services to four or more persons unrelated to the owner. Facility types range from adult foster care homes to facilities serving residents capable of self-evacuation, to facilities serving residents who may require nighttime attendance and assistance with evacuation.”<sup>12</sup>

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<sup>8</sup> Americans Helping Americans, “Service Enriched Housing,” <http://www.helpingamericans.org/service-enriched-housing.html> (Accessed October 22, 2009)

<sup>9</sup> Tanya Tull, Beyond Shelter, Inc. “Response to the Millennial Housing Commission,” (2002) <http://govinfo.library.unt.edu/mhc/responses.html> (Accessed October 22, 2009)

<sup>10</sup> American Association of Homes and Services for the Aging, Institute for the Future of Aging Services, “A Synthesis of Findings from the Study of Affordable Housing Plus Services for Low and Modest Income Older Adults,” (2006)

<sup>11</sup> National Center for Assisted Living, “Assisted Living: Independence, Choice and Dignity,” cited in “Reducing Nursing Home Utilization and Expenditures and Expanding Community-Based Options” by Michael Morris, Community Living Exchange, Rutgers Center for State Health Policy (2007)

<sup>12</sup> Texas Department of Aging and Disability, “Reference Guide,” (2009) <http://cfoweb.bdm.dhs.state.tx.us/ReferenceGuide/guides/FY09ReferenceGuide.pdf> (Accessed October 22, 2009)

- Housing First: Housing First is an approach to ending homelessness that centers on providing homeless people with housing quickly and then providing services as needed. The National Low Income Housing Coalition defines “housing first” as focused on helping individuals and families access and sustain permanent rental housing as quickly as possible, with a variety of services delivered following a housing placement, in order to promote housing stability as well as individual well-being.<sup>13</sup>
- Housing Plus Services: The National Low Income Housing Coalition defines “housing plus services” as permanent affordable housing that incorporates various levels of services with housing, with services provided, preferably, by trained staff for whom service delivery, not property management, is their primary responsibility.<sup>14</sup>
- Integrated Housing: Defined in the Texas Administrative Code as “normal, ordinary living arrangements typical of the general population. Integration is achieved when individuals with disabilities choose ordinary, typical housing units that are located among individuals who do not have disabilities or other special needs. Regular, integrated housing is distinctly different from assisted living facilities/arrangements.”<sup>15</sup>
- Supportive Housing: The Corporation for Supportive Housing (CSH) defines “supportive housing” as permanent housing with attached intensive services targeted to populations with special needs who struggle to retain stable housing without easy access to comprehensive supportive services. The CSH states that supportive housing is most effective when it features close coordination of property management activities with the supportive services, which can be delivered on-site or through linkages with available community services.<sup>16</sup>
  - The Texas Department of Housing & Community Affairs (TDHCA) broadly defines “supportive housing” as “housing, including Housing Units and Group Quarters, that has a supportive environment and includes a planned service component.”<sup>17</sup>

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<sup>13</sup> National Alliance to End Homelessness, “Housing First,” <http://www.endhomelessness.org/section/tools/housingfirst> (Accessed October 22, 2009)

<sup>14</sup> National Low Income Housing Coalition, “Housing Plus Services,” <http://www.nlihc.org/template/page.cfm?id=43> (Accessed October 22, 2009)

<sup>15</sup> Texas Administration Code, Title 10, Part 1, Chapter 1, Subchapter A, Rule 1.15 <http://www.sos.state.tx.us/tac/> (Accessed October 22, 2009)

<sup>16</sup> James Tassos, “Housing Credit Policies in 2007 that Promote Supportive Housing: A State-by-State Analysis,” (2007) Enterprise Community Partners & Corporation for Supportive Housing

<sup>17</sup> Texas Department of Housing & Community Affairs, “Glossary of Terms,” <http://www.tdhca.state.tx.us/glossary.htm> (Accessed October 22, 2009)

Who does the Council believe should be eligible for service-enriched housing & how will the Council define these special needs populations?

As the previous definitions have indicated, service-enriched housing can serve a wide variety of special needs populations. **SB 1878 does not specifically define who is eligible to receive service-enriched housing, although it does allude to older adults and persons with disabilities. The Council may want to include clarification within its definition of service-enriched housing.** Potential populations to be served include: elderly persons, persons with disabilities, persons with HIV/AIDS, persons with alcohol and/or drug addictions, migrant farmworkers and rural residents.

*Elderly person:* According to the US Department of Housing and Urban Development, 24 CFR § 891.205, an “elderly person” means “a household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy.”<sup>18</sup>

- Frail Elderly Persons: According to the TDHCA’s 2005-2009 State of Texas Consolidated Plan, “frail elderly persons” are defined as elderly persons who are unable to perform at least three activities of daily living (ADLs). Similarly, the Texas Department of Aging and Disability Services uses the definition “persons whose chronic health problems impair their daily living” in their Reference Guide to define “frail elderly.”<sup>19</sup>

*Persons with Disabilities:* For the purposes of this Council, three definitions are listed as those most commonly used by State of Texas agencies. In addition to these broad definitions, more specific explanations of developmental, physical, and mental disabilities have been provided.

- 1) According to the US Department of Housing and Urban Development, 24 CFR 582.5, a person shall be considered to have a disability if such a person has a physical, mental, or emotional impairment that<sup>20</sup>:
  - i. Is expected to be of long-continued and indefinite duration,
  - ii. Substantially impedes his or her ability to live independently, and
  - iii. Is of such a nature that the ability could be improved by more suitable housing conditions.
  
- 2) Additionally, according to the Americans with Disabilities Act (amended 2008), the term “disability” means, with respect to an individual<sup>21</sup>:
  - i. a physical or mental impairment that substantially limits one or more “major life activities” of such individual;
  - ii. a record of such an impairment; or
  - iii. being regarded as having such an impairment

<sup>18</sup> US Code of Federal Regulations, Title 24 - Housing and Urban Development, C.F.R. § 891.205  
<http://law.justia.com/us/cfr/title24/24-4.0.2.1.12.2.3.2.html> (Accessed October 22, 2009)

<sup>19</sup> Texas Department of Aging and Disability Services, “Reference Guide,” (2005)  
<http://cfoweb.dads.state.tx.us/ReferenceGuide/guides/2005RGCom.pdf> (Accessed October 22, 2009)

<sup>20</sup> US Code of Federal Regulations, Title 24 - Housing and Urban Development, CFR § 582.5  
<http://law.justia.com/us/cfr/title24/24-3.1.1.3.10.1.1.2.html> (Accessed October 22, 2009)

<sup>21</sup> Department of Justice, “Americans with Disabilities Act of 1990, as amended,” (Accessed October 22, 2009)  
<http://www.ada.gov/pubs/adastatute08mark.htm#12102>

- 3) Finally, the Social Security Administration in Sec. 1614 (42 U.S.C. 1382c) states that “an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.”<sup>22</sup>
- Developmental Disability: According to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, the term “developmental disability” means a severe, chronic disability of an individual that—
    - i. is attributable to a mental or physical impairment or combination of mental and physical impairments;
    - ii. is manifested before the individual attains age 22;
    - iii. is likely to continue indefinitely;
    - iv. results in substantial functional limitations in 3 or more of the following areas of major life activity: (I) Self-care. (II) Receptive and expressive language. (III) Learning. (IV) Mobility. (V) Self-direction. (VI) Capacity for independent living. (VII) Economic self-sufficiency; and
    - v. reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
  - Physical Disability: DADS defines "physical disability" is a physical impairment that<sup>23</sup>:
    - i. is likely to continue indefinitely; and
    - ii. results in substantial functional limitations in one or more of the following areas of major life activity (self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency); and
    - iii. reflects the need for care, treatment, services or supports, which are of lifelong or extended duration and which are individually planned and coordinated.
  - Mental Disability: According to the US Substance Abuse and Mental Health Services Administration, “mental illness” is used to refer to severe mental health problems in adults. “Mental health problems” are defined as “problems affecting one's thoughts, body, feelings, and behavior. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.”<sup>24</sup>

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<sup>22</sup> Social Security Act Home, Compilation of the Social Security Laws, “Meaning of Terms,” [http://www.socialsecurity.gov/OP\\_Home/ssact/title16b/1614.htm](http://www.socialsecurity.gov/OP_Home/ssact/title16b/1614.htm) (Accessed October 22, 2009)

<sup>23</sup> Texas Department of Aging and Disability Services, “In-Home and Family Support Program” <http://www.dads.state.tx.us/handbooks/ihfs-mr/appendix/II/index.htm> (Accessed October 22, 2009)

<sup>24</sup> US Department of Health and Human Services, National Mental Health Information Center, “Mental Health Dictionary” <http://mentalhealth.samhsa.gov/resources/dictionary.aspx/> (Accessed October 22, 2009)

- According to the HEARTH Act, the term “serious mental illness” (SMI) means a “severe and persistent mental illness or emotional impairment that seriously limits a person’s ability to live independently.”<sup>25</sup>
- DADS defines “mental illness” as “a single severe mental disorder, excluding mental retardation, or a combination of several mental disorders as defined in the latest edition of the American Psychiatric Association’s Diagnostic and Statistical Manual on Mental Disorders.”<sup>26</sup>

*Homeless Persons:* The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2008 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act’s definition of homeless. The term “homeless” or “homeless individual or homeless person” includes<sup>27</sup>:

- i. an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- ii. an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- iii. an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- iv. an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided

*Persons with HIV/AIDS:* According to the AIDS Housing Opportunity Act (42 U.S.C. 12901), acquired immunodeficiency syndrome (AIDS) or related diseases means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).<sup>28</sup>

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<sup>25</sup> The Library of Congress, H.R.1877 <http://thomas.loc.gov/> (Accessed October 22, 2009)

<sup>26</sup> Texas Department of Aging and Disability, “Reference Guide,” (2009) <http://cfoweb.bdm.dhs.state.tx.us/ReferenceGuide/guides/FY09ReferenceGuide.pdf> (Accessed October 22, 2009)

<sup>27</sup> The Library of Congress, 111th CONGRESS, 1st Session, H. R. 2523 <http://thomas.loc.gov/>: (Accessed October 22, 2009)

<sup>28</sup> Legal Information Institute, US Code Collection. “Chapter 131—Housing Opportunities for Persons with AIDS” [http://www.law.cornell.edu/uscode/42/usc\\_sec\\_42\\_00012902----000-.html](http://www.law.cornell.edu/uscode/42/usc_sec_42_00012902----000-.html) (Accessed October 22, 2009)



Given questions (1) & (2), what are the essential services that will be offered through service-enriched housing?

The types of services that can potentially be included under the umbrella of “service-enriched housing” are vast. Each public agency that has adopted a strategy or model for service-enriched housing has created their own unique combination of services to meet the needs of the specific population which they serve.

The purpose of this section is to give the Council some comparative research on which they can base future decisions regarding essential housing and long-term care services to be included in the service-enriched housing strategy adopted by the Council. Many public agencies across the country have adopted programs which attempt to connect affordable housing provision with long-term care supportive services. Although the regulatory environment and funding mechanisms involved with these state programs vary widely, they present a relevant background for understanding how service-enriched housing can be achieved.

In this section, the numerous examples uncovered by staff have been narrowed down to the best practices from six states: **Iowa, Illinois, New Jersey, North Carolina, Arkansas, and California**. These states were chosen for their ability to connect and coordinate resources from both state housing and state health services agencies in order to best serve seniors and persons with disabilities. For each state, the information has been summarized under the following headings: **Program Name, State Agency, Program Overview, Definition, Eligible Population, Services Included, and Funding Mechanism**. Also, for those state agencies that specified quantifiable outcomes of their program, those outcomes are included.

## *Iowa*

**Program Name:** Senior Living Revolving Loan Fund<sup>29</sup>

**State Agency:** Iowa Finance Authority (IFA)

**Program Overview:** The Senior Living Revolving Loan Fund was created to provide grants and loans for conversion of beds and assistance in the development and expansion of facilities, assisted living, and respite services. Iowa's goal is to assist facility operators and developers establish affordable assisted living and service enriched housing for seniors and persons with disabilities. In coordination with this program, the IFA revised its Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan (QAP) to award up to 30 points for projects providing service enriched housing in which 25%+ of units give preference to special needs populations. The IFA also established a joint application process for facility providers to simultaneously access funding from the Senior Living Revolving Loan and the LIHTC program.

Three types of grants may be awarded through this program:

- *Conversion Grant* - Grant monies may be utilized to convert all or a portion of a nursing facility to an assisted living program.
- *Conversion Grant With Provision of Additional Services* - Grant monies may be utilized to convert all or a portion of a licensed nursing facility to an assisted living program in addition to the development of adult day care, childcare for children with special needs, safe shelter for victims of dependent adult abuse, or respite services.
- *Long Term Care Services Development Grant* - Grant monies may be utilized for capital or one-time expenditures to develop HCBS Medicaid Waiver services.

**Definition:** IFA defines “service-enriched housing” as “integrated, affordable and accessible housing coordinated with, but separate from, personal assistance and supportive services for persons with disabilities.”

### **Eligible Populations:**

*Targeted tenants:* Medicaid eligible people who reside in or are at risk of residing in a nursing home. These are loans to build primarily affordable assisted living for low income seniors; secondarily for service-enriched housing for low income people with disabilities.

*Targeted Housing Providers:* For profit and non-profit sponsors are eligible if project uses LIHTCs and serves Medicaid eligible people, restricts income of eligible tenants, and implements supportive services plan in partnership with service provider.

**Services Included:** Specific services are not established; however the Low Income Housing Tax Credit QAP requires facility providers to include a comprehensive supportive services plan,

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<sup>29</sup>[http://www.iowafinanceauthority.org/en/for\\_developers\\_managers/affordable\\_rental\\_production/senior\\_living\\_revolving\\_loan\\_fund/](http://www.iowafinanceauthority.org/en/for_developers_managers/affordable_rental_production/senior_living_revolving_loan_fund/)

service budget that supports this plan, and contracts with local service providers in order to be eligible for the service-enriched housing points.

**Funding Mechanism:**

- Below market rate loans used to purchase building and convert to assisted living or service-enriched affordable housing.
  - Allocation of funds: 80% of available funds allocated for affordable assisted living, 20% of funds allocated for service-enriched housing
  - Loans: Minimum loan amount is \$100,000 and maximum amount is \$2 million. Loans will be fully amortizing for a term of up to 30 years. Can be used for construction loan and permanent financing. At or below 5% interest rate.
- When completing the LIHTC application, facility providers state that the Senior Living Revolving Loan is an additional source of funds.
- Other public funding utilized in combination with the loans: HOME funds, USDA Community Facilities Direct & Guaranteed Loans, & HUD 202 Assisted Living Conversion funds.

**Outcomes:**

- In 2004, nine agencies were funded with \$3.5 million to decertify 73 nursing beds and develop 54 assisted living beds.
- New projects require 24 month development period.

## *Illinois*

**Program Name(s):** Supportive Living Program<sup>30</sup>  
Affordable Assisted Living Initiative

**State Agency:** Illinois Department of Public Aid (IDPA)

### **Programs Overview:**

#### *Supportive Living Program*

Illinois developed the Supportive Living Program as an alternative to nursing home care for low-income older persons and persons with disabilities under Medicaid. By combining apartment-style housing with personal care and other services, residents can live independently and take part in decision-making. Personal choice, dignity, privacy and individuality are emphasized.

The Department of Healthcare and Family Services has obtained a "waiver" to allow payment for services that are not routinely covered by Medicaid. These include personal care, homemaking, laundry, medication supervision, social activities, recreation and 24-hour staff to meet residents' scheduled and unscheduled needs. The resident is responsible for paying the cost of room and board at the facility.

#### *Affordable Assisted Living Initiative*

The goal is to provide technical assistance, grants and loans to non-profit long term care providers, affordable housing sponsors and community development groups interested in developing affordable assisted living and senior housing with enriched services for low and moderate income Illinois seniors. The initiative specifically supports the development of assisted living capacity in rural communities.

**Definition:** "Affordable assisted living model administered by the Department of Healthcare and Family Services that offers frail elderly (65 and older) or persons with disabilities (22 and older) housing with services. The aim of the Program is to preserve privacy and autonomy while emphasizing health and wellness for persons who would otherwise need nursing facility care."

**Eligible Populations:** The Supportive Living Program is open to any resident who:

- undergoes preadmission screening (individuals seeking assistance through the Medical Assistance Program must be found in need of nursing facility level of care according to screening guidelines);
- is without a primary or secondary diagnosis of developmental disability or serious and persistent mental illness;

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<sup>30</sup> <http://www.sfillinois.com/factsheetresident.html>

- has income no less than the current maximum allowable amount of Supplemental Security Income (SSI) (SSI amounts for 2008 - \$637 for a single person; \$956 for a couple);
- has had a tuberculosis test that indicates the absence of active tuberculosis. The test must be completed no more than 90 days prior to the date of admission, or the test must be commenced no more than seven days after admission; and
- is not participating in the Department on Aging's Community Care Program (CCP) or the Department of Human Services Home Services Program.

**Services Included:** Residents choose from the following menu of services that are provided by the facility:

- temporary nursing care
- social/recreational programming
- health promotion and exercise programs
- medication oversight
- ancillary services
- 24-hour response/security
- personal care
- laundry
- housekeeping
- maintenance

**Funding Mechanism:** Initially, the Supportive Living Program received a grant from the Coming Home project, which is funded by the Robert Wood Johnson Foundation; as of 2009, it is funded by general revenue. Funds are supported by the federal Medicaid match (HCBS waiver match).

## *New Jersey*

**Program Name:** Global Options (GO) for Long-Term Care<sup>31</sup>  
Special Needs Housing Trust Fund<sup>32</sup>

**State Agency:** Department of Health and Senior Services (DHSS)  
Housing and Mortgage Finance Agency (HMFA)

### **Programs Overview:**

#### *Global Options (GO) for Long-Term Care*

Effective January 1, 2009, the Department of Health and Senior Services (DHSS) received approval from the U.S. Centers for Medicare and Medicaid Services to consolidate three Medicaid-supported home and community-based service programs operated by DHSS into a single program known as Global Options (GO) for Long Term Care.

The consolidation improves access to a wider range of in-home long-term supportive services for a greater number of seniors and adults with physical disabilities who meet the income, asset and nursing facility level of care requirements established by Medicaid. GO participants have the option to hire and direct their own service providers. The program counsels nursing home residents about home and community based service alternatives and assist those who wanted to move out of nursing home facilities.

#### *Special Needs Housing Trust Fund*

The Special Needs Housing Trust Fund provides capital financing to create permanent supportive housing and community residences for individuals with special needs, with priority given to individuals with mental illness. The purpose of this revolving fund is to develop special needs housing and residential opportunities as alternatives to institutionalization or homelessness and to ensure the long-term viability of such housing.

**Definition:** “Permanent supportive housing” means a range of permanent housing options such as apartments, condominiums, townhouses, single and multi-family homes, single room occupancy housing, shared living and supportive living arrangements that provide access to on-site or off-site supportive services for individuals and families who can benefit from housing with services. Permanent supportive housing has as its primary purpose assisting the individual or family to live independently in the community and meet the obligations of tenancy.

### **Eligible Populations:**

*Targeted Tenants:* Individual identified as clinically and financially eligible for Medicaid nursing facility level of care. Applicant must be 65 and over or between 21 and 64 with a special need.

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<sup>31</sup> <http://www.state.nj.us/health/senior/go.shtml>

<sup>32</sup> <http://www.state.nj.us/dca/hmfa/biz/devel/specneed/guidlines.pdf>

“Individuals with special needs” means:

- individuals with mental illness
- individuals with physical or developmental disabilities
- individuals in other emerging special needs groups identified by State agencies.

HMFA acknowledged special needs populations also include:

- victims of domestic violence
- ex-offenders and youth offenders
- youth aging out of foster care
- runaway and homeless youth
- individuals and families who are homeless
- disabled and homeless veterans
- individuals with AIDS/HIV

*Targeted Housing Providers:* eligible non-profit and for-profit developers and government entities, at the state, county, and municipal levels. Priorities for funding are given to housing projects that:

- Address the needs of the very low-income people with special needs (gross income does not exceed 30% of AMI)
- Meet locally determined priorities in the Continuum of Care Plan
- Meet the state’s priorities for underserved populations in the State Consolidated Plan
- Maximize long-term affordability

**Services Included:** GO participants are eligible for all New Jersey Title XIX Medicaid State Plan services authorized in a Plan of Care, which may include:

- Adult Day Health
- Advanced Practice Nurse
- Chiropractic
- Clinic
- Dental
- Hearing Aid
- Home Health
- Hospital
- Hospital Outpatient
  - Laboratory
  - Medical Supplies & Equipment
- Nursing Facility
- Optometric
- Optical Appliances
- Personal Care Assistant
- Pharmaceutical
- Physician
- Podiatric
- Prosthetic & Orthotic Devices
- Radiological
- Rehabilitation Therapies

- Transportation

GO enrollees must also receive Care Management services and at least one additional waiver service. Based upon the person's assessed level of service needs, the participant can choose among a wide selection of waiver services, which may include:

- Assisted Living/Adult Family Care
- Attendant Care
- Caregiver/Participant Training
- Care Management
- Chore Service
- Environmental Accessibility Adaptations
- Home Based Supportive Care
- Home-Delivered Meal Service
- Personal Emergency Response Systems (PERS)
- Respite Care
- Special Medical Equipment and Supplies
- Social Adult Day Care
- Transition Services and Transitional Care Management
- Transportation

**Funding Mechanism:**

*GO Waiver:* Three Medicaid-supported home and community-based service programs operated by the Department of Health and Senior Services.

*Housing Trust Fund:* Provides capital financing in the form of loans and grants to eligible non-profit and for-profit developers and government entities, for new housing units.



## *North Carolina*

**Program:** Independent and Supportive-living Apartments for Persons with Disabilities<sup>33, 34</sup>

**Departments:** The Department of Health and Human Services  
The North Carolina Housing Finance Agency

**Program Overview:** The North Carolina Housing Finance Agency’s Supportive Housing Development Program helps nonprofits, local governments, and lead regional organizations develop emergency, transitional and permanent housing for persons who are homeless and/or have disabilities. The program provides interest-free loans up to \$500,000 per development. To qualify, projects must include or make available appropriate support services for the residents.

**Definition:** *Permanent supportive housing* - “allows persons with disabilities to access and maintain decent, safe, and affordable community housing that is linked to a variety of individualized supports and services.”

“In some permanent supported housing models, services and/or service coordination is offered at the housing site, and in others models services are accessed off site; but in all cases the services and supports are voluntary, person-centered, flexible, and designed to meet the needs of the individual. The occupant has the rights and responsibilities of tenancy ‘unbundled’ from services. Tenants can live there as long as they fulfill their obligations as a tenant; neither service compliance nor following treatment plans are conditions of tenancy.”

**Services:** Three necessary components in developing supportive housing for persons with disabilities with extremely low incomes are required:

- *Capital* – there must be a housing unit designed to meet the physical needs of the tenant.
- *Operating subsidy* – there must be a mechanism, either to the tenant or to the property to make up the difference between what the person can afford to pay toward their housing expense and the owner’s cost of operation.
- *Access to services and supports* – links the persons with disabilities to services and supports that they may need to be successful in the community. (Interim Plan, p. 5)

### **Eligible Populations:**

- Homeless
- Survivors of domestic violence
- Ex-offender
- Persons with mental, physical or developmental disability
- Persons with autism
- Persons with traumatic brain injury
- Persons with substance use disorders
- Persons with HIV/AIDS

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<sup>33</sup> <http://www.nchfa.com/Forms/Forms/DHHSNCHFAInterimPlan.pdf>

<sup>34</sup> <http://www.nchfa.com/About/financingfrom.aspx#nchousingtrust>

**Funding Mechanism:** The North Carolina Housing Trust Fund has been the primary source of funds for the NCHFA Supportive Housing Development Program (SHDP).

## *Arkansas*

**Program Name:** Living Choices Assisted Living Waiver Program<sup>35</sup>

**State Agencies:** AK Department of Human Services  
AK Development Finance Authority

**Program Overview:** Living Choices is a Medicaid program that allows an individual to live in congregated housing with 24-hour supervision and services that support independence. Living Choices makes assistance available in affordable assisted living facilities. These apartment-style living units provide an environment that promotes self-direction and personal decision-making, while protecting residents' health and safety. Additionally, to assist in the development of these facilities, the AK Development Finance Authority created a set-aside within their Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan for affordable assisted living.

**Definition:** Arkansas uses the Assisted Living Federation of America definition of "assisted living," which is: a special combination of housing, supportive services, personalized assistance and healthcare designed to respond to the individual needs of those who need help with activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbors and friends.

### **Eligible Population:**

*Targeted Tenants:* To be eligible for Living Choices, an individual must:

- Be age 65 and over, or age 21 and over and blind or physically disabled; and
  - Meet certain financial eligibility requirements as determined by Medicaid; and
  - Have medical needs that would require institutional care in a nursing facility at the Intermediate Level, if there were no waiver services.

*Targeted Housing Providers:* A Living Choices Assisted Living Waiver "assisted living services" provider must be

- Licensed as a Level II Assisted Living Facility or licensed as a Home Health Agency who has a contract with a licensed Level II Assisted Living Facility to provide waiver services.
- Providers must be enrolled with the Division of Medical Services Medicaid Provider Enrollment Unit as a Living Choices Assisted Living provider

### **Services Included:**

- Assisted Living Services:
  - Attendant Care - Assistance with activities of daily living (ADLs): mobility & transferring, toileting or incontinence care, eating & drinking, etc.
  - Therapeutic, Social and Recreational Activities
  - Medication Oversight to the extent permitted under State law
  - Medication Administration

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<sup>35</sup> [http://www.daas.ar.gov/assistedlivingchoices\\_waiver.html#1](http://www.daas.ar.gov/assistedlivingchoices_waiver.html#1)

- Periodic Nursing Evaluations
- Limited Nursing Services
- Non-Medical Transportation specified in the plan of care
- Pharmacist Consultant Services
- Extended Prescription Drug Coverage:
  - Three prescription drugs beyond the Medicaid State Plan Pharmacy Program's monthly benefit limit and extension of that monthly benefit limit
  - This is for only those who are eligible for Medicaid
  - Participants dually eligible for Medicaid and Medicare are not eligible for Extended Prescription Drug Coverage

**Funding Mechanism:** The Medicaid waiver covers supportive services while the LIHTC set-aside supports affordable assisted living facility creation. In the 2008 LIHTC Qualified Allocation Plan, the Arkansas Development Finance Authority states that the Assisted Living Set-aside was “a maximum of \$850,000 of the Housing Credits.”<sup>36</sup> These funds are often combined or layered with additional public financing mechanisms such as HOME funds, bonds, and Federal Home Loan Bank assistance.

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<sup>36</sup> <http://www.arkansas.gov/adfa/LIHTC%2008/2008%20QAP%20-%20Nov%2019%20-%20number%2012>

## California

**Program Name:** California Assisted Living Waiver (ALW) Pilot Project<sup>37</sup>

**State Agency:** California Department of Health Care Services (DHCS)

**Program Overview:** The Assisted Living Waiver (ALW) is the Medi-Cal program that pays for Assisted Living, care coordination and other specified benefits provided to eligible seniors and persons with disabilities who reside in one of the Program's three target counties: Sacramento, San Joaquin and Los Angeles. A key goal of the project is to enable low-income, Medi-Cal eligible seniors and persons with disabilities, who would otherwise require nursing facility services, to remain in, or relocate to, their community. The ALW reimburses for assisted living services delivered to *publicly subsidized housing* and services are delivered by Home Health Agency staff. California pays for the services based on four tiers of frailty and participants use their SSI/SSP payments, minus a personal needs allowance, for room and board.

**Definition:** The California ALW uses the definition for “assisted living” that was provided by the Assisted Living Workgroup to the U.S. Senate Special Committee on Aging in 2003:

“Assisted living” is a state regulated and monitored residential long-term care option. Assisted living provides or coordinates oversight and services to meet the residents’ individualized scheduled needs, based on the residents’ assessments and service plans and their unscheduled needs as they arise.

**Eligible Population:** To be eligible to participate in the ALW, you must be enrolled in the Medi-Cal program and be in need of the care provided by a nursing facility.

**Services Included:** The assisted living benefit provides a full package of 24/7 services delivered to seniors living *in existing affordable housing units*. A resident has the right to make choices and receive services in a way that will promote the resident’s dignity, autonomy, independence, and quality of life.

Participants in the Assisted Living Waiver will have access to four waiver benefits:

- *Assisted Living Services:* these services are called the “Assisted Living Bundle” when they’re provided in an Residential Care Facilities for the Elderly and “Assisted Care” when they’re provided by a licensed Home Health Agency and delivered to residents of publicly-funded housing
- *Care Coordination:* includes identifying, organizing, coordinating and monitoring services needed by a participant. Care Coordinators enroll clients, conduct assessments, develop Individualized Service Plans, arrange for services, maintain contact with participants, and monitor service delivery.
- *Nursing Facility Transition Care Coordination:* helps transition clients from nursing facilities to the community.

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<sup>37</sup> <http://www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx>

- *Consumer Education*: services are intended to promote clients' independence, help them exercise their rights, and assist them to acquire the skills needed to exercise control and responsibility over the services they receive.

ALW providers must include the following services:

- Developing a Service Plan for each resident that details, at a minimum, the frequency and timing of assistance. Residents must be a part of the development process and must sign the Service Plan;
- Providing personal care and assistance with ADLs sufficient to meet both the scheduled and unscheduled needs of the residents;
- Washing, drying and folding all laundry;
- Performing all necessary housekeeping tasks;
- Maintaining the facility;
- Providing three meals per day plus snacks. Food must meet minimum daily nutritional requirements;
- Providing intermittent skilled nursing services as required by residents;
- In accordance with State law, providing assistance with the self-administration of medications or, as necessary, administering medications;
- Providing or coordinating transportation;
- Providing daily recreational activities;
- Providing social services;
- Providing a response system that enables waiver beneficiaries to summon assistance from personal care providers.
- 24-hour awake staff to provide oversight and meet the scheduled and unscheduled needs
- Health related services (e.g., medication management services)
- Transportation

**Funding Mechanism:** HUD Assisted Living Conversion Program (ALCP) combined with the Medicaid waiver.

**Outcomes:** The original pilot project from 2006 to 2009 was considered a success, leading to the conversion of the program into a five year federal waiver program effective March 1, 2009.