

What it Takes to Age in Place: Bringing Housing and HCBS Together

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Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems getting on the webinar? Send an e-mail to NCLER@acl.hhs.gov.
- Written materials and a recording will be available at NCLER.acl.gov. See also the chat box for this web address.

About NCLER

The National Center on Law and Elder Rights (NCLER) provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, NCLER provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development. Justice in Aging administers the NCLER through a contract with the Administration for Community Living's Administration on Aging.

About Justice in Aging

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Agenda

- Housing is Health
- Home and Community-Based Services (HCBS) Overview
- Community Housing that adds in Health and Supports
- Bringing the pieces together: Innovative Models

Poll Question

Did you attend the March 16, 2021 Justice in Aging webinar on HCBS basics?

- A. Yes
- B. No

Recording & Materials Available: [HCBS 101—Access to Home & Community-Based Care for Older Adults](#)

Housing is Health

Health and Housing

- “The connection between the health and dwelling of the population is the most important one that exists.”

—Florence Nightingale 1820-1910

Intersection of Health & Housing

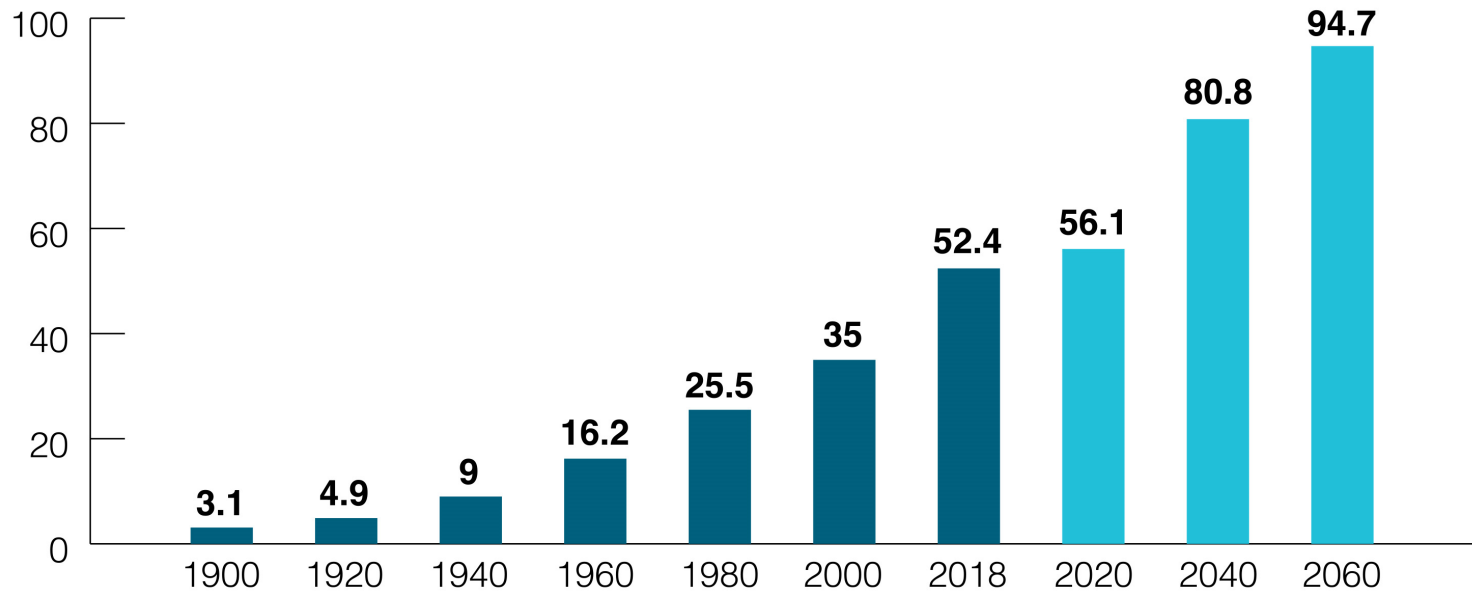
- Having safe, affordable, stable housing improves all health outcomes, and reduces health expenditures.
- Can't access *Home* and Community-Based Services without a home.
- Housing, along with nutrition and transportation, is a key social determinant of health.

Barriers to Aging in Place

- Low-income older adults are severely rent burdened
- Not enough affordable housing
- Lack of physical accessibility, safety
- Transportation/proximity to resources
- Needing help with activities of daily living (ADL's)
- Cognitive issues/dementia

Our Population is Growing Older

**Number of Persons Age 65 and Older 1900 to 2060
(numbers in millions)**



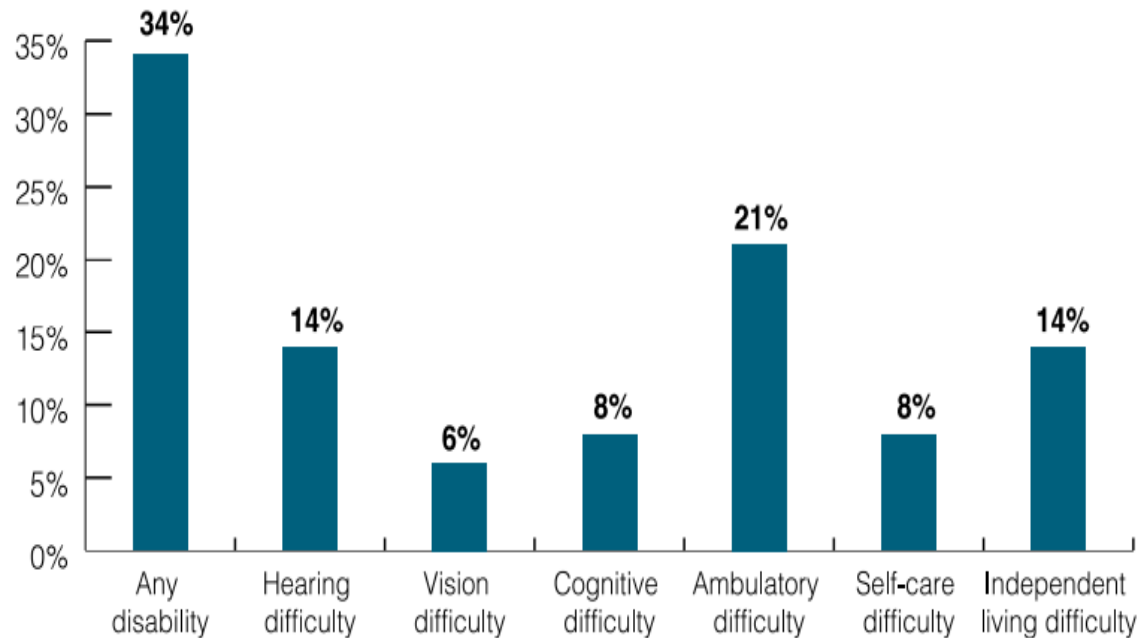
Note: Increments in years are uneven. Lighter bars (2020, 2040, and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

Chronic Conditions

- Most older persons have at least one chronic condition and many have multiple conditions
- 49% of people age 75 and older reported difficulty in physical functioning

Percentage of Persons Age 65 and Over with a Disability, 2018



Source: U.S. Census Bureau, American Community Survey

HCBS Overview

The Right to Live in the Community

- Americans with Disabilities Act
- *Olmstead* Integration Mandate
 - People with disabilities have a right to live and to receive services in the community
 - Applies to people at risk of institutionalization
 - *Olmstead v. L.C.*, U.S. Supreme Court Decision, 1999

What are HCBS?

- Includes:
 - Home health care
 - Personal care (assistance with ADLs and IADLs)
 - Durable medical equipment
 - Transportation
 - Meal delivery
 - Home modifications
 - Caregiver training and respite

Types of Medicaid HCBS

- **Mandatory**
 - **Home Health Care**
 - 600,000 nationwide
- **Optional**
 - **State Plan Benefits**
 - 1.2 million in 34 states
 - **Medicaid Waivers**
 - 2.5 million in 50 states
 - 820,000 on waitlists

Mandatory HCBS: Home Health

- All states must provide home health under state plan
- Medicaid Home Health different from Medicare Home Health
 - No homebound requirement
 - No required eligibility for nursing or therapy services

Optional HCBS

- Multiple Medicaid authorities—1915(i),(j),(k)
- Allow states to offer HCBS statewide as a covered benefit
 - Must be offered equally to all who meet eligibility criteria
 - Cannot limit by geography
 - Cannot cap enrollment
 - Cannot create waiting lists

HCBS Waivers

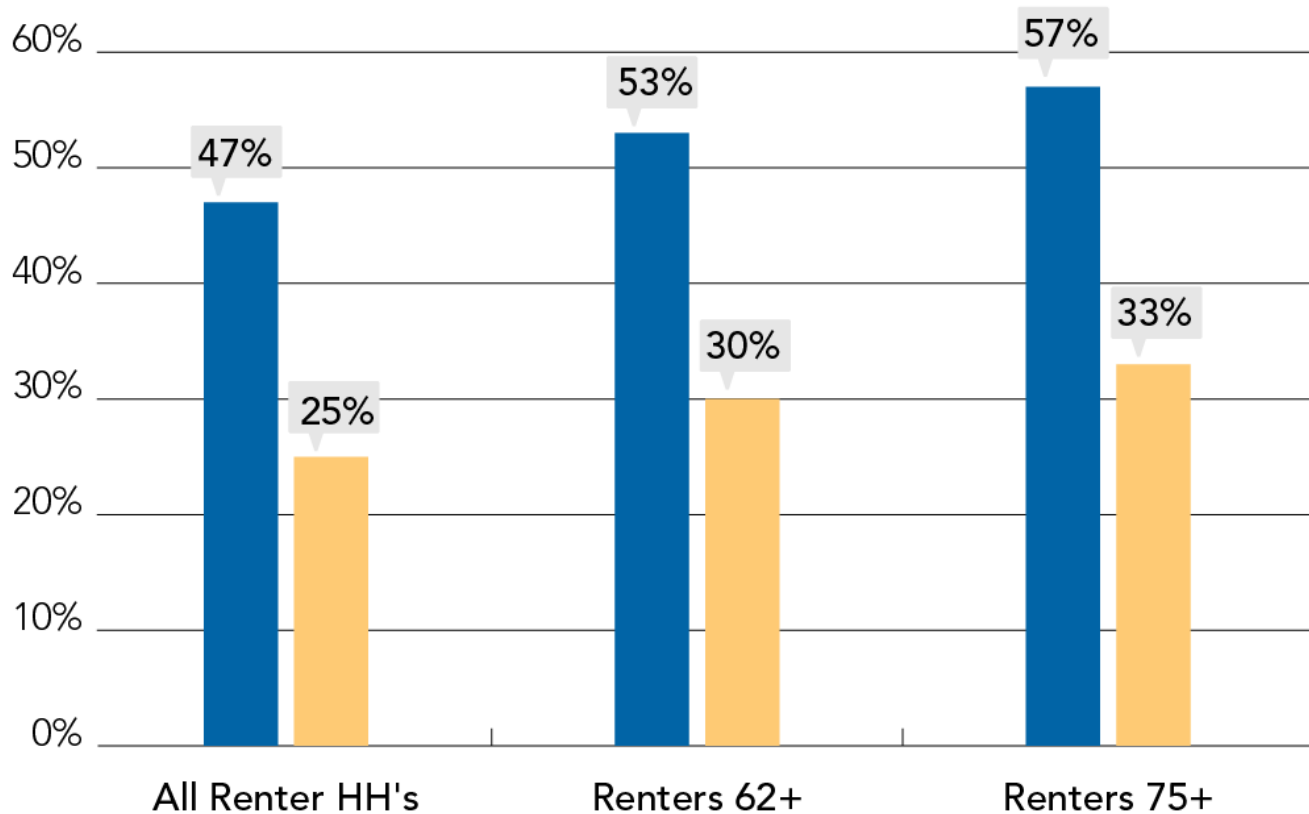
- Multiple Medicaid authorities—1915(c), 1115
- Allow states to innovate and demonstrate
- HCBS Waivers are allowed to waive certain Medicaid requirements, so they can:
 - Be available to target populations
 - Be limited by geography
 - Have hard enrollments caps
 - Have waitlists

Gaps in Access to HCBS

- Because HCBS is an optional service:
 - Wide variation from state to state
 - Waitlists in many states
 - Over 800,000 people waiting for HCBS, including 188,000 seniors and people with physical disabilities
- Inequities:
 - Population-based inequities
 - State-based inequities
 - Race-based inequities

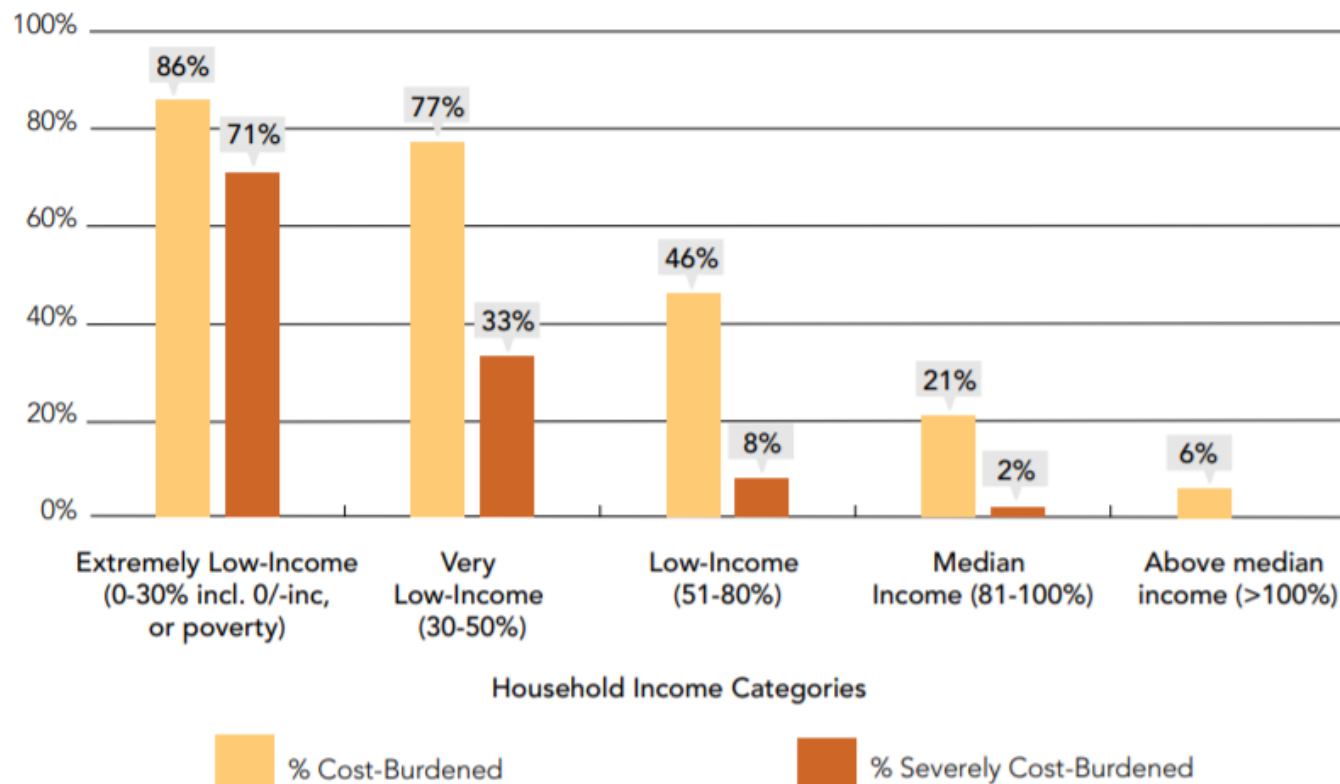
Community Housing

Percent of Cost-Burdened & Severely Cost-Burdened Renter Households by Age



Low-Income Renters Are Especially Rental Cost-Burdened

FIGURE 3
Percent of Renter Households by Income and Cost Burden (All Ages)

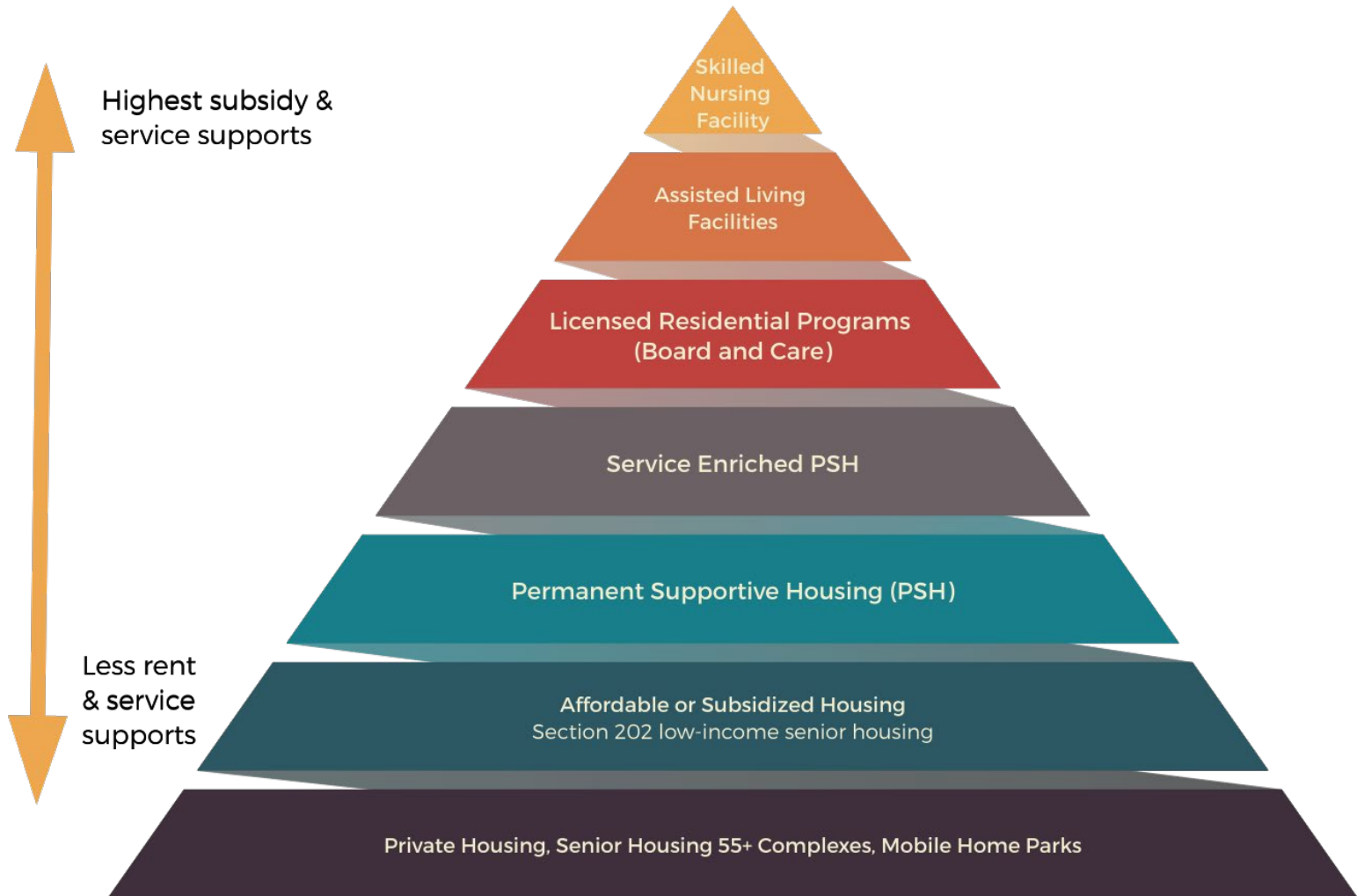


Source: NLIHC tabulations of 2018 American Community Survey data.

Surge in Older Adult Homelessness

- 50% of homeless are age 50+, with half of those having first homeless incident after age 50
- About 31% of homeless population and growing
- Average life span of person living on street: 64

Continuum of Housing and Care



Housing Transition Services

- Support an individual's ability to prepare for and locate housing:
 - Screening and housing assessment for individual housing preferences and barriers
 - Assisting with housing application and search
 - One-time move-in expenses
 - Assisting in arranging for and supporting the move
 - Developing housing support crisis plan

Tenancy Sustaining Services

- To support tenancy, once secured:
 - Early intervention for actions that might jeopardize housing, e.g., late rent payment; lease violations
 - Coaching on how to be a good tenant
 - Financial counseling
 - Linking with community resources to prevent eviction
 - Assisting with housing recertification process, and
 - Mediating tenant-landlord relations.

Services Above & Beyond Permanent Supportive Housing

- Medical Care:

- Medical Monitoring
- Physician/Primary Care
- Therapy/Ancillary Care
- Pharmacy
- Diagnostic Services
- Mental Health
- Acute Hospital Care
- Dental
- Medical Transportation
- Education
- Vision Care

- Supportive Services:

- **Housing**
- Personal Assistance
- Protective Supervision
- Laundry
- Shopping
- Meals
- Housekeeping
- Home Maintenance/Modification
- Financial Assistance
- Pet Care
- Transportation
- Money Management
- Companionship
- Intellectual Stimulation
- Recreation

Innovative Programs

North Carolina: Healthy Opportunities Pilot

- Approved 1115 waiver; launching spring 2022
- Pilot allows MCOs to purchase services related to housing, transportation, food, interpersonal violence, and toxic stress
- Eligible individuals must:
 - Live in one of the covered regions
 - One qualifying physical or behavioral health condition
 - One qualifying social risk factor
 - Homelessness and housing are considered social risk factors

North Carolina: Healthy Opportunities Pilot (Continued)

- Non-medical interventions include the following housing services:
 - housing navigation, support, and sustaining services
 - inspection for housing safety and quality
 - housing move-in support
 - essential utility set-up
 - home mediation services
 - home accessibility and safety modifications
 - healthy home goods
 - one-time payment for security deposit & first month's rent
 - short-term post hospitalization housing

California: Whole Person Care Pilot

- Approved 1115 Demonstration waiver, launched 2017
- Target populations includes individuals at risk of homelessness, including upon release from an institutional setting
- Pilot allows lead entity to offer housing-related services:
 - Individual Housing Transition Services
 - Individual Housing & Tenancy Sustaining Services
- A key feature is coordination with MCO, housing authority and CBO's to deliver comprehensive services, and connect people to permanent housing

Vermont: SASH

(Support and Services at Home)

- Integrates social service, community health, and housing resources to support Vermonters choosing to live independently at home
- Wellness nurse and SASH care coordinator provide care on-site at affordable and public housing units; also mobile homes or single units
- Care team works with each resident to develop a health and care plan, including preventative care and their desire for community.
- Care team paid through mix of Medicare, Medicaid, and private health care organizations.

HUD Integrated Wellness in Supportive Housing (IWISH) Demonstration

- 3 year demo launched in 2018
 - In 7 states: California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina
- Funds a site-based, full-time Resident Wellness Director and part-time Wellness Nurse who...
 - Proactively engage with residents to implement a coordinated services plan tailored to individual resident's needs.
- Within HUD-assisted housing developments that either predominantly or exclusively serve households headed by people aged 62 or over.

Massachusetts: HEARTH Program

- Permanent Supportive Housing with enriched services to meet needs of senior, formerly homeless individuals
- Assists residents to age with dignity regardless of their complex medical, mental health, or social needs
- On-site services provided by nurses, social workers, personal care staff, resident service coordinators and site directors

Key Takeaways

- Health and housing are inextricably linked
- Both health and housing advocates recognize this
- Innovative, funded solutions are out there
- Need more states to try new things
- Need more connection between the health and housing worlds

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Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.