

***Planning and Zoning Initiative:  
Housing for Older Persons***

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# Why This Initiative is Important



- Most communities are unprepared for growth of older population and what the impact of this growth will be
- Best practices and trends in planning, zoning, aging in place exist but not “institutionalized” yet – no clearinghouse for information
- Systems not in place to foster aging in place
- Reduce the out-migration of new retirees
- Build New York as a retiree destination
- Utilize the skills, knowledge and experience of older adults in community to help solve problems
- This initiative will help provide ideas and guidance to communities to plan in advance for the needs and preferences of their older residents.

# Long Term Care Policy Trends



- Demographics, desires and preferences of older adults, younger adults and caregivers are pushing a policy and program agenda away from institutional living to one that is more integrated in the community.
- **Olmstead v L.C. 1999**
- **New Freedom Initiative – Feb 2001**
  - Tearing down the remaining barriers to equality that face Americans with disabilities today. The New Freedom Initiative will help Americans with disabilities by increasing access to assistive technologies, expanding educational opportunities, increasing the ability of Americans with disabilities to integrate into the workforce, and promoting increased access into daily community life.

# Long Term Care Policy Trends



- **Executive Order 13217**, "Community-Based Alternatives for Individuals with Disabilities," on June 18, 2001. The Order called upon the federal government to assist states and localities to swiftly implement the decision of the United States Supreme Court in *Olmstead v. L.C.*, stating: "The United States is committed to community-based alternatives for individuals with disabilities and recognizes that such services advance the best interests of the United States."
  - Executive Order 13217 directed six federal agencies, including the departments of [Justice](#), [Health and Human Services](#), [Education](#), [Labor](#) and [Housing and Urban Development](#) and the [Social Security Administration](#) to "evaluate the policies, programs, statutes and regulations of their respective agencies to determine whether any should be revised or modified to improve the availability of community-based services for qualified individuals with disabilities" and to report back to the President with their findings. The departments of [Transportation](#) and [Veterans Affairs](#), the [Small Business Administration](#), and the [Office of Personnel Management](#), though not named in the Executive Order, also joined in the implementation effort. Together, these agencies formed the Interagency Council on Community Living under the leadership of HHS Secretary Tommy G. Thompson.

# Long Term Care Policy Trends



- **Executive Order 13217**
- **Real Systems Change Grants**
  - ✦ Since fiscal year 2001, the Centers for Medicare & Medicaid Services (CMS) has awarded approximately \$270.3 million in Real Choice Systems Change (RCSC) Grants for Community Living to 50 States, the District of Columbia, and two U.S. territories. In all, 332 grants have been awarded during the seven funding cycles. These grants have provided funding that has enabled States and non-profit agencies build infrastructure that has resulted in effective and enduring improvements in community-integrated services and long-term support systems. The infrastructure that has been developed enables individuals of all ages to live in the most integrated community setting suited to their medical needs, have meaningful choices about their living arrangements, and exercise more control over the services they receive.
- **Money Follows the Person (New York implementation began in 2008)**
  - ✦ Supports State efforts to rebalance the long term care system
  - ✦ New York will receive an additional 25% FMAP for select long term care services provided to certain persons who transition from the nursing home to the community using the NHTD waiver.
  - ✦ The State will receive the additional FMAP for 365 days after the person transitions into the community.
- **Nursing Home Transition and Diversion Waiver**
  - ✦ Allows states to tailor services to meet the needs of a targeted group in a community-based setting
  - ✦ Person-Driven
  - ✦ Participant Choice – Services, Providers, Living Situation
  - ✦ Dignity to Risk, Right to Fail
  - ✦ Assuring Health and Welfare

# Long Term Care Policy Trends



## ○ **Aging and Disability Resource Center's**

- ✦ The Aging and Disability Resource Center (ADRC) Grant Program, a cooperative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long term support to minimize confusion, enhance individual choice, and support informed decision-making.
- ✦ New York did not receive a grant for ADRC's. New York instead chose to implement NY Connects – Choices for Long-term Care – our version of an ADRC.

## ● **NYSOFA's Project 2015**

## ● **Senate Medicaid Task Force 2003**

- ✦ An increase in efficiency and improvement in care through the use of disease management practices to provide a coordinated approach to patient care;
- ✦ The Task Force recommends reform of the long term care system, including expanding options for private financing of long term care and reform of estate planning practices. In addition, a seamless and coordinated long term care system would be promoted through a variety of recommendations, including improving support to caregivers and improving access to non-institutional long term care services.

# Long Term Care Policy Trends



- **Governor's Working Group on Healthcare 2004 – local Medicaid cap**
  - The task force also suggested creating a program that would coordinate long-term care and support alternatives to nursing home care for Medicaid beneficiaries; limiting the circumstances under which people are permitted to transfer personal assets to qualify for Medicaid; and allowing state subsidies for long-term care insurance to help lower premium costs
  - NY Connects planning – NY Answers
- **Most integrated Setting Coordinating Council - Chap 551 of the Laws of 2002**
- **Berger Commission Recommendations - Commission on Health Care Facilities in the 21st Century (November 2006)**
  - Reduce excess hospital and nursing home beds, promote more community-based care
- **F-SHRP (Federal State Health Reform Partnership)**
  - Right size and restructure acute and LTC systems, eliminate excess capacity , shift emphasis from institutional to home and community based care
- **LTC Restructuring Initiative – DOH/NYSOFA**
  - Looking at existing waivers, how to restructure programs to serve more, incentivize community based care, reduce utilization of hospital and nursing homes

# Long Term Care Policy Trends



- **NYSOFA Initiatives Supporting LTC Reform, Planning**

- Model Zoning and Planning
- NY Connects
- End of Life
- Economically Sustainable Transportation
- Geriatric In-home medical care
- Family Caregiver Council
- Alzheimer's Council
- Affordable Housing Pilot
- Mature Worker Task Force
- Community Empowerment Initiative
- Community Empowerment Conference
- **Real Choice Systems Change (RCSC) and Aging and Disability Resource Center/Area Agencies on Aging (ADRC) Grants for Fiscal Year 2008**  
CMS has available approximately \$8 million in funding to continue to support States' efforts to address complex issues in long-term care reform. In addition, CMS was also awarded \$5 million for Aging and Disability Resource Center /Area Agencies on Aging grants.

# Housing Trends



Realizing the goal of “aging in place”, diverting individuals from nursing homes, transitioning individuals out of institutions, offering the ability to downsize as one gets older - the stock of affordable and accessible housing needs to be increased.

- Lack of safe, affordable housing – not only for those living in poverty and low income, but also those considered middle class and moderate income.
  - **Accessibility/universal design** – need for home modifications and for living environments that can accommodate mobility devices, enable self-care.
  - There are other subpopulations that are aging and in need of appropriate housing – for example – persons with developmental disabilities, persistent mental health issues etc.
  - Senior specific housing is not always the answer or the desire, mixed-use, age integrated housing is also needed.
  - Housing should not be built to isolate the residents; instead, designs should include and take into consideration walkability, transportation access and proximity to goods and services.

# Housing Trends



- **Increase the supply of accessible/universally designed housing units-** Develop new housing or rehab existing housing requiring set-aside of specified number of units that are accessible/universal design for older adults when public funds/tax incentives are part of project. When public funds/tax incentives are part of a senior housing project, develop all units to be universally designed.
- **Consider non-traditional housing opportunities** such as utilizing abandoned space and property, closed businesses and so forth for rehabilitation.
- **Provide incentives** for building of accessible and affordable housing using state funds to leverage federal and private investment.
- **Promote elder friendly community housing** - Develop and publicize model projects that support both the housing/living environment preferences of older people and the aims of public policy, as well as use the models for showcasing the use of universal design features, energy-saving features, and the concepts of walkability and visitability, all of which extend *successful* aging in place.

# Housing Collaborations



- ***Housing Collaborations*** - Form collaborations with both the private and public sectors to create:
- **Co-Housing**-age-integrated, could be mix of incomes, mutual help and community-identity built into the development, mix of homeownership and rental, can incorporate mix of housing types/integration of services, resident decision-making, a model that builds on “community” and maximizes the benefits of strong social capital.
- **Smaller Residential Health Care Settings**—develop a model that incorporates the principles, design, and philosophy of the Green House and the Pioneer Network, with emphasis on affordability.
- **Grandfamilies Houses**—work with public housing authorities, in collaboration with local aging services and children’s services organizations, to creatively replicate the Grandfamilies House concept within their multifamily developments.

# Housing Collaborations



- **Abbeyfield Houses**—a shared housing model for up to ten residents that provides non-licensed supportive services and other activities for older people. Houses may be rehabbed older, single-family homes, or newly constructed and designed to blend into a residential setting. The model differs from shared housing models in the United States in that community leaders and voluntary organizations initiate development and ownership and remain actively involved (together with an active volunteer base of community individuals) in managing the House and providing services and companionship. There is direct, active resident involvement in overall decision-making.
- **Elder Cottages** - This is an affordable strategy for supporting the caregiving efforts of family members while addressing the housing preferences of older people. A few communities across the State have instituted local zoning language to allow this housing alternative, and there is model zoning language available from AARP and from the various communities in New York that allow Elder Cottages.

# Housing/Community Support Trends



## **Keep NYers in the least restrictive settings as long as possible.**

- **Home maintenance** - lawn-mowing, snow shoveling etc. – financial assistance.
- **Supportive services** - transportation, shopping assistance, meals or cooking, housekeeping, money management etc.
- **Rural Challenges** - not only issues of affordability, but also lack of supports, transportation, housing options - even if can afford privately,
- **Dementia and behavioral care** - Older adults with cognitive impairments, dementias or Alzheimers' and mental health problems present unique challenges
- **Money management/support** (several models exist – i.e. AARP)
- **Housing counselors or coordinators/case managers:** Older people, as well as their families, do not understand the many housing options available to them and find the decision-making process about where to live to be daunting and complex. The few “housing counseling” programs providing senior-specific assistance across the State provide a valuable service by helping elderly people and their families negotiate a very difficult process and arrive at a solution that is acceptable for the older person and for the family members. Various public housing-related funding streams *allow* housing counseling as an eligible activity, but very little is devoted to this important activity—focusing, instead, on construction, rehabilitation, and home purchasing.

# Housing/Community Support Trends



- **On-site Resident Advisors** - The Resident Advisory concept has been used very successfully in HUD funded housing, yet state funded housing has yet to fully implement this strategy. Resident Advisors enable elders in senior housing to access needed services, participate in preventive health activities, and avoid isolation and depression.
- **Resident Advisor Program** — NYSOFA had a Resident Advisor program that provided continuous education of housing site managers and coordinators – in federally funded, state-funded, and private-funded developments. This strategy could provide technical assistance to managers to promote the use of resident advisors and to the resident advisors themselves as a supportive job-development strategy
- **NORCs, NNORCs** and explore creation of a “Rural NORC” or some modified version of the existing NORC program to ensure that it is available in all communities across the state, not just densely populated areas.



- **Umbrella Program** - Older people at all income levels have difficulty identifying and accessing honest, reliable, affordable, professional-quality, screened workers for home repair, maintenance, and modification services. Replicate a program to take advantage of a revenue-generating sliding-scale fee structure, involving the business community for materials support, and utilizing retired professional workers (both volunteer and paid). This could be extended to include the adult population with disabilities ... collaborating with OMRDD and taking advantage of that system's revenue streams.
- **Beacon Hill Model**- Individuals/families pay annual fee and receive assistance with home maintenance etc. In Boston, where this model started, business community helps support program. Beneficial for business community also. Similar type model beginning in Utica.