

**A REPORT ON NON-TRADITIONAL  
HOUSING OPTIONS**

**December 2007**

**HOUSING ALTERNATIVES WORK GROUP**

**OF THE**

**INTRA-GOVERNMENTAL COUNCIL ON  
LONG TERM CARE**

**Housing Alternatives Work Group:**  
**A Report on Non-Traditional Housing Options**

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## **Executive Summary**

The Commonwealth's Intra-Governmental Council on Long Term Care established the Housing Alternatives Work Group (HAWG) to identify and research non-traditional housing options for elderly and adults with disabilities, including those who wish to relocate from nursing homes to the community. The goal was to expand affordable, accessible housing choices for the target populations using models that are not currently viable or available in Pennsylvania.

The group met monthly between July 2006 and June 2007, investigating a range of approaches to providing housing and home and community-based services. With the assistance of a housing consultant, they established criteria for consideration of models and conducted an exhaustive search of national and even international models. Selection criteria included the following:

- Cost to the Commonwealth
- Maximization of individual choice
- Attractiveness to the target populations
- Potential impact on numbers of individuals and communities
- Existence of a champion to foster the model
- Readiness to implement
- Ease/difficulty of administering the model
- Viability in urban, rural and suburban areas
- Affordability, defined as spending no more than 30 percent of income for housing
- Zoning and community support/opposition
- Availability of transportation
- Sustainability

Eight different models emerged from the work of the group, each of which is briefly described below. While the models are quite diverse in how they impact the housing and service needs of the target population, each augments current options available.

Greater detail on each model as well as recommendations for next steps /implementation of each model is provided in the body of the report.

The HAWG divided the eight models into four categories according to need, readiness to implement in Pennsylvania, availability of an agency or individual to champion its implementation, and other factors:

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**Category 1- Models that are ready to implement, have champions available and are relatively easy to administer.**

- **Tenant Based Rental Assistance-** Rental assistance uses public dollars to subsidize the difference between fair market rent for a private rental unit and 30% of an eligible household's income. It is an extremely flexible model that can be used for any population in any type of housing; as such, it provides maximum housing choice. The Pennsylvania Housing Finance Agency has been working collaboratively with several state agencies to identify funding and develop an administrative process for a Tenant Based Rental Assistance (TBRA) program, which will serve as a "bridge" to other housing resources, such as a HUD housing voucher or subsidized housing for the elderly. The partners include the Governor's Office of Health Care Reform, the Offices of Long Term Living and Mental Health and Substance Abuse Services, and the Department of Community and Economic Development. Funds will be set aside specifically for Nursing Home Transition and for people who need permanent supportive housing.
  
- **Shared Housing Match-up Program-** Shared Housing is a housing model in which unrelated adults live in the same household. Each individual has his/her own bedroom and shares living, dining, kitchen and other common areas. A Shared Housing Match-up Program is one that matches a homeprovider with extra space in his/her home with a homesharer who is seeking affordable housing. This program model is especially suitable for elderly homeowners who wish to remain in their homes, have a companion, and receive added income. While not serving a high volume of people, it preserves existing housing stock and is relatively easy and inexpensive to administer. A joint pilot program in Delaware and Montgomery Counties is currently under discussion.

**Category 2- Models with high need and potential statewide impact that require additional exploration.**

- **Clustered Housing/Clustered Services-** This model refers to housing that is built, planned or organized to offer long-term living services. Housing options range from cottages to multi-unit high rises and can be on single lots or campus settings. In most cases the service provider, rather than the housing provider, is responsible for delivery of services. Services can be provided by dedicated on-site staff, delivered by outside providers, or by outside providers co-located at the housing site. This model requires significant additional research and policy changes prior to implementation as a program in Pennsylvania. If a method for delivering services affordably and with choice can be identified, this model has the potential for significant impact on a sizable number of individuals in the targeted populations, but most likely primarily elders.

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- **Housing Facility Design Modification Strategy-** This model, which serves primarily seniors, entails physical alterations to convert existing housing into assisted living residences. Independent housing for seniors, nursing homes, group homes, or public housing can be converted, primarily to meet the needs of existing residents but also to create housing for new residents. As in clustered housing/clustered services model, this model has the potential to serve high numbers of low and moderate-income seniors if affordable services are available and accessible. Owners of eligible funded properties in Pennsylvania will be able to take advantage of HUD's Assisted Living Conversion Program, and potentially state financing resources to modify existing facilities.
- **Limited Equity Housing Cooperative-** This model is a form of property ownership designed to provide affordable housing for low and moderate-income households who prefer joint decision-making. Residents purchase shares in a non-profit legal entity that owns the building, giving them control over all ownership and management decisions. Residents can leave without dissolving the legal entity, a major advantage over other forms of shared ownership. While this model maximizes housing choice and can serve all ages, it is most appropriate for younger individuals. As a form of ownership, a limited equity cooperative can apply to any type of housing, new or existing. Expertise in forming a limited equity coop is needed to perpetuate this model.

**Category 3- Models attractive to certain segments of the target population that need more research and long-term planning, especially around the delivery of affordable services with choice.**

- **Enhanced Adult Foster Care (E AFC)-** This model provides residential placement, health and social supports in home settings for elderly and disabled individuals at risk of institutionalization. It is a model in which the caregiver receives a fee in return for providing room, board, and services/support on a 24-hour basis to individuals in their homes. Although this is not potentially a high-volume program, PA is in need of alternatives to supplement its current Dom Care Program. The E AFC model requires additional research in order to determine its feasibility and benefits for Pennsylvania. If research indicates that it could be a cost effective and desirable model, then the state will need to identify additional resources to pay for it. However, if the state required nursing home transition as a trigger, then savings could be tied to this model.
- **Building Technology-** This model includes the use of computer hardware and software and information technology to control and monitor a household. Technology is integrated into the structure of a home for functions such as energy management, appliance and lighting control, video monitoring, video conferencing, security, health safety and wellness. A resident's blood pressure, temperature, weight, medication, falls or other movement problems can be monitored by remote-site nurses and/or family members. Building technology can serve all ages and apply

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to a variety of housing options. Finally, while this model reduces the need for services, it also adds to the cost of building the home and may require public subsidies in order to be affordable to the targeted populations.

**Category 4- Potential impact on a limited number of households; difficult to initiate and administer, but worth pursuing with interested groups.**

- **Abbeyfield Homes-** This model, created in England, provides group residences for seniors interested in sharing with other seniors, typically in large renovated homes in residential areas. As such, this model has the potential to preserve older neighborhoods. However, it is a low-volume program, and does not necessarily maximize choice of community settings. The development of the Abbeyfield Homes model in Pennsylvania will require interested sponsors or developers, since there is currently no one to champion its development.

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**List of Housing Alternatives Work Group Members**

- Joanne Andiorio, Community at Holy Family Manor
- Jennifer Burnett, Office of Long Term Living
- Lisa Case, Pennsylvania Housing Finance Agency
- Lisa Frank, SEIU Pennsylvania State Council
- David Gates, Pennsylvania Health Law Project
- Doug Haughton, Pennsylvania Housing Finance Agency
- Timothy Hoskins, Department of Aging
- Crystal Lowe, Pennsylvania Association of Area Agencies on Aging
- Mary Penny, Self-Determination Housing Project of Pennsylvania
- Jim Pezzuti, Department of Public Welfare
- Corey Rowley, Pennsylvania Statewide Independent Living Council
- Laura Roy, Lutheran SeniorLife
- Betty Simmonds, Pennsylvania Community Providers Association
- Lisa Yaffe, Pennsylvania Housing Finance Agency

**Staff:**

Paul McCarty, Executive Director, Intra-Governmental Council on Long Term Care,  
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## **Introduction**

### **Background**

Housing is a hot topic in Pennsylvania today. It is especially hot for individuals who want to move to or remain in the community and who need long-term living services, including younger individuals with disabilities and frail elders. Some of these individuals are hoping to avoid premature institutionalization and others want to return to the community from institutional settings. Many have fixed and/or low and moderate incomes, which means that their housing and services must be publicly subsidized. Unfortunately current resources and options are extremely limited, which translates into high unmet need. Finally, there is recognition that traditional rental and homeownership housing models are not for everyone and that there is a need to increase viable non-traditional housing options.

A number of factors are at play in Pennsylvania today that have positive and negative impacts on the ability of the state to address these needs:

- **The Principle of Choice:** The Commonwealth and its agencies have recognized that all of its citizens are entitled to affordable, accessible housing of their choice.
- **Balancing Long-Term Living:** The Commonwealth has a high priority for establishing a better balance between institutional and home and community-based long-term living options. Although 90% of individuals in the Medicaid program are receiving services in nursing facilities, the state's goal is to provide 50% of the needed care and services in nursing facilities. There are a number of initiatives that the Office of Long Term Living is pursuing to reach this balance. These initiatives include the continuing development of Nursing Home Transition; the reorganization of the Office of Long Term Living; establishing a centralized monitoring provider and other quality management improvements; and working with the nursing home industry to take beds offline and increase capacity for home and community based services. Major components of the initiative are housing related, including a Tenant Based Rental Assistance pilot for people moving out of nursing homes, strengthening the Regional Housing Coordinator program and streamlining and improving home modification programs.
- **Reduction in the Number of Personal Care Beds:** Recent revision of Personal Care Home regulations by the Department of Public Welfare is resulting in the closing of non-compliant homes. In addition, pressure from advocates has resulted in the recognition that many PCH residents, especially younger individuals, would prefer to live in community-based housing. Discussion of pilot projects using the principle of "money follows the persons" is currently underway.
- **Interest in Revitalizing the Domiciliary Care Program:** Since the number of Dom Care providers has not expanded in the past several years, the Commonwealth is interested in revitalizing this or a similar family-based model.

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- **Disconnect in Federal Policy Affecting Affordable Housing and Long-Term Living:** While the Center for Medicaid and Medicare Services is promoting the expansion of community based housing options, the Department of Housing and Urban Development is cutting resources for both development and rental assistance for new housing for seniors and people with disabilities.
- **Lack of a State-funded Assisted Living Program:** It is clear that the existence of an adequately funded assisted living program would go a long way towards addressing the challenges of providing affordable housing and long-term living for the targeted population. In fact, the long-term sustainability of many of the models presented in this report may depend upon such a resource.

Purpose of the Work Group

In light of the above factors, creativity and aggressive action were called for. In response, the Commonwealth's Intra-Governmental Council on Long Term Care established the Housing Alternatives Work Group (HAWG) to identify and research non-traditional housing options for frail elderly and adults with disabilities, including those who wish to relocate from nursing homes to the community. The goal of the HAWG was to expand affordable, accessible housing choices for the target populations using models that are not currently viable or available in Pennsylvania.

Methodology

The HAWG met monthly between July 2006 and June 2007, investigating a range of approaches to providing housing and home and community-based services. With the above goal in mind, an extensive internet search coupled with the previous experience of the Housing Consultant, brought forth an initial list of 18 innovative housing models for discussion by the established Work Group. The Work Group identified a set of rules to operate under and collectively developed specific criteria from which to review each model.

Selection criteria included the following:

- No or low cost to the Commonwealth
- Maximization of individual choice
- Attractiveness to the target populations
- Potential impact on numbers of individuals and communities
- Existence of a champion to foster the model
- Readiness to implement

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- Ease/difficulty of administering the model
- Viability in urban, rural and suburban areas
- Affordability to residents, defined as spending up to 30 percent of income for housing
- Zoning and community support/opposition
- Availability of transportation
- Sustainability
- Model which may be used for nursing home transition

Once the criteria and rules were established, the list of potential housing models was narrowed to 8. Extensive research and an in-depth description were completed for each model. All models were then presented and discussed with the Work Group.

Upon review of all models, a scoring matrix was designed to rank and evaluate each of the models against the threshold of the initial criteria. All existing models were then categorized into four groups:

1. Ready to proceed and champions available.
2. High need and potential state impact, champions/leaders available.
3. Good potential but more research and long-term planning needed.
4. Low interest, difficult to initiate and administer.

Finally, the HAWG reviewed and agreed upon the recommendations for moving each model to implementation.

While the models are quite diverse in how they impact the housing and service needs of the target population, each augments current options available. The body of the report is devoted to defining and describing each model, providing current examples, contact information and recommendations for next steps/implementation.

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## **Housing Model Information**

### **Model: Tenant Based Rental Assistance**

**Description of Model:** TBRA provides rental assistance to qualified households to subsidize the difference between a fixed portion of the household's income (most commonly 30% of adjusted gross income) and the fair market rent for a private rental unit. The eligible household receives a voucher from an administering entity that he/she presents to the landlord. The unit is inspected to ensure that it meets minimum housing quality standards. There are generally two leases: one between the tenant and the landlord and one between the landlord and the entity administering the subsidy or voucher. In some cases there is a single lease, with the administering agency collecting the tenant's portion and then paying 100% of the rent to the landlord. If the tenant leaves the unit, he/she can take the voucher to another unit, hence the term "tenant-based" rental assistance.

TBRA program characteristics and target populations can vary widely. A program can simply be an infusion of dollars to supplement the HUD Housing Choice Voucher Program administered by a housing authority. A program could also be designed to stand-alone and to target a specific population (e.g.: nursing home transition population, individuals who are nursing home eligible, people with disabilities). TBRA is generally made available to low and moderate income households (e.g.: with <80%, <60%, <50% or <30% of area median income) and those with other characteristics such as receipt of Medicaid waiver services, homeless individuals, persons with special needs, etc. Either a nonprofit entity or most commonly, a state or local government entity such as a public housing authority can administer TBRA. The administering entity or its designee must have the capacity to inspect units, monitor eligibility, enter into leases and manage public funds.

TBRA is typically used in one of three ways: to assist individuals in emergency, bridge or permanent housing. Emergency rental assistance provides full or partial rent up to a 90-day period in an apartment, hotel, motel or other short-term residence. Bridge provides rental assistance for a fixed period, generally 12-24 months, until rental assistance is available from a permanent source such as the local housing authority. Permanent rental assistance provides on-going assistance as long as the person is eligible and abides by the requirements of the lease. While the first two do not require a lease, permanent rental assistance does require a lease.

In addition to rental assistance, TBRA programs can also be designed to assist with utilities costs as well as move-in costs, such as furniture, security and utility deposits. Payment of rent arrearages is generally prohibited.

**Exemplary Program:** Iowa's Home and Community Based Services Rent Subsidy Program is for persons who receive home- and community-based services under the federal Medicaid waiver program and who are *at risk of* nursing facility placement. The program provides a monthly rental assistance payment to enable these individuals to

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remain in their own home and community. The person must provide evidence that he/she is responsible for paying more than 30% of his/her income for rent and he/she has been determined ineligible for or placed on a waiting list for HUD rental assistance or other rental subsidy program.

The maximum assistance provided through Iowa's program is the monthly difference between 30% of the eligible applicant's gross income and up to 110% of the Fair Market Rent (FMR) in the applicant's county of residence as determined by HUD. The Iowa Finance Authority administers this program.

**Contact Information:**

Iowa's HCBS Rent Subsidy Program  
Laura Abbott, 800-432-7230, [laura.abbott@iowa.gov](mailto:laura.abbott@iowa.gov)  
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[http://www.iowafinanceauthority.gov/en/for\\_renters/index.cfm?nodeID=9929&audienceID=1](http://www.iowafinanceauthority.gov/en/for_renters/index.cfm?nodeID=9929&audienceID=1)

**Possible Implementation of Model in PA:** Housing and/or services may be necessary for seniors and persons with disabilities to live independently in the community. A TBRA housing program coupled with a HCBS services program supports this independence. TBRA is an extremely flexible and therefore desirable housing option since it provides maximum choice to the individual in selecting his/her housing type and location.

TBRA is also a housing option that is acceptable to individuals and program administrators, both of whom are familiar with the federal Section 8/Housing Choice Voucher Program. Bridge TBRA can be a good transition not only to permanent vouchers, but also to subsidized senior apartments. Furthermore, there are a number of state and local funding sources that can be used to fund a TBRA program for a variety of populations.

A program similar to Iowa's TBRA program would provide support and a pro-active complement to Pennsylvania's Nursing Home Transition (NHT) program, which targets individuals who are newly admitted to the nursing home. This type of financial support coupled with a HCBS waiver could enable newly admitted individuals to return home as well as prevent initial nursing home placement.

**Obstacles/Pitfalls:** Even if Pennsylvania were to establish a TBRA program solely for participants in the HCBS waiver program, there are currently 32,000 individuals receiving services under this program. Although it is unknown how many of these individuals would qualify for TBRA, the need may far exceed the funding. In Iowa, when the funding runs out, existing tenants lose their subsidy, which is clearly a major pitfall. In addition, if a program were designed specifically to keep individuals out of nursing

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homes and other types of long-term living facilities, it may not adequately support other state priorities, such as nursing home transition.

Another obstacle is the lack of potential local administering agencies; some housing authorities lack interest or incentive in taking on any new programs, while other community agencies are inexperienced in carrying out the tasks necessary to administer a TBRA program. While a statewide entity could perform this function, this would pose logistical challenges due to the size of the Commonwealth.

Finally, TBRA provides rental assistance, but it does not directly increase housing stock, or the amount of available homes that are accessible, which are major issues in some parts of the Commonwealth.

**Potential Resources:** PHFA is in the process of developing a TBRA program for people with disabilities that will target eligible individuals transitioning from nursing homes. The program will utilize state HOME and possibly other state dollars, including dollars from the proposed state housing trust fund. Other sources of funds for TBRA include county HOME funds, local and state CDBG dollars, and local housing trust funds (Act 137). A number of Counties throughout the Commonwealth already have TBRA programs using these dollars including Montgomery, Bucks, and Westmoreland Counties.

### **Recommendations/Strategies:**

IGCLTC - Due to the flexibility and desirability of TBRA, it is recommended that the Intra-Governmental Council on Long Term Care continue to support PHFA in its development of the TBRA program. We suggest that persons targeted include both the population at risk of entering a nursing home and those transitioning from a nursing home. IGCLTC should gather and analyze data on the numbers and characteristics of individuals that could benefit from TBRA throughout the Commonwealth. Potential users under 60 and over 60 need to be identified.

PHFA/DCED – As described above, PHFA is already in the process of developing a targeted pilot program that includes Nursing Home Transition. Although this pilot will be small, it will establish the framework for a more substantial program. Specific recommendations are for PHFA/DCED to:

- Set a deadline for implementation of this program, hopefully by the Fall of 2007.
- Formulate clear goals and outcome measures to determine the impact of the pilot program on the balance of long-term living resources in Pennsylvania
- Work along with DPW and PDA to identify additional funding to expand the program, including from local and non-state sources.

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**Model: Shared Housing Match-up Program**

**Description of Model:** Shared housing is a living arrangement where two or more unrelated people share a home or apartment to their mutual advantage. Each person has a private room and shares the kitchen, dining, and other common areas. There are two models of shared housing; match-up and group shared residence. A group shared residence involves a number of people living cooperatively in a single large dwelling. Many residences are sponsored by non-profit organizations and may involve the provision of meals, laundry and housekeeping services. This paper focuses on the Shared Housing Match-up model in which a homeprovider shares his/her home with a homeseeker, who pays rent. Many matches are intergenerational and some involve the provision of services in exchange for a reduction in rent.

Most match-up programs are either sponsored by a public agency such as a city or county aging or housing agency, or a private nonprofit organization. They require a staff person to do intake, screen applicants and introduce potential homesharers. Trial periods for potential homesharers are strongly recommended in order to ensure a compatible match.

Housing Choice Vouchers/Section 8 Certificates can be used for shared housing (see HUD regulations sections 982.615-89) if the PHA includes shared housing as a “special housing type” in its Administrative Plan. However, even if the PHA does not have shared housing designated as a “special housing type” in their Plan, a person with a disability can request to use a Section 8 voucher in a shared housing situation as a reasonable accommodation.

**Exemplary Program:**

There are two match-up programs in Southeastern Pennsylvania, both operated by non-profit organizations. The first program, for Chester County residents, is called Homeshare Alliance and is jointly operated by the YWCA of Chester County and the Home of the Sparrow. The program has been in existence for 19 years, and has helped to make hundreds of matches between home providers and home seekers, including people with disabilities. There are currently six active matches and twenty-four individuals in the pool of applicants awaiting a match. The average rent is \$400, however the program ensures rents of no more than \$550 per month. A criminal background check is conducted on all applicants.

Residential Living Options, Inc. (RLO) in Chester and Delaware Counties are operating the second program, which serves individuals with disabilities. RLO holds regular meetings in both counties to provide opportunities for potential homesharers to meet socially and to identify someone with whom they would like to share. Early in the process the homesharers fill out a Roommate Questionnaire that they use as the basis for further discussion about their housing preferences. RLO is in the process of developing a life skills curriculum to offer at meetings. Four matches have been made and several individuals are looking for apartments to share.

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**Contact Information:**

Homeshare Alliance  
YWCA Chester County  
Matrie Johnson, Homeshare Coordinator  
610-692-3737  
[mljohnson99@comcast.net](mailto:mljohnson99@comcast.net)

Residential Living Options  
Diane Belnavis  
610-518-6242  
[dbelnavisrloinc@aol.com](mailto:dbelnavisrloinc@aol.com).

**Possible Implementation of Model in PA:** Although shared housing is not an attractive alternative for the majority of individuals, it is an affordable option with many benefits for those interested in living with others. There are many benefits for both the community and the homesharers. The model is flexible and adaptable to a variety of populations. Sharing reduces the housing costs of individual householders, which not only enables the homeowner to remain in the home, but also increases disposable income for both homesharers. Homesharing fosters self-determination and interdependence, reducing the need for formal supports and institutionalization. It can be part of a strategy for community stabilization by making more efficient use of the existing housing stock without requiring major design changes. It reduces isolation and provides opportunities for companionship and socialization for the homesharers.

There are also many public benefits to the homesharing match-up model. While match-up programs generally do not serve high numbers of people, it is a relatively inexpensive program to administer; one full-time staff can ably administer a program. Most importantly, this model not only enables elderly homeowners to age in place and avoids premature institutionalization; it also provides a safe and affordable housing option for the homesharer, who can be younger or elderly.

**Obstacles/Pitfalls:** Shared housing is not for everyone. Often the idea must be introduced to individuals several times before it is seriously considered. Seniors who have always lived with family members can be especially resistant to the idea, as well as people coming from a group or institutional setting which was not of his/her choosing. Successful homesharers must be flexible and willing to discuss their differences and resolve conflicts.

In addition, homesharing match-up does not create new affordable housing, which is desirable in communities where there is a shortage of such units.

Local zoning policies can also be an obstacle, since the number of unrelated individuals permitted to live together as a single housekeeping unit is regulated by the definition of "family" in the municipal zoning ordinance. It should be noted, however, that there is legal precedence that prohibits certain limitations on the number of unrelated individuals living in a single household.

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Finally, while match-up programs are not staff intensive to administer, there can be a fairly long start-up time while the pool of applicants builds to the point where regular matches are made.

**Potential Resources:** Shared housing match-up programs can be funded through a number of sources including Community Development Block Grant Funds, Community Services Block Grant Program, Human Services Development Funds, Housing Trust Funds (Act 137), foundation and/or corporate dollars. The administrative functions could also be carried out by AAA or agency staff or funded through competitive discretionary grants through the PA Department of Aging.

**Recommendations/Strategies:**

IGCLTC - Although shared housing match-up is not a high-volume program, it is relatively inexpensive to administer and can be beneficial to both homeowners and homeseekers. It is recommended that:

- Information on existing models be written and distributed to AAA's, disability organizations, neighborhood and community development organizations, and other county and local entities, including information on possible funding sources.
- Training and technical assistance be made available to counties or groups interested in initiating a program. A good first step would be a one-day conference or series of workshops to introduce and promote the concept.
- A pilot program could be initiated in one or more counties in order to test the feasibility and desirability of expanding the number of match-up programs throughout the Commonwealth.
- PHFA's Apartment Locator website could be used to promote staffed shared housing match-up programs.

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**Model: Clustered Housing/Clustered Services and In-House Service Coordinator**

**Description of Model:** Clustered Housing/clustered services refers to any type of housing that is built, planned or organized to offer long-term living services. Various labels refer to these non-institutional housing and care models as “service enriched housing,” “supportive housing,” “assisted housing,” “residential care,” “congregate housing with services,” “housing with supportive services,” “subsidized NORC service programs,” “assisted living in public housing,” “residential supportive services program,” and “service coordinated housing.”

Housing options range from cottages to multi-unit high rises, and can be sited on stand-alone lots or in campus settings. The building interiors and sometimes their sites will have at least some architectural or design modifications to make them safer and user-friendly. They will often have common areas intended for the dining and recreational activities of their residents and offices or clinics for the care workers. Although these shelter and care models are hardly new, in the past they were isolated and piecemeal. Only recently have they become more numerous and mainstream.

While the delivery of service can be provided in various ways, this section will discuss the three primary methods. The first method includes dedicated on-site staff that directly provides most long-term care for residents. The second approach is one in which most or all of the services are outsourced, or delivered by one or more outside service providers. In addition to outsourced services, this model may include an on-site Service Coordinator who assists individuals in identifying and addressing service needs. The third method includes care provided by an outside provider that is co-located at the housing site, such as a nutrition program or an adult day care center (as exemplified by some PACE/LIFE centers). In both the second and third approaches the regulation of the delivery of long-term care services reverts to the service provider rather than to the housing provider.

**Exemplary Program:** Lapham Park in Milwaukee, Wisconsin is a subsidized housing complex owned and operated by the Housing Authority of the City of Milwaukee. It was built in 1964 and has 200 units. In 1993, Lapham was designated as an elderly-only building. Presently, residents are 74% elderly; 96% African-American and 56% female. 74% of the residents are very low income, with a median annual income of only \$7,553. Many of these residents are frail elderly and a number of them have disabilities, including the loss of mobility, vision or hearing, and some show early signs of Alzheimer’s.

Alarmed by this situation, as well as requests from residents for more and improved services, the Housing Authority of the City of Milwaukee collaborated with the Milwaukee County Department of Aging and several local organizations to develop a new model for Lapham Park. Their goal was to maintain and improve the quality of life and housing stability for the residents of Lapham Park through the creative use of public and private funds. A secondary goal was to superimpose a Continuing Care Retirement

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Community on a publicly funded housing development to facilitate true "aging in place" for low-income seniors.

While residents have maintained their individual apartments, the building is now accessible, has a congregate meal site and provides many services including transportation, case management, and medical care and prescription management. The transformation of this building has allowed 96% of the residents to age in place. In addition to improving quality of life for Lapham Park residents, the local AAA estimates that over \$1 million in Medicaid nursing home costs are saved on an annual basis.

**Contact Information:**

Housing Authority City of Milwaukee  
309 North Broadway  
Milwaukee, WI 53202  
414-286-5678  
[www.hacm.org](http://www.hacm.org)

**Possible implementation in PA:** In this type of model, services can be delivered in several ways within several types of housing arrangements. Clustered services efficiently deliver care and services and create collaborative relationships that may extend beyond any specific project. In addition, since this model can assist elderly and adult disabled to age in place, it can be a pro-active component to Nursing Home Transition.

Some agencies in PA have been creative in bringing together community resources on the local level to successfully cluster housing and services for low and moderate income households. However, this cobbling of resources can be extremely challenging.

**Obstacles/Pitfalls:**

Clustered housing/clustered services approaches are currently being provided throughout PA to middle and upper income households who can afford upwards of \$3500 per month. Unfortunately, providing affordable housing and services for low and moderate income households requires public subsidies, and they are currently in extremely short supply. As stated above, the major pitfall of implementing this model in PA is that there is currently no dedicated state funded program for this purpose.

Equally problematic is that in many cases, Clustered Services do not provide for consumers' choice of provider or worker. This lack of choice is particularly problematic to the adult disabilities community. In PA, with the PAS program and with the coming of "Services, My Way," cluster care would most likely not be available except in those cases when consumers choose the agency model for services.

In addition, many of these clustered models are designed around some form of group living, which may not be a desirable housing arrangement in some communities or with certain populations of consumers.

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The on-site delivery model poses the most obstacles since PA Regulations may not permit service delivery on-site. The Lapham Park Venture required a great deal of collaboration and resources from public and private organizations. It may be difficult during these times of limited resources to find an organization willing to step up and provide the staff and financial resources to advance such an initiative. Finally, at present AAAs have no experience, or authority, to provide clustered services based on individual care plans.

**Potential Resources:** Clustered Services could be paired with a variety of existing housing stock including units funded through the HUD Section 811 program for Persons with Disabilities, the HUD Section 202 program for elderly persons, USDA Section 515 rental programs, and the Low Income Housing Tax Credit Program administered by the PA Housing Finance Agency. HUD's Assisted Living Conversion Program may also be a resource in funding an on-site clustered program.

In addition, each year HUD offers grant monies to owners of HUD assisted housing, enabling them to hire a Service Coordinator to serve their residents. Service Coordinator grants are made for an initial three-year term and provide funding for the salary, fringe benefits, and related administrative costs associated with employing a Service Coordinator. HUD awards grants to owners of HUD assisted multifamily housing, namely developments built with or subsidized by the following programs: Section 202, project-based Section 8, Section 236 and Section 221(d)(3) Below-Market Interest Rate.

PHFA encourages the establishment of on-site Service Coordinator positions for all properties they help fund.

**Recommendations/Strategies:**

We recommend that:

IGCLTC –

- Conduct further research on existing models in PA that are clustering housing and services for low and moderate income households
- Initiate a pilot project that would test the viability of one or more of the three delivery strategies of this model
- Work with the adult disabled community to develop a hybrid approach that would increase service delivery choice (possibly through the OBRA waiver)
- Explore how AAAs, CILs, UCPs, HCBS and other provider agencies can fit into this model
- Explore the use of Service Coordinator positions funded by HUD in PA

PHFA

- Explore how their existing Service Coordinator program can be expanded to additional sites throughout the Commonwealth

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**Model: Housing Facility Design Modification Strategy**

**Description of Model:** Housing facility design modification is a strategy to make building modifications in order to make it safer and easier for the aging population and individuals with disabilities to accomplish everyday tasks. Changes may include structural modifications, addition of assistance devices, improved building design and the addition of safety systems. Different types of housing can be converted to meet the needs of specific populations, including group homes, nursing homes, public housing buildings, and others. Conversions can be done to allow existing residents to age in place or to create housing for new residents.

This report will review two types of facility design modification: HUD's Assisted Living Conversion Program and the conversion of nursing home beds into assisted living units.

The HUD Assisted Living Conversion Program (ALCP) provides funding for the physical costs of converting sections of an eligible development into an Assisted Living Facility (ALF). Through the conversion process, all apartment units are maintained as independent living. Changes may include modifications within apartment units in order to improve accessibility, refurbishing elevators for improved access, as well as upgrading the accessibility of all common areas of the building. The conversion must be consistent with HUD or the State's statute/ regulations (whichever is more stringent). There must be sufficient community space to accommodate a central kitchen or dining facility, lounges, recreation and other multiple-areas available to all residents of the project, as well as office/staff spaces in the ALF.

Funding for the supportive services must be provided by the owners, either directly or through a third party such as Medicaid, SSI payments, federal or state funding sources.

Eligible grantees include private nonprofit owners of HUD funded properties including Section 202 and, Section 8 project-based [including Rural Housing Services' Section 515], Section 221(d)(3) BMIR, and Section 236 housing developments that have been designated primarily for occupancy by the elderly for at least five years. A private nonprofit owner of an unused/underutilized commercial property is also eligible to apply. Additional information can be found at <http://www.hud.gov/offices/hsg/mfh/progdesc/alcp.cfm>.

**Exemplary Program (ALCP):** Tower One and Tower East, a housing community in New Haven, was the first in the State of Connecticut to participate in HUD's Assisted Living Conversion Program. It has received four additional grants under the program (in 2000, 2001, 2002, and 2005). Through the ALCP grants, the Towers has converted entire floors of each building into fully accessible areas. HUD's grant also included monies for the conversion of common use areas on the first floor for resident services and activities, assisted living services, health clinic, computer learning center, and administrative offices. The dining room and main entrance will also be renovated in accordance with Americans with Disabilities Act accessibility requirements. Tower One has Section 8 rental assistance available for 92 of its 205 apartments. Residents in the other apartments pay market rent. All of Tower East's 150 apartments have Section 8

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rental assistance. Qualifying Section 8 residents pay 30% of their adjusted income for rent.

Local partnerships with agencies such as an assisted living service agency, home health services, hospital, senior services and psychiatry, provide the necessary services.

**Contact Information:**

Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519  
203-772-1816  
[www.towerone.org](http://www.towerone.org)

**Possible Implementation of Model in PA:** A major benefit of the HUD ALCP program is that funds are available on an annual basis for the physical conversion of units. Because this approach converts some or all of the existing housing units within a facility to an accessible, independent type of unit, more elderly would be able to age in place. Additionally, by utilizing existing resources, the cost of conversion is much lower than it would be to create new facilities.

A total of three ALCP grants have been awarded in Pennsylvania: Ann Thomas Presbyterian Apartments (2002), Guild House West I (2005) and Mercy Douglas Human Services Residences Corporation (2006), all located in Philadelphia.

Ann Thomas Presbyterian Apartments received an ALCP grant in 2002 and the physical renovations of their building have been completed. The converted units are currently occupied, but the facility is not providing assisted living related services. Residents requiring services are acquiring these through their own resources. No further information is available at this time.

HUD awarded Guild House West I an ALCP grant in 2005. Soon after receiving the grant, Guild House realized that the ALCP grant does not include a developer's fee or staff time dedicated to the conversion. They also discovered that they could not afford to make their community space more accessible through the grant award, as the pro-rata based funding of the ALCP grant amounted to 10% of their overall cost.

Mercy Douglas Human Services Residences Corporation was awarded an ALCP grant in October 2006 and there is currently no information as to the progress of this project.

**Obstacles/Pitfalls:** According to the HUD regulations, the assisted living facility must be licensed and regulated by the State, or if there is no State law providing such licensing and regulation, it must meet HUD frailty requirements under 24 CFR891.205. This may have influenced the lack of success of the HUD awarded ALCP projects in Philadelphia to date. At the present time all facilities that provide assisted living services are licensed as personal care homes. Since current regulations prohibit the provision of Medicaid waiver services in Personal Care Homes, providing choice in

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service providers to individual residents is a major challenge--a plan must be developed for bringing the appropriate services to the units, which can be quite complex depending on the residents, the licensing and the service providers involved.

Second, after conversion potential residents may perceive the building to be a place for frail elderly.

Third, conversion can require costly reconfiguration of the units and common areas, not all of which is covered under the HUD grant award.

**Potential Resources:** Architectural design services and technical assistance could be made available through PDA/LTLC and the Office of Long Term Living. The HUD Assisted Living Facility Conversion Program, along with certain resources from DCED and PHFA can be used for financing and capital improvements. In facilities that are independent housings and not required to be licensed PCH, residents are eligible for services through Medicaid and Medicare waivers, as well as other state funded HCBS programs.

**Nursing Home Conversion-** Another type of facility design modification includes transforming existing structures, such as nursing homes, into assisted living facilities. This method allows states to reduce the size of nursing homes, and therefore Medicaid payments to nursing homes, while providing more independence to individuals with complex medical needs. The conversion of a nursing home can occur within the entire building, or on specific floors or wings of a facility. An important consideration in the conversion is a philosophical one so as not to perpetuate the medical model of nursing homes into the assisted living model.

### **Exemplary Program (Nursing Home Conversion):**

Nebraska's Nursing Facility Conversion Program, administered by their Department of Health and Human Services (DHHS), provides grants to nursing homes to convert all or a portion of their facilities into assisted living facilities. Data from a study conducted by Nebraska's Health and Human Services System were presented to the legislature to demonstrate the need for and the potential advantages associated with expanding long-term care alternatives in the state. Their financial projections showed that the state could save \$52 million over ten years by providing alternative care facilities<sup>1</sup>.

The program was funded through an intergovernmental transfer and provides grants of up to \$1.1 million to sites that propose facility conversions. DHHS provides grants at 80% of the total cost to convert nursing home beds and requires award recipients to provide matching funds to finance the 20% remainder of cost. Strict program guidelines ensure minimum space for each resident and for common areas. This includes separate common areas in facilities with more than one level of care.

In Wisconsin, in an effort to assist nursing home owners/operators convert their facilities, they developed a model that assists owners with the conversion cost. Nursing

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<sup>1</sup> Nebraska Health and Human Services System (May 1997). Nebraska's Long-Term Care Plan.

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home operators can apply for housing finance subsidies, a process similar to that of PHFA's awarding of Low Income Housing Tax Credits. Through a partnership between Wisconsin's Housing Finance Agency and Department of Health and Family Service, these applicants will also be able to bundle services with housing. Consumers will be able to afford to live independently in the community, as the housing costs will be subsidized and services will be provided through Medicaid waivers for up to 20% of the units.

**Possible Implementation of Model in PA:** Converting existing nursing homes into assisted living facilities uses existing building stock, while simultaneously transferring an individual from an institutional model of care to a community based model. The implementation of this type of model would assist the state effort to "right-size" the current long-term living balance.

**Obstacles/Pitfalls:** A concern that exists for the nursing home conversion model is that the converted facility would just be a lesser version of a nursing home, but still look and feel like an institutional setting, versus a setting that is fully integrated into the community. This perceived step down may be more attractive to the elderly population than the adult disabled community.

With this in mind, strict guidelines/standards would be needed to convert facilities in order to modify these structures in a way that they become more private and independent. This will require features such as kitchens and locks on doors for independent apartments within the assisted living facility. This will also require re-training and a new model of service delivery for all staff.

**Recommendations/Strategies:** It is recommended that PA support the conversion of all or portions of *both nursing homes* and HUD funded *independent elderly housing developments* into assisted living facilities as appropriate. This means all or some of the following:

### **IGCLTC/PHFA**

- Publicizing the availability of the HUD ALCP to potential users
- Exploring the Wisconsin HFA model, which bundles housing and services, to determine possible application in PA. Housing costs are subsidized through tax credits (and other subsidies) and services are provided through Medicaid waivers.

### **PDA/OLTL**

- Providing support and technical assistance in order to maximize competitiveness of PA applicants for HUD ALCP.
- Assisting property owners in developing clustered service models as appropriate, including the identification and implementation of funding for required services, whether through Medicaid waivers and/or other sources
- Review of this model by the assisted living work group.

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PHFA/DCED

- Clarifying and determining whether conversion activities are eligible under current PHFA and DCED programs, for both nursing homes and elderly housing developments.
- Providing technical assistance in facility redesign, perhaps through a demonstration program with experienced ALF architects and/or local university architectural departments.
- If necessary, establishing an interest free loan fund to cover initial service costs until Medicaid or other third party reimbursements are received.

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**Model: Limited Equity Housing Cooperative**

**Description of Model:** A housing cooperative is a legal entity, usually a corporation, which owns one or more residential buildings. Each resident is a shareholder in the legal entity and is granted the right to occupy one housing unit. Units can be group residences or individual apartment units. There is an Occupancy Agreement, which is similar to a lease, which specifies the co-op's rules.

In most cooperatives, the value of the shares appreciate with the fair market value of the real estate. To the contrary, a limited equity housing cooperative (LEHC) is designed to provide affordable housing to low and moderate income households. In an LEHC, the legal entity is a nonprofit corporation and the term "limited equity" refers to the low initial investment a new member of the cooperative makes compared to the private market value of an unrestricted cooperative interest. Since purchases of memberships/shares are income restricted, LEHC bylaws limit the resale price of membership/shares in order to keep the housing permanently affordable to incoming members. The resale value of shares is not determined by what the market will bear, but it follows a pre-determined formula that limits that maximum resale value over time.

In housing cooperatives the shareholders are actively involved in all decision-making about property maintenance and upkeep as well as household rules and policies. Maintenance and upkeep responsibilities range from being totally contracted out to being completely handled by the cooperative members themselves.

**Exemplary Program:** There are many different coop models. Milestones Community Healthcare, Inc., a subsidiary of Salisbury House, Inc, developed the 626 Co-op. Milestones financed and rehabilitated the conversion of a church rectory into a home for 9 individuals with serious mental illness. Each resident has his/her own room clustered with two other rooms around a sitting area and bathroom. All nine residents share a large dining and living area as well as the basement recreation room.

All nine residents were previously living in Milestones-owned group homes (Community Residential Rehabilitation facilities (CRRs)). Residents receive support services based on a mental health recovery model provided by Milestones. The services are delivered through a team model, much like that of "clustered housing/clustered services".

Following rehabilitation, Milestones sold the property to the 626 Co-op, which was incorporated as its own non-profit organization. Each resident received a \$1,000 forgivable loan, which was used to buy his/her share in the co-op. Living expenses are paid for through 72% of each resident's Social Security Income, specifically for room and board. The co-op is also a licensed personal care home, since the state supplement, along with county mental health payments, are necessary to cover the costs of staff, maintenance and support services. Since residents of personal care homes are not eligible for waiver services, licensing as a personal care home enables them to receive services as needed.

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Similar coop models exist for the aging population. Penn South, located in Manhattan, is another example of a limited equity coop. In the mid 1980s, more than 75 percent of Penn South's 6,000+ residents were over 60. The coop board began to explore ways to effectively support their aging members. The coop began to call itself a NORC (Naturally Occurring Retirement Community) and began to develop programs that would delay nursing home placement and allow residents to age in place. They created a NORC Supportive Services Program that became a 501(c)(3) organization that partners and contracts with community social service and health agencies to bring services to the coop<sup>2</sup>.

**Contact Information:**

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Salisbury Behavioral Health  
614 North Easton Road  
Glenside, PA 19038  
215-884-9770  
[fmcdonald@salisb.com](mailto:fmcdonald@salisb.com)

**Contact Information:**

Penn South Cooperative  
321 8th Avenue  
New York, NY 10001  
212-675-3200  
[www.pennsouth.coop](http://www.pennsouth.coop)

**Possible Implementation of Model in PA: Limited Equity Housing Cooperatives** can fill a gap for low and moderate income households who desire independent living and are willing to share ownership and management decisions with others. Current state policies and regulations are resulting in the closure or transformation of existing housing such as CRRs and personal care homes (PCHs), which may lend themselves to cooperative housing arrangements. Conversion of such facilities to limited equity housing cooperatives would not only take advantage of these resources but also save time and money and avoid community resistance faced by other housing models.

A limited equity housing cooperative provides long-term control and affordability to its members. As shown with the two exemplary programs listed above, a coop can be modeled as congregate living or have individual apartment units. In either case, a major strength of this housing option is the independence and strong peer support among residents. According to Gerald Glaser, a Minneapolis Gerontologist, "From a gerontological point of view, the essential benefit of the cooperative is that it provides an economic structure and social framework that fosters self-reliance, self-control and determination, interdependence, and cooperation among the resident members, even among those with severe chronic conditions. As gerontologists, we know that these

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<sup>2</sup> Best Practices of Naturally Occurring Retirement Communities.  
[Govinfo.library.unt.edu/seniorscommission/pages/final\\_report/bestPrac.html](http://Govinfo.library.unt.edu/seniorscommission/pages/final_report/bestPrac.html)

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factors contribute directly to continued independent living, successful aging and the enhancement of longer life."

**Obstacles/Pitfalls:** As stated above, a co-op set up in this manner creates long-term sustainable affordable housing. However, its creation requires a high level of expertise in housing development and cooperative housing law. The establishment of the 626 Co-op required a great deal of work from staff, residents and volunteers. Fortunately, there is an excellent resource in PA --- Regional Housing Legal Services (RHLS) --- whose staff assisted in drafting the PA Housing Cooperative Law and is experienced in setting up limited equity housing cooperatives.

Another obstacle is financing, since there are relatively few limited equity housing cooperatives in Pennsylvania and financing sources are generally unfamiliar with their legal and financial requirements. As a result, experienced coop developers would be required to sponsor or partner in the development of new cooperatives.

Finally, the mindset of the residents is critical—if an individual has been living in private housing all of his/her adult life, he/she may not be able to easily adjust to a living environment such as a co-op, in which all decisions are shared. On the other hand, such a set-up could provide much needed social interaction and peer support without institutionalization.

**Potential Resources:** Given recent policy and regulatory changes, DPW could provide incentives to convert existing CRR and PCH buildings to limited equity housing cooperatives. Typical affordable housing finance sources such as bond financing through the PA Housing Finance Agency, local Community Reinvestment Act programs, PA Department of Community and Economic Development, local Community Development Block Grant funds, HOME dollars, Housing Trust Funds (Act 137), the Federal Home Loan Bank Affordable Housing Program and Housing Choice Vouchers could also be used to finance the development and operations of limited equity co-ops, although in some cases they do not fit neatly into existing programs and would need to be modified.

**Recommendations/Strategies:** Although this is a model that presents a number of significant challenges, it has great potential to provide long-term affordable housing to people interested in shared decision-making. We recommend the following:

- Establishment of a task force with appropriate representatives from PDA, LTLC, DPW, DCED, PHFA and RHLS. The Task Force should be charged with identifying and addressing current legal, regulatory and financial impediments to expanding this model statewide.
- Further investigation into this model through a small pilot project to test its efficacy for the target population.
- Development of a prototype and replication materials for attorneys and developers from the lessons learned from the pilot and other existing LEHC models.

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**Model: Adult Foster Care and Enhanced Adult Foster Care**

**Description of Model:** The Adult Foster Care (AFC) program in Massachusetts provides private residential placement, health and social supports to elderly and disabled clients who are at risk of becoming institutionalized. The maximum number of clients allowed in an ADF setting at any one time is 3. These clients have a variety of needs, which may include assistance with and management of medications; assistance with activities of daily living; ambulation and other services that are necessary for the maintenance of a healthful environment. In general, residential providers receive payment for personal care from Medicaid and room and board from the client. In Massachusetts Adult Foster Care is a State Plan service.

The Enhanced Adult Foster Care (EAFC) program is an expansion of the existing Adult Foster Care Program. Eligibility for EAFC requires that the consumer be a MassHealth (Massachusetts Medicaid) recipient and demonstrate need for assistance with three activities of daily living (ADL) such as bathing, dressing and eating. Consumers with two ADL's and the need for management of behaviors such as wandering, resistance to care or being verbally abusive may also be considered.

One significant difference between AFC and EAFC is that the latter restricts a home provider to only one foster care consumer, unless a qualified married couple is placed. Caregivers provide consumers with 24-hour supervision, assistance with daily activities and other personal care services as needed. A consumer does not have to need skilled nursing care to qualify for EAFC.

**Exemplary Program:** Caregiver Homes is a State-approved Adult Foster Care provider and Enhanced Adult Foster Care provider in Massachusetts. They recruit and screen home providers as well as potential consumers for the program.

Caregivers are supported by a team of professionals - an RN and a Care Manager - through regular home visits, and telephone contact, and receive specialized training based on the Plan of Care for the consumer as well as linkage to other home care services.

In the EAFC, the State pays the family caregivers \$1,500 a month, plus if the consumer has moved into the caregiver's home, he/she pays a room and board payment of \$600 per month, for a total of \$25,200 a year to the caregiver. However, if a caregiver moves into the consumer's home, there is no room and board payment to the caregiver. The consumer can also attend adult day care up to 5 days a week, and there is a respite care service benefit of 14 days per year for the caregiver. A family member can be the "family caregiver" in this model.

The home itself must be adequately maintained, cleaned and heated and there must be a private bedroom. The home must show evidence of continued household maintenance and must be accessible to meet the specific needs of a physically disabled

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consumer. The caregiver will assist with complying with health care instructions provided by the client's physician, and will obtain medical care for the client if the client becomes ill. Daily care logs are required.

Massachusetts's EAFC program is currently a small-scale pilot. It is funded through Massachusetts Medicaid and the consumer and administered by the Department of Elder Affairs through Caregiver Homes, in collaboration with the Home Care/AAAs. The program is available to those who are Medicaid eligible, 16 years and older who, because of medical, physical, cognitive or psychiatric problem cannot safely live alone. The program is available through Caregiver Homes and private homes --- either the caregiver home or the consumer's home.

**Contact Information:**

Janice Masi  
Caregiver Homes  
Boston, MA  
866-797-2333

[www.caregiverhomes.com](http://www.caregiverhomes.com)

**Possible Implementation of Model in PA:**

EAFC is a highly personalized, individually tailored service that is carefully matched to both host and individual. With the correct targeting of population, EAFC can deliver quality service to a highly at-risk population. In addition, the program is relatively low cost to the state due to the shared expense with the individual.

In Pennsylvania there is currently no Adult Foster Care program. While Domiciliary Care (Dom Care) is similar to AFC, it is not currently reimbursed by Medicaid. The goals of the Dom Care program include: to provide supportive, homelike, community-based living arrangements for adults who cannot live independently in the community; to encourage and assist clients in developing and maintaining initiative and self-determination in a homelike setting; to provide an alternative to institutionalization, and to help adults remain in the community or return to the community and if possible to their own homes.

Payment for Dom Care providers is by the residents, most of who receive SSI and an additional State Supplement. As in Mass., the maximum number of Dom Care residents per private home is three. In addition to providing meals and a place to live, Dom Care providers offer a supervised living arrangement, assisting individuals to live independent lives. This may include help with personal care, making appointments or transportation to activities.

Dom Care units within each Area Agency on Aging are responsible for recruiting prospective Dom Care home providers, inspecting homes for certification, assessing potential Dom Care consumers, assisting potential consumers in obtaining the SSI State Supplement, and notifying the County Assistance Office to initiate or terminate the State Supplement.

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As Domiciliary Care homes continue to shrink in numbers in PA, expanding the program in a manner that integrates characteristics of other models may help to reverse this trend. For instance, Massachusetts's program allows the host family to be related to the individual to which they are providing services. (In PA, spouses, parents and legal guardians do not qualify as hosts.) A model such as the EAFC would permit families to care for their aging and/or disabled family members with the assistance of state funding. This aspect may allow EAFC to avoid Dom Care's current problem of recruiting new host families.

**Obstacles/Pitfalls:** Initiation of an EAFC program in Pennsylvania would require major policy and regulatory changes, either through changes to the Dom Care Program or start-up of a new initiative. A critical challenge is for PA to figure out how to make these services Medicaid reimbursable as they have done in Mass. In addition, the most effective administration of the program must be determined for PA. While Mass utilizes Caregiver Homes, a private nonprofit organization, to carry out statewide administrative duties, that may not be the most effective model for PA.

**Recommendations/Strategies:**

We recommend that:

**IGCLTC/OLTL**

- Investigate the Massachusetts pilot and other state programs for best practices, particularly to find out how they may have gotten around the waiver/Medicaid issue.
- Research PA's Dom Care model to learn if Dom Care has delayed nursing home placement.
- Work with MR's Life Sharing Program to learn about appropriate caregivers and how to identify and recruit caregivers, as well as how to create a back-up system for caregivers.
- Create a network similar to that of the MR Life Sharing Program in order to further support individual EAFC caregivers.
- Provide community education on any forthcoming EAFC programs.
- Explore this option with LTLC re: NHT as a restriction for eligibility.

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**Model: Building Technology**

**Description of Model:** Building technology includes the use of computer hardware and software and information technology to control, monitor and optimize household appliances and systems. These types of technology are integrated into the structure of a home and include functions such as energy management, appliance and lighting control, video monitoring, video conferencing, security, health safety and wellness. Individual's blood pressure, temperature, weight, medication, falls or remote-site nurses and/or family members can monitor other movement problems.

**Exemplary Program:** Blueroof Technologies, Inc. has developed a Smart House that is modular, energy-efficient, and handicapped-accessible. Computerized systems secure the house and announce visitors, remind residents to take medicine and even track when they turn on the water or stove or flush the toilet -- features that allow a third party to monitor action in the house from another location and contact a relative or caregiver. Technology is added based on the needs of each homeowner.

Blueroof's Smart House concept grew out of research conducted through area hospitals and universities based on the needs of McKeesport's disproportionately high number of elderly and the need for economic development. Over the last several years, Blueroof has entered into several partnerships, including with local hospitals, colleges, universities, Area Agency on Aging, Meals-on-Wheels, and neighborhood legal services.

Recently, they have proposed to McKeesport officials plans for a 10-acre McKeesport Independence Zone that would surround its existing technological model cottage. Within the proposed community, 15 to 20 more technology-equipped modular houses would be built, along with a technology center, headquarters for the company and perhaps a community grocery store.

A technology model is also being implemented by NewCourtland Elder Services in Philadelphia. They have equipped several HUD funded apartment and cottages with sensor technology that monitors the routine behavior of residents. Their goal is to monitor specific activities that without intervention could lead to a catastrophic illness. For example, if an individual is not preparing food in her home, it may be an indication that she is not eating enough food. This can be detected by sensors attached to the food pantry, which can alert a nurse or family member long before the individual begins losing weight.

In addition to this building technology model, NewCourtland is using TeleCare services through biometric kiosks installed in apartment common areas for remote monitoring of specific vital signs. Residents can be weighed and have their blood pressure taken at the kiosk and the information collected and monitored for each resident through technology.

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**Contact Information:**

Bluroof Technologies, Inc.  
Sky Bank Building  
502 Fifth Avenue, Suite 303  
McKeesport, PA 15132  
412-673-9224

[www.blurooftechnologies.com](http://www.blurooftechnologies.com)

NewCourtland Elder Services  
Pam Mammarella, V.P. Communications  
1845 Walnut St.  
Philadelphia, PA 19103  
215-965-2371

**Possible Implementation of Model in PA:** Technology makes it possible for elderly and younger individuals with disabilities to live with freedom and independence in their own homes. Technology can also be incorporated into some of the other models described in this document. Technology can help individuals to avoid or prolong institutionalization and allow more people to age in place. Various types of technology have been shown to be a critical component of successful transitions of individuals from nursing homes.

**Obstacles/Pitfalls:** Building technology such as the Bluroof model is primarily achieved through new construction. Although retrofitting technology into existing homes is possible, it is much more expensive. The McKeesport's model is designed as a home ownership model and is not targeted to individuals of limited means; public subsidies would be required to make this model affordable.

**Potential Resources:** The Pennsylvania Accessible Housing Program, a program of PA's Department of Community and Economic Development (DCED), provides grants for technology. These grants are typically administered through a county or municipal entity or through the Self-Determination Housing Project. Grants and loans are also available through Pennsylvania Assistive Technology Foundation. JEVS Support for Independence and the Governor's Office of Health Care Reform has established a website ([homemods.jevs.org](http://homemods.jevs.org)) that provides statewide information about home modifications including funding sources and contact information by county.

Resources for building technology include the mainstream affordable housing resources such as HUD funds, the Low Income Housing Tax Credit and PennHOMES programs administered by the PA Housing Finance Agency, the HOME and Community Development Block Grant Programs administered by the PA Department of Community and Economic Development and local community development offices, Federal Home Loan Bank Affordable Housing Program, and County Housing Trust Fund dollars (through Act 137).

**Recommendations/Strategies:**

Collaboration - Although this model does not stand alone, it has the potential to increase the number of years individuals can safely live independently in their own homes. Incorporating building technology adds to the start up cost of any of the other housing models, but it will increase quality of life as well as pay for itself over time by delaying or preventing institutionalization. We recommend that:

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- A task force be set up with PHFA, DCED, PDA, PIAT, SDHP, and other relevant agencies to:
  - Coordinate housing technology efforts with the TeleCare model of care, which integrates social and healthcare services that are supported by innovative technologies. The services include Activity and Sensor Monitoring, Health Status Measuring and Monitoring, Medication Monitoring, and Personal Emergency Response System
  - Determine the potential beneficiaries and the demand/need for this model
  - Research and document a range of building technology models to determine their applicability for Pennsylvania and to document current cost information
  - Explore working with Blueroof and other companies to explore retrofitting existing homes and designing larger housing options, such as Coop, Abbeyfield Homes, etc.
  - Explore alternatives for making homes that incorporate building technology affordable
  - Develop a plan for providing and distributing current information on technology resources
  - Determine the feasibility of building additional model homes in different parts of PA for viewing by the public/potential users
  - Work with PHFA and DCED to consider bonus points/incentives for incorporating building technology into state funded housing programs

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**Model: Abbeyfield Houses and Abbeyfield Care Homes**

**Description of Model:** The main goals of Abbeyfield Houses are to provide home-like, small-scale, supportive and affordable accommodation for elderly people who are at risk of social isolation and its related hazards. Abbeyfield Societies are formed locally and provide the volunteer leadership, and in some cases, the fundraising, needed to develop an Abbeyfield housing model. The first Abbeyfield Society was established in England in 1957. In 1959, a volunteer group of businessmen created a national network to acquire and run the growing number of Abbeyfield houses. The Abbeyfield movement became international in 1988 as societies were established in Australia, Canada, South Africa, the Netherlands and Italy. Today most Abbeyfield homes are run by independent non-profit organizations that are affiliated with Abbeyfield International.

Abbeyfield Houses are typically renovated larger houses in residential neighborhoods. Seven to ten older people live under one roof under the care of a housekeeper who lives on site and is usually not medically trained. The housekeeper does the household shopping and prepares two communal meals a day, which are served in a traditional dining room. Residents have separate rooms, with lockable doors, and usually have their own bathrooms. Residents can make private arrangements to have additional needed services come into the home, or they can look to move to the Abbeyfield Care Home model.

Abbeyfield Care Homes offer more intensive care in specially designed and staffed houses, similar to assisted living. Home directors, together with care assistants, are on duty 24 hours a day. Qualified staff dispenses medications under the direction of physicians and district nursing staff. Nursing care is not provided (except in houses registered as nursing homes) but residents with high dependency are accommodated and full use is made of community nursing services.

All residents in care homes have a specific care plan and physician involvement in developing and monitoring each plan is encouraged. Abbeyfield care homes provide for residents with higher dependency, including some with dementia. Extra personal and nursing care services support many residents and enable them to remain 'at home' in Abbeyfield while receiving higher levels of care than the basic Abbeyfield model provides. People who have lived in the Abbeyfield model receive priority for admission into the Abbeyfield Care Homes.

In general, Abbeyfield sponsors have a difficult time finding adequate funding, especially for the purchase of properties. Rents are set at break-even levels. This group home housing option tends to be more modestly priced than privately developed congregate care. The cost to residents is influenced by the price of land, housing, and renovations.

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**Exemplary Program:** None at present in the U.S. One is being developed in the Chicago area.

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**Possible Implementation of Model in PA:** Abbeyfield has had a long history in England and Canada of developing affordable group housing for frail, non-nursing home level, elders. Older people are at the center of the model's principles. Residents feel independent and safe; there is both privacy and companionship. The home is not only a community for residents, but the home is also active in the broader community. Once developed and breaking even, it provides an alternative to assisted living for a more affordable price, between \$850 - \$1,200 per month.

Abbeyfield has a heavy dependency on volunteers. In the United Kingdom, the Rotary Club has sponsored more than 200 Abbeyfield houses. Non-profits, churches, fraternal clubs and others can play a role in the success of developing and providing quality housing for elderly.

**Obstacles/Pitfalls:** Budgeting for break even is a significant challenge. Abbeyfield is exclusively for elders who ultimately will need to relocate once they become significantly frail. It is a sheltered home model and does not serve adult disabled. Abbeyfield models serve a niche market, primarily of people who did not own their own home or who are willing to downsize their life. It requires an extensive volunteer structure, both for the non-profit board level, as well as at the service level.

The Tuck School of Business at Dartmouth College did a feasibility analysis on a US Market for the Abbeyfield model. Generally, their analysis was "cautious" for the model, primarily due to issues of finance and cultural acceptance of a "sheltered living" model by elders. High levels of home ownership among seniors was seen a significant barrier to acceptance of the model in the U.S. Finally, while researchers believe that there is potential opportunity for Abbeyfield in the US – it will require a re-thinking of the model to be more appealing to older Americans.

[http://www.abbeyfieldinternational.com/admin/file\\_display.asp?ID=108](http://www.abbeyfieldinternational.com/admin/file_display.asp?ID=108)

**Potential Resources:** This model is basically a group shared residence model that serves exclusively elders who need personal care or assisted living services. If the capital and operating financing issues can be resolved, it may be a good way to utilize the resources of the private market. Additional resources may include local churches, non-profits and volunteer organizations. This model may be able to be licensed in PA as a PCH.

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**Recommendations/Strategies:**

We recommend that:

**IGCLTC**

- Follow and monitor the development of the Chicago project.
- Explore the interest in this type of model around the state
- Explore licensing and regulations of such a home.

**PHFA/IGCLTC**

- If this appears to be a viable option, IGCLTC begin discussions with PHFA to explore the opportunity for low-interest mortgages.

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