LEVERAGING AGING AND SOCIAL SERVICES TO STABILIZE TENANCY IN AFFORDABLE HOUSING

NAVIGANT

OBJECTIVES

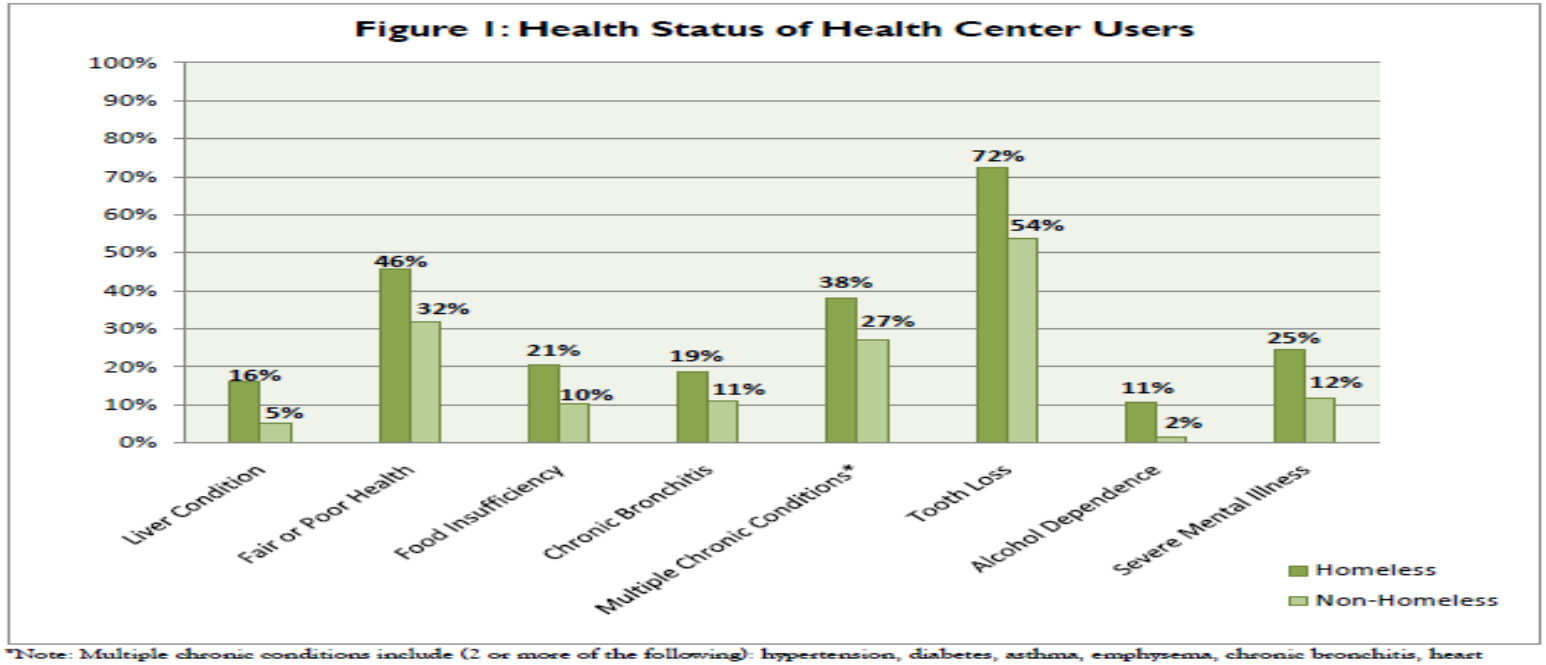
This presentation will:

1. Provide key statistics and impacts about inadequate housing and homelessness, its projected growth, and the impact of these determinants on HCBS provision.
2. Review 2015 CMS Guidance on the use of Medicaid funds to provide “Housing Support”
3. Explain the utilization patterns of elderly and disabled households in HUD programs
4. Identify how a Medicaid funded housing support role might support at-risk households
5. Address key considerations in forming partnerships between Medicaid HCBS and Affordable Housing programs
6. Provide three examples of successful programming in three separate portfolios:
    - Housing Choice Voucher Program
    - Elderly and Disabled Housing
    - Supportive Housing

HOUSING INSTABILITY, HOMELESSNESS, AND HEALTHCARE

HOMELESSNESS IN OLDER ADULTS

- *Homeless Research Institute:*
  - Approximately 45,000 homeless older adults (defined as over age 50) in 2010
  - By 2020: 60,000 homeless older adults: 33% increase
  - By 2050: 95,000 homeless older adults: 111% increase



Source: National Healthcare for the Homeless Council, June, 2011: http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf

HOUSING INSTABILITY IN OLDER ADULTS

- Today, 1/3 of households aged 50+ pay over 1/3 of their monthly income for rent/mortgage and most of these are low-income households
  - By 2024,an increase of 4.7 million low income households aged 50+ (under $29,999) is projected
  - 77% of households will meet the definition of being “cost-burdened” for housing
- Cost burdened households are at risk of not paying for needed medications, transportation and food.
- 60% of elderly households live in housing that does not meet their accessibility needs
- HUD subsidies for over 2M units which are set to expire by 2025 and an estimated 50% are elderly and disabled.
- Countless untracked low-income elderly and disabled adults reside in marginal housing situations, including housing that lacks proper facilities/amenities, with family or other informal supports

THE IMPACT OF HOUSING ON HEALTHCARE

- Multiple studies have shown that stably housed Medicaid beneficiaries have reduced healthcare utilization and expense compared to homeless beneficiaries:
  - 2015 Centers for Outcomes, Research and Education study followed 1,625 Oregon Medicaid beneficiaries who moved into affordable housing within the prior 12 months. The study found a 12% reduction in utilization in the first year of tenancy, representing a $936,000 savings to the state.
  - The *Journal of the American Medical Association* study found acute care utilization dropped 29% amongst nearly 500 previously homeless adults when they entered programs that offered permanent housing and case management.
  - A study of chronically homeless adults housed in a Seattle Housing First program showed that tenants who were successfully housed, used less than half the public health and criminal justice services compared to homeless adults on the program's waiting list.
  - A 2007 study of 115 nursing home eligible adults in Massachusetts who received care in their subsidized apartments, showed a savings of approximately $2,500 per member, per month, compared to the cost of nursing facility care. Three years later, 34 of the study participants remained in the community.

- Enterprise Community Partners, "Health in Housing: Exploring the Intersection Between Housing and Healthcare." 02/16. Available online: https://s3.amazonaws.com/KSPProd/ERC_Upload/0100981.pdf
- The Journal of the American Medical Association, "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults." 2009; 301(17):1771-1778. Available online: http://jama.jamanetwork.com/article.aspx?articleid=183842**:**
- Larimer, Mary E.; Malone, Daniel K.; Garner, Michelle D.; et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems." *JAMA*. 2009;301(13):1349-1357 (doi:10.1001/jama.2009.414).
- A Report by the Coalition for Senior Housing of Massachusetts Funded by The Boston Foundation, "Aging in Place Successfully with Affordable Housing and Services." 03/07. Available online: https://www.chapa.org/sites/
- Default/files/f_122952789640BUpdateDec2008_5.pdf

WHY HASN'T MORE BEEN DONE!

So **WHY** has so little be done to incorporate housing into HCBS programs?

1. Medicaid doesn't cover room and board.
2. Medicaid agencies do not typically have formal relationships with housing providers or agencies who work with housing providers.
3. All States have numerous public housing authorities and other affordable housing providers scattered throughout the state, which makes identifying and engaging key partners challenging.
4. Privacy rules (i.e. Fair Housing and HIPAA laws) make it difficult for the healthcare and housing systems to share information resulting in silo operations.
5. Medicaid HCBS systems do not always assess well for Housing needs, and/or housing risk or insecurity, so the extent of the problem goes undetected.
6. Housing providers may not know about and coordinate well with HCBS providers.
7. Different funding sources do not encourage intra agency service delivery coordination.
8. There may be no single entity designated as responsible for whole person service care coordination when multiple service organizations are involved with an individual

ONE SOLUTION: MEDICAID WAIVER-FUNDED HOUSING SUPPORTS

CMS INFORMATION BULLETIN

- CMS issued an informational bulletin, *CMCS Coverage of Housing-Related Activities and Services for Individuals with Disabilities,* on June 26, 2015.

- The CMS objectives of this bulletin were to:
  - Clarify what housing services Medicaid covers; Medicaid does not cover room and board but does cover other community-based services,
  - Foster expansion of HCBS,
  - Provide assistance to states in benefit design that acknowledges the role of social determinants of health and a holistic focus on health and wellness.

- **Note**: CMS indicated that housing support services are eligible for a 90% match.

ELIGIBLE TYPES OF HOUSING SUPPORT

- ***Individual Housing Transition Services:*** tenant screening, housing assessment, developing an individualized housing support plan, assisting with housing applications, identifying financial resources, ensuring a safe living environment, assisting in arranging for moving and developing a housing support crisis plan.
- ***Individual Housing and Tenancy Sustaining Services:*** identifying and intervening to prevent housing problems, education and training on tenant and landlords rights and responsibilities, landlord relationship management, dispute resolution, advocacy with community resources, assisting in housing recertification, review and updating of housing support plans and household management and development of good tenant and lease compliance.
- ***Medicaid Authorities and Demonstration Program:*** covers program and waiver options to cover housing related services, promote community integration for individuals needing LTSS and transitioning from institutions to the community.

BOTTOM LINE: While Medicaid funds cannot be used to directly house people, CMS endorses a WIDE ARRAY of activities that can support the homeless or those at risk of becoming homeless in obtaining housing

CONSIDERING AT-RISK POPULATIONS: HUD PARTICIPANTS

MEET MRS. DAVIS

Mrs. Davis is an 82 year old, long-time Housing Choice Voucher holder, who lives alone in a two-story duplex in a small multi-family complex.

During an annual housing authority inspection, her inspector notices that Mrs. Davis is no longer able to navigate the stairs in her duplex. When asked, Mrs. Davis confirms she is currently forced to remain upstairs where the bathroom facilities are, and has to be carried up and down the stairs for doctor's appointments, due to her respiratory conditions and severe edema. She would like to move, but has no way of finding a unit, and has not relocated in over a decade.

The inspector is concerned, Mrs. Davis would be trapped in the case of a fire, and is currently relying on her family to come daily and prepare meals and get them to her from the downstairs kitchen. Mrs. Davis' also states that she is lonesome and misses being able to attend adult day services. She is essentially trapped on her second floor.

What are your concerns?

WHY APPLY HOUSING SUPPORT TO THE HOUSED?

Let's first dispel some myths about affordable housing…

<u>Myth #1:</u> Tenants indicate that they are disabled when applying for affordable housing, so housing providers have to be aware of what disabilities people have.

Reality: Disability verification for HUD purposes is often done via income, largely through Social Security based sources, and relies on specific SS Income Codes (found on award letters). When this is not available, there is a HUD verification of disability that does not include specific diagnosis. Fair Housing law prohibits housing providers from requesting this information.

<u>Myth #2:</u> Affordable housing has Resident Service Coordinators on-site, so they can help the tenants with housing issues.

Reality: Not all affordable housing includes service coordinators. A random satisfaction survey completed for HUD in 2007, showed that across 363 properties (eligible for SC) surveyed, 46% either discontinued or never had service coordination in place. Additionally, tenants are not required to use service coordination, in housing where it ~~is offered.~~

WHY APPLY HOUSING SUPPORT TO THE HOUSED?

<u>Myth #3</u>: Elderly and disabled adults, primarily live in elderly and disabled specific settings, where staff are more familiar with the needs of that population.

Reality: Many applicants for affordable cast a wide-net, due to the shortage of available options. Elderly and disabled households exist in all HUD portfolios, in fact, by volume, the most elderly and disabled households are housed using the Housing Choice voucher program, which relies on the private market. Many elderly and disabled households do not live in housing targeted to those populations.

HUD SUBSIDY PROGRAMS

Housing Choice Voucher Program

- Tenant-based voucher program (the subsidy follows the tenant), where tenants identify properties where the property owner is willing to accept the subsidy as rent.

Project Based Section 8

- Project-based voucher program (the subsidy stays with the unit), where vouchers are provided to privately owned and managed properties who then lease those units to qualified low-income households.

Traditional Public Housing

- Housing communities owned and operated by Public Housing Authorities (PHAs).

Section 202

- Housing built with funds designated strictly to units built for residents 62 years of age and above, that also offer supportive services designed to allow aging in place.

Section 811

Housing built with funds designated strictly to units built for residents with long-term disabilities, that also offer supportive services designed to allow community-based living.

PREVALENCE OF ELDERLY/DISABLED ACROSS HOUSING PROGRAMS

Portfolio	Total Households	Total # of Persons Served	% of Households: HOH 62 y.o. or more	% of All Persons with a Disability
All Portfolios	**4,681,584**	**9,853,342**	**33%**	**21%**
Housing Choice Voucher Program	2,230,948	5,322,160	23%	23%
Public Housing	1,047,231	2,237,807	32%	21%
Project-Based Section 8	1,185,056	2,019,905	21%	17%
Section 202	121,886	131,628	100% *(16% >85)*	6%
Section 811	32,734	35,693	18%	91%

Data From: U.S. Department of Housing and Urban Development, “2015 Picture of Subsidized Households.” Available Online: https://www.huduser.gov/portal/datasets/picture/yearlydata.html#data-display-tab

POTENTIAL NEED QUANTIFIED

Target population volumes served within programs that do not require embedded supportive services

Portfolio	# of Elderly Households (HOH or Spouse 62+)	# of Disabled Persons Served (of all persons served)
Housing Choice Voucher Program	513,188	1,224,097
Public Housing	335,114	469,939
Project-Based Section 8	248,862	343,384
Total	**1,097,164**	**2,037,420**

HOUSING SUPPORT POTENTIAL

HOUSING SUPPORT CONSIDERATIONS WITHIN HCBS FRAMEWORK

Benefits

- Ability to enhance benefits and care coordination may not exist
- Health, age and disability information is disclosed to professionals accustomed to handling PHI
- Tenants may be more apt to work with someone not tied to their housing provider.
- Plans that stabilize housing will be integrated with holistic plans of care

Challenges

- A housing support will need sufficient housing and private real estate knowledge, which is not currently required among Medicaid HCBS professionals
- Housing providers may struggle with a new role and its impact on “turf”
- Housing supports will have to communicate with property owners and housing providers. HIPAA and Fair Housing frameworks apply and constrain this communication.
- Funding a new role

PORTFOLIO-SPECIFIC TENANT CONSIDERATIONS

Housing Choice Voucher Program

- Units are more likely to be single-family, which carry additional maintenance requirements and risks, as well as accessibility concerns.
- Tenants work with both a PHA, who is responsible to administer the voucher including payment, and also a property owner, who must maintain the housing unit and enforce the lease.
- Property owner may be a less experienced landlord than would exist in larger multifamily dwellings.
- Requires a higher degree of mobility, property management and PHA offices may not be co-located to housing.
- Risk exists for mandatory relocation due to: Failed Inspection, Foreclosure, Property Sale, Property Owner Opt-Out, etc.

Project Based Section 8

- Units are typically co-located with private market units, low-income tenants may struggle to acclimate to standard processes and procedures.
- Lease terms may be strict due to the market rate component.
- Housing may not be well co-located to transit or needed community services and supports.

PORTFOLIO SPECIFIC CHALLENGES

Traditional Public Housing

- Typically located in areas with high poverty, crime and other community concerns. Amenities such as quality grocery stores, pharmacies, etc. may be lacking.
- Long term tenants with intergenerational, systemic impoverishment, extended isolation and poor integration into the community
- Challenging resident dynamics, particularly in traditional public housing for elderly and disabled adults
- Housing may not be permanent: elimination or renovation of public housing complexes requiring relocation

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POSSIBLE TENANT ISSUES BY DISABILITY PROFILE

Persons with Physical Disabilities

- Need for environmental adaptation/modification (transportation and access needs)
- Need for Live-In Aide or request exemptions from work due to frequent care needs
- Need help with maintenance (e.g. yardwork, heavy cleaning)
- Mobility restrictions impede ability to complete required HCVP tasks.

Persons with Behavioral Disabilities

- Struggles with landlord or neighbor relationships, communicating concerns, resolving challenges
- Require support managing unexpected events or crisis
- Paranoia can create issues conducting inspections, completing maintenance tasks and lead to excessive maintenance requests

Persons with Developmental or Intellectual Disabilities

- Struggle with complex concepts such as lease terms
- May have difficulty navigating multi-step processes such as identifying and applying for a unit, or requesting reasonable accommodation.
- May require support in managing required bills and expenses for housing and utilities

POTENTIAL ACTIVITIES OF A HOUSING SUPPORT ROLE

- **Assistance with identifying prospective housing options/units**
  - Transportation arrangements to tour housing
  - Accompanying tenants on tours and providing housing counseling
  - Assistance with paperwork (e.g. applications, lease agreements)
  - Support with moving (e.g. physical move, financial assistance, transferring utilities)
- **Assistance with maintaining existing housing arrangements**
  - Identifying a plan to ensure the unit is properly maintained inside and outside, monitoring for appropriate “wear and tear,” assisting with inspections as needed
  - Helping with recertification, lease renewal and other administrative requirements
  - Support communication with property owners, including maintenance requests, tenant coaching and issue resolution
  - Investigating and developing corrective plans to assist tenants who incur lease violations
  - Requesting reasonable accommodations
- **Support during housing related crisis**
  - Assist tenant in responding to urgent maintenance or safety issues
  - Support tenants who are required to relocate (i.e. foreclosure, eviction, closure of housing)
  - Develop temporary housing arrangements and obtain emergency assistance

REASONABLE ACCOMMODATION SUPPORT

- The aging and disability network have a significant advantage in identifying need for reasonable accommodation.
- HUD Definition of a ***reasonable accommodation****:*

  *"*A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. A housing provider should do everything s/he can to assist, but s/he is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or to prevent eviction."
- Common reasonable accommodation requests:
  - Environmental adaptation/modification
  - Live-In Aides
  - Waived work requirement for primary caregiver
  - Request to Move
  - Request for Additional Bedrooms
  - Therapy/assistance animals

REASONABLE ACCOMMODATION PROCESS

Obtaining a reasonable accommodation is often a multi-step process:

1. A tenant must be aware of, and identify the need for a reasonable accommodation.

   NEED: *Education, Advocacy, Long-Term Care Planning.*

2. The tenant must submit a request for reasonable accommodation to the property owner or housing provider, this is not required to be done in writing.

   NEED: *Coaching, Direct Support.*

3. The tenant must obtain and submit documented need for the reasonable accommodation from a qualified provider unless the disability related need is visibly apparent.

   NEED: *Coordination, Direct Support, Completion of Verification (when appropriate).*

4. There may be some additional documentation or details required (i.e. Live-In Aides will need to be identified, documented and verified, Therapy Animals may need to be registered and have proof of vaccination, etc.).

   NEED: *Coordination, Direct Support*

5. Tenants receive notice of whether or not the reasonable accommodation is being made. If a denial is issued, the tenant has the right to appeal the decision or grieve at a higher level, up to and including HUD.

   NEED: *Coaching, Advocacy, Direct Support.*

WHAT HAPPENED TO MRS. DAVIS?

Mrs. Davis' inspector advises the local housing authority of the urgent concerns he has, about Mrs. Davis' being trapped in her home. A referral is made to the local Medicaid HCBS point of contact, who dispatch a Medicaid housing support to Mrs. Davis' for a home visit.

The housing support worker first assists Mrs. Davis in filing a reasonable accommodation, both to move, but also for eligibility to house a live-in aide, which Mrs. Davis' did not know she was eligible for. The support obtains a verification from Mrs. Davis' doctor of her disability, and the move is approved. Mrs. Davis' daughter is able to identify a person willing to reside with Mrs. Davis as a live-in aide through their local church.

An in-home voucher briefing is scheduled for Mrs. Davis, because she is homebound, so she can receive her voucher and proceed with moving. The housing support provides listings to Mrs. Davis and helps her to identify several possible options, which the Live-In Aide tours on Mrs. Davis' behalf, eventually helping to apply for a first-floor apartment. Through planning her move, the housing support helps Mrs. Davis identify family willing to move her belongings, and the Housing Authority is able to expedite her inspection and lease-up due to the safety concerns initially identified.

TWO MONTHS LATER…

Two months later, Mrs. Davis' is relocated from her former unit. The housing support conducts a follow-up visit and is relieved to see that Mrs. Davis now has full use of her apartment. Mrs. Davis reports being thrilled to use her kitchen again, as she can navigate throughout the space with her wheelchair. In addition, her live-in aide is working out well and helping with activities of daily living, allowing Mrs. Davis to get ready and attending Medicaid-funded adult day services again. She can exit in case of emergency, and says she is relieved to have moved and thankful for all of the help.

PROGRAM DESIGN CONSIDERATIONS

CONSIDERATIONS

Implementing a Medicaid Waiver funded housing support role is complicated. States considering providing this assistance must consider:

1. **Choosing Housing Partners** – Housing partners exist through a state and include state housing finance agencies, local housing authorities, and private housing developers. How should the partnership be marketed, and to whom?
2. **Target Population and Scale** – What is a reasonable size and scale based on established needs and available resources? Understanding this may require further exploration and research, to understand which tenants are at-risk for loss of housing, and what their needs are.
3. **Qualifications and Shared Hiring Practices –** What will the qualifications of a housing support professional be, and if this professional will work across HCBS and Housing programs, should hiring practices be shared? Shared hiring practices that allow partners to weigh in on prospective staff, may help strengthen the collaboration.
4. **Functions and Responsibilities of the Housing Support** – In what way will a housing support role assist tenants? Understanding what supports are needed, may depend on the target population identified for these services, the type of subsidized housing targeted, and/or established gaps or needs among partners.

CONSIDERATIONS (CONTINUED)

5. **Referral Procedures and Required Training Among Partners -** What training is needed amongst existing staff, to incorporate this new role? Housing staff will likely require training on the needs of the elderly and disabled, to build competency and promote referral. Likewise, HCBS providers may need training on how to assess for housing instability among consumers residing in HUD. Building understanding is key identify at-risk tenants enrolled in HCBS programs.
6. **Risk Assessment and Data Collection –** Standard, comprehensive assessment tools that when used, provide data that can be used to measure outcomes are imperative. Will assessment tools need to be developed, or is there a tool out there that might fit program needs? Understanding how assessment data will be stored, accessed and reported is critical to protect sensitive information.
7. **Communication and Information Sharing Practices –** How will partners formalize communication and information sharing practices, to remain compliant with required privacy regulations? Training partners on HIPAA applicable to HCBS providers, and Fair Housing applicable to housing providers, helps to develop common-sense communication and information sharing protocols that safeguard partners and tenant information.
8. **Goal Setting and Shared Outcomes –** What are the goals among partners it is important to establish common goals and identify the metrics that will contribute to demonstrating success, acknowledging that the data driving these metrics may come from different sources amongst partners.

CONSIDERATIONS (CONTINUED)

9. **Implementing Tenant Protections –** What safeguards and systems are needed to safeguard tenants, and provide them transparent understanding of their rights and responsibilities when working with a housing support? Despite the best intentions, there will be always be complaints and grievances. How will a partnership address this process in a manner that is fair and consumer-focused?
10. **Establishing a Network of Third-Party Supports –** What third-party services and supports are required, to stabilize tenants and resolve problems? Considering the types of needs that emerge when providing housing support, what third parties may be appropriate to assist with financial assistance, utilities, furniture, legal advocacy, etc.? Some of these partners may be new, and unfamiliar with Medicaid HCBS.
11. **Amending Medicaid Waivers –** States must identify which Medicaid waivers they will amend to include this service, and evaluate the financial impact of offering housing support.
12. **Considering Shared Savings and Sustainability –** Although the Medicaid HCBS network sees benefit when consumers are stably housed, affordable housing providers benefit when their tenants are stable as well. Partners should consider the opportunity for shared savings, and to what extent housing partners can contribute to sustaining a role that may offer them cost-savings as well.

PROGRAM SYNOPSIS

HOUSING CHOICE VOUCHER PROGRAM SUPPORT

- Provided for a large, urban housing authority with over 10K households on their HCVP, approximately 20% were classified as elderly or disabled households.
- Housing authority staff identified tenants who exhibited age or disability related challenges to maintaining housing. Common issues included:
  - Navigating a mandatory move that was not planned for (failed inspection, owner opt-out)
  - Unit identification, many were one-bedroom holders, units that size were hard to find
  - Completing a recertification, understanding complex paperwork
  - Behavioral health issues that impeded relocation, completing inspections, landlord relations, neighbor relations
  - Need for assistance in requesting RA, PHA unable to verify need (Live-In Aides, Extra Bedrooms, etc.)
- PHA reported an 89% household stabilization rate, representing households that retained their assistance and were actively housed on the HCVP. This increased to 95% when including tenants who died, actively housed.

CONTACTS

JASON GERLING
Senior Consultant
404.602.3477
Jason.Gerling@Navigant.com

JAMES BULOT
Associate Director
678.845.7667
James.Bulot@Navigant.com

BETSY WALTON
Director
651.283.3488
Betsy.Walton@Navigant.com

NAVIGANT