



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers



September 2016



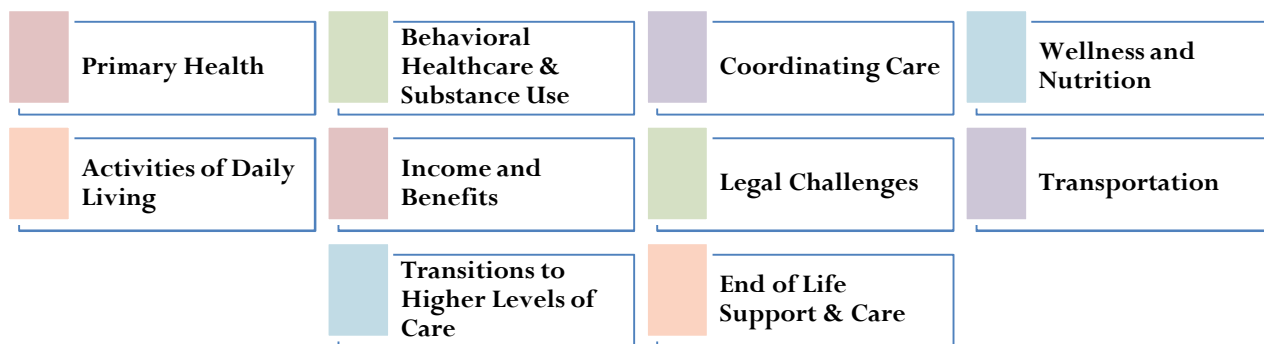
Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

V. Healthy Aging in Quality Supportive Housing: Services – Meeting Needs Through Services

Meeting the Needs of Vulnerable Elders

Individualized service- and self-directed care plans¹ must take into account the interplay of chronic, often co-occurring, health conditions with the normal physical and psychological changes that come with accelerated aging as a result of years of hard living on the street or in shelters and unattended health needs. At minimum, newly or modified service programs for serving aging tenants should include strategies for addressing the following issues:



Managing Unique Health Challenges: Primary Care

As aging individuals with complex health needs attempt to navigate the health care system, they often encounter a very complex, fragmented, and confusing system that leads to gaps in care and reduced quality of life. While supportive housing is prepared to meet the needs of homeless individuals with special needs, current programming falls short in meeting the physical and behavioral health needs of those who are older, those wishing to age in place and to prevent premature displacement into costly institutions like nursing homes. Vulnerable elders often need specialized supports as they age, and it is important that housing providers consider these needs when designing or modifying service programs for this population. Integrating healthcare more closely into supportive housing is particularly beneficial for a population with healthcare needs that increase over time. This can be an

¹ Self-directed care gives increased autonomy to clients to make choices in which services (usually mental health and recovery) are best for them. In a sense, clients act as their own case managers and may manage their own services budgets. The Centers for Medicaid and Medicare Services provides guidelines for self-directed services covered through Medicaid.

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/self-directed-services.html>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

important step in addressing emerging health issues early, and preventing the need for institutionalization among those who require frequent health services.

In-home healthcare and visiting health staff: preventing tenants from entering institutions is paramount and may require specialized health staff like nurses and in-home care givers to serve tenants in their units or on site. Supportive housing providers should consider establishing healthcare partnerships to identify opportunities for in-home healthcare.

Mobile health services: older tenants are less mobile than younger ones and may need full services to come to them, as they are either unable to or will not travel offsite for these services. Some community health centers offer mobile services, and technology is becoming increasingly important in serving seniors remotely through programs like telemedicine that can deliver patient assessment, monitoring and follow-up as well as mental health therapy. Telemedicine may also help prevent seniors from entering institutions like nursing homes.²

Discharge planning with hospitals and care facilities: Discharge from any care setting can be a vulnerable time for elders, as there are often few resources to adequately care for patients moving between care settings. Without proper care or advocacy to receive needed care, health and safety risks increase, which could lead to hospital readmissions. The Center for Medicare and Medicaid Services (CMS) requires discharge planning for all inpatients covered by these benefits.³

Discharge planning is a team approach between service providers, frontline care staff and housing staff, though it should be noted that hospitals and treatment facilities have their own discharge procedures. Supportive housing services staff and property management staff or housing partners should develop plans for elder residents that can accommodate high levels of support and provide advocacy when needed. Although each discharge plan will differ by resident and by care facility, service teams should develop procedures for coordinating continuous care across multiple systems and for connecting with a variety of resources that meet complex tenant needs. Housing providers should begin communication with treatment providers about discharge needs and procedures at the time of admission to minimize risks and potential gaps in support or care. An effective practice is for executive-level housing provider staff to develop proactive outreach with local hospital or care facility discharge staff.

² CNBC article: [Telemedicine Keeps Seniors Out of Nursing Homes](#)

³ Discharge planning requirements: <https://www.federalregister.gov/articles/2015/11/03/2015-27840/medicare-and-medicare-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Discharge plans or strategies should include considerations for transportation, food security, linkages to home health aides and access to/assistance with required medications. It will be important for service teams and property management staff to work closely together during this critical transition period. Property management staff should consider more flexible housing policies that permit hospital stays without losing housing or service program eligibility. Supportive housing funders like HUD are generally flexible about the duration of hospital stays, provided there is proper documentation.

Elders who have experienced homelessness suffer from higher rates of chronic conditions and may have limited knowledge of how to manage their conditions. Service team staff in supportive housing is responsible for encouraging compliance with doctors' treatment orders and offering guidance on behaviors that improve health outcomes. Case managers and other services staff should educate tenants about the importance of regular doctor visits, nutrition and diet, medication adherence, and stress management.

Resources:

- [Medicare's Discharge Planning Checklist](#)
- U.S. Administration on Aging's [Care Transitions Resources](#)
- Care Transitions Guidance for [Aging and Disability Resource Centers](#)
- CMS's [Community-Based Care Transitions Program](#)
- CMS's [Partnership for Patients](#)
- [Medication Management & Care Transitions Online Training Course](#)

Medication assistance: Managing medications may become increasingly difficult for tenants experiencing cognitive decline or mental illness. Elder residents, particularly the formerly homeless, take more medications than any other age group. Changes in tenant behavior may be due to complications or noncompliance with medication, and can create other health problems. Supportive housing providers have limitations on directly providing medication management for tenants, but can provide medication assistance.⁴ Medication management restrictions and requirements vary by state, and providers should be well informed of what is possible.

Supportive housing staff should work closely with residents and their physicians to develop plans for in-home medication assistance, as well as contingency plans when regimens are not followed. This requires the service team to have accurate, complete and current medication information. A helpful practice is for agencies to also keep a list of pharmacies used by tenants and their contact information. Providers should also review medication

⁴ Medication assistance includes giving tenants reminders about when to take medication, storing and handling medications and documenting resident medication history.



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

lists with clients and document these reviews, giving copies to tenants and updating these lists as needed.

If onsite staff does not have the capacity to implement medication assistance internally, the supportive housing provider can enter into written agreements with medication assistance or management providers recognizing that the need for this service is inevitable as formerly homeless tenants with extensive physical health and behavioral health issues age. This may require separate written agreements with primary and behavioral health providers. Providers should build in the coordination of medication management into their service programs, as this will be an inevitable need for tenants as they age. Providers should keep contact information for any medication management services provided by external partners. Regardless of which entity provides medication management to tenants, housing and service team staff should be trained on medication ordering and medication delivery/receipt procedures.

Resources:

- [CHAMP Geriatric Medication Management Toolkit](#)
- [Area Administration on Aging Medication Management Resources](#)

Anticipating early-onset cognitive decline: Older tenants generally experience cognitive decline at much earlier ages than younger tenants. Case managers and resident service coordinators should anticipate this condition for formerly homeless tenants over age 50 and ensure that changes in behavior or ability to perform activities of daily living are communicated to the tenant's healthcare professional, and that additional supports such as occupational therapy or in-home care are provided when needed. The physical environment of the supportive housing unit or site may also complement service supports for cognitive decline. *See design considerations below in the Project Design section.*

Specialized geriatric supports

Service staff in supportive housing can support tenants as they manage symptoms related to geriatric conditions; however, tenants may be best served with specialized professional support. If the single- or scattered-site supportive housing project cannot afford to hire an on-staff geriatrician, local medical groups or health centers that accept Medicare or Medicaid may prove to be very valuable resources, and can make well-informed referrals to other specialist and doctors as needed. Providers may also consider strengthening chronic disease management services with service partnerships to provide frontline geriatric nursing triage and nurse case management.⁵

⁵ http://www.nhchc.org/wp-content/uploads/2011/09/infocus_september2013.pdf



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Preventing Falls

Older tenants in supportive housing are prone to falling at younger ages and falls are the leading cause of injury for this population.⁶ This can lead to hospital stays and serious health conditions. Service programs that incorporate strategies that promote balance and regular health assessments and screenings are effective in preventing falls among elder tenants. The Centers for Disease Control also recommends a number of health and wellness practices to prevent falls, including having regular eye exams, evaluating medications for side-effects, and promoting exercise for balance.⁷

Resources:

- The [National Council on Aging](#) serves as the national resource center for falls prevention and provides information on falls prevention programs, education resources and funding opportunities.
- [Medicare covers some fall risk assessments](#)

Leading Programs in Primary Care Services

Program of All-inclusive Care for the Elderly (PACE)⁸

Programs of All-Inclusive Care for the Elderly (PACE) provides a comprehensive set of social and medical services to seniors that allows them to continue living in their own homes for as long as possible. According to a report by Center for Health Care Strategies, Inc., experts noted that many frail elders moved unnecessarily to more costly long-term care settings such as Medicaid funded skilled nursing facilities due to the lack of coordinated and flexible in-home supports and services that could help them remain at home. These findings prompted the creation of community programs to provide mobile and flexible supports to help elders remain in their homes.

PACE serves individuals who are age 55 or older, certified by their state to need nursing home care, able to live safely in the community at the time of enrollment and live in a PACE service area. PACE's interdisciplinary team delivers in-home care, therapies, rehab, social services, transportation, adult day care, meals, respite care and medical care. Seniors may visit a PACE Center a few times a week or the PACE team may bring services to the senior's home. PACE providers also contract with mental health specialists to deliver behavioral

⁶ Administration on Aging: http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx

⁷ http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014-ch4.pdf

⁸ PACE Program Overview: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/integrating-care/program-of-all-inclusive-care-for-the-elderly-pace/program-of-all-inclusive-care-for-the-elderly-pace.html>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

health treatment. PACE can be covered by Medicaid costs, though not all states offer this benefit, and not all communities have PACE-certified organizations.⁹

[Click here to access the CSH service program profile for PACE.](#)

Adult Day Health Centers

ADHCs are not as intensive as PACE programs, but do provide a safe and secure location for seniors to access social and health services delivered by health care professionals. ADHCs accept PACE participants who are dual eligible (Medicare and Medicaid) but neither fund ADHC as a specific benefit unless through a Medicaid waiver. In some instances Medicare pays for certain services offered by an ADHC when prescribed by a doctor.

[Click here to access the CSH project profile for Mercy Housing Mission Creek Apartments.](#)

Resources

- [National PACE Association](#)
- [PACE and Medicare/Medicaid Payments](#)
- [Adult Day Services Centers in the U.S.](#)
- [Home and Community Based Services for Medicaid Beneficiaries](#)
- [Administration on Aging In-Home and Long-Term Care](#)

Managing Unique Health Challenges: Behavioral Health, Mental Health and Substance Use

Homeless individuals of any age are more likely to experience co-occurring mental health and/or substance abuse issues than the general population.¹⁰ Moreover, chronically homeless individuals experience much higher rates of mental health and substance use issues.¹¹ Homeless and formerly homeless elders are also more likely to have cognitive impairments than their younger counterparts. As this population has long histories with mental illness and co-occurring disorders, these individuals have behavioral health needs that can require specialized care and ongoing or long-term treatment.

⁹ Determine if your community has a PACE Center: <https://www.medicare.gov/find-a-plan/questions/pace-home.aspx>

¹⁰ According to the Substance Abuse and Mental Health Services Administration, [20-25% of the homeless population experiences severe mental illness](#) This is compared to 6% of the general population.

¹¹ [30% of chronically homeless individuals have mental health conditions and 50% have substance use issues.](#)



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Mental health symptoms and substance use disorders can aggravate other medical conditions and lead to an earlier functional decline. Formerly homeless tenants in supportive housing may have histories of substance use or might currently be experiencing substance use challenges. Substances can interact with an individual's prescribed medications causing additional health challenges.

Supportive housing that serves vulnerable elders with co-occurring health and substance use challenges requires high-quality behavioral health treatment to ensure long-term housing stability. The current best practice is establishing or coordinating integrated care teams that serve tenants with co-occurring medical and behavioral health challenges.¹²

Many service providers in supportive housing enter into written agreements with mental health care service providers recognizing the need to make effective referrals in times of mental health crisis. If a tenant whose symptoms are out of control is engaged in mental health services, then the goal is to coordinate treatment with the entire team so everyone is aware of behaviors, living conditions, and interventions. For tenants who are not linked to mental health services, it is important be ready when they are ready. Providers should have referral forms for appropriate mental health services and treatment programs and make the linkage as quickly as possible.

[Click here to access Heartland Health Outreach Pathways Home service profile.](#)

Leading Programs in Behavioral Health

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)¹³

Healthy IDEAS is an evidence-based program managed by Care for Elders and Baylor College of Medicine, and is designed to detect and treat the symptoms of depression in seniors with chronic health conditions and/or mobility issues. The program integrates depression awareness and management into existing case management services provided to older adults. The model has been replicated by organizations in 22 states across the nation. The main components of Healthy IDEAS are:

- 1) Screening and Assessment of Depressive Symptoms
- 2) Education about Depression and Self-Care for Clients and Caregivers
- 3) Referrals and Coordination with Mental and Physical Health Services
- 4) Empowering older adults to manage their depression through involvement in meaningful activities

¹² SAMHSA: [Integrated Care Models](#)

¹³ The [Healthy IDEAS website](#) provides program details, educational material and trainings.



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Resources:

- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities](#)
- [Depression and Anxiety: Screening and Intervention](#) (issue brief)
- [Expanding Home and Community-Based Behavioral Health Services for Older Adults](#) (issue brief)
- [Financing and Sustaining Older Adult Behavioral Health and Supportive Services](#) (issue brief)
- [Substance Use Among Older Adults Treatment Improvement Protocol](#)
- [Center for Substance Use Prevention](#)

Coordinating Care

Developing appropriate service plans for vulnerable elders is often complicated by the interplay of chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Individualized health treatment plans should take this into account and work to coordinate services across systems and offer services simultaneously and in one location when possible. Care coordination and continuity of care are particularly important for vulnerable elders, as they often have health problems that are treated by several clinicians, often in different locations. Further, vulnerable elders often have co-occurring and/or chronic conditions. Of individuals with chronic conditions who are hospitalized, nearly half are re-hospitalized within 90 days.¹⁴ Treating multiple conditions simultaneously and effectively requires careful coordination of services.¹⁵

The level of care coordination needed for each resident in supportive housing will depend on their complexity of needs. Coordinating care is already a component of the health system, though it is often not proactive and comprehensive enough to meet the complex care needs of vulnerable individuals.¹⁶ Best practices for coordinating care for individuals with complex conditions includes a comprehensive needs assessment, individualized care planning, facilitating access to needed services and communication and monitoring.¹⁷

Making use of multidisciplinary service teams that can provide “one stop” access, and facilitate coordination, has been found to be a successful approach. Providers have also found that offering services on site is ideal for older tenants who might have difficulty

¹⁴ Brown, R. The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Medicare Beneficiaries with Chronic Illness. March 2009.

¹⁵ [Quality Indicators of Continuity and Coordination of Care for Vulnerable Elder Persons](#)

¹⁶ Challenges in coordinating care: <https://pcmh.ahrq.gov/page/coordinating-care-adults-complex-care-needs-patient-centered-medical-home-challenges-and>

¹⁷ *Ibid*



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

traveling to off-site services. Lessons learned from evidence-based models of care coordination for all vulnerable populations include access to timely data on care delivery for members of an interdisciplinary team, a focus on smooth transitions between care settings, mental and psychosocial health must be incorporated into the team's efforts.¹⁸ For vulnerable elders, effective care coordination includes comprehensive geriatric assessments and transitional care coordinated as a team effort by physicians, nurses and the housing and social services staff.¹⁹

Resources:

- [CHAMP: Care Coordination, Management & Transitions](#) best practices
- [How Principles of Geriatric Care Can Be Used to Improve Care](#)

Supporting Activities of Daily Living

Vulnerable elders may have significant challenges in completing activities of daily living (ADLs), such as cooking, cleaning, doing laundry and bathing as well as instrumental activities of daily living (IADLs), such as travelling to medical and other appointments, taking medications, and paying bills. Such challenges are often due to limited mobility or cognitive impairments, and aging tenants may benefit from living in housing that has been thoughtfully designed with their safety and independence in mind. Staff in supportive housing must be properly equipped through training and staff development to assess any indication of physical and/or cognitive decline of a tenant that may require arranging for additional services such as in-home care, visiting nurse services, housekeeping services or even hospice care in order to prevent or delay a person from having to move into an institution in their final days. Some in-home care options follow.

Home and community-based (HCB) services: provide assistance with activities of daily living with the goal of providing the support needed so tenants can remain in their homes. Services include support with bathing, dressing, running errands and personal care. These services are delivered in a number of different housing settings, including supportive housing.

Funding/Resources: Every state allows Medicaid to cover at least some of these services, a reason to ensure that tenants are enrolled in Medicaid if they are eligible.²⁰ In some cases, however, tenants may need to prove they are at risk of nursing home placement in order for

¹⁸ [Eldercare Workforce Alliance: Care Coordination and Older Adults](#)

¹⁹ [CHAMP: Care Coordination, Management and Transitions](#)

²⁰ [Home and Community-Based Long-Term Services and Supports for Older People: Fact Sheet](#)



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Medicaid to cover HCB services.²¹ The Older Americans Act also covers in-home assistance, meals and adult day services.²² These funds are allocated in varying amounts to each state and programs can apply for these funds through grant opportunities.

Occupational therapy: aging tenants may find a new need for occupational therapy, either due to gradual changes in mobility, health challenges like arthritis or the inability to perform activities of daily living. Occupational therapy can also help improve the quality of life for tenants experiencing memory loss,²³ and can make recommendations for fall prevention.

Resources:

- [About Home and Community Based Services](#)
- [Home and Community Based Services Funded Through Medicare and Medicaid](#)

Promoting Wellness & Nutrition

Older tenants may be on restricted diets or may have difficulty preparing their own meals. Linking tenants with meals benefits can help tenants follow dietary restrictions and can provide healthy meals when tenants are not able to prepare them. Supportive housing providers should consider offering nutrition and meals-focused classes or groups to educate and support seniors to meet health goals. Examples include resident cooking classes, nutrition workshops related to commonly-experienced health challenges, low-cost healthy meals, cholesterol control and recipe exchanges. Providers might also consider partnerships and collaborations with farmers markets, grocery stores, restaurants and bakeries to coordinate donations of healthy food. Public benefits like Meals on Wheels, Food and Nutrition Assistance and Medicaid-funded meals programs can all be important sources of prepared meals or free assistance for tenants.²⁴

Though older tenants may have mobility challenges, exercise and fitness resources can help meet health goals, improve cognitive functioning. While this can be an on-site fitness center, this could also include classes and activities such as walking, mild aerobics, weight training, balance and coordination training, dance and yoga. These supports can be offered free to seniors in the community (depending on the community) or housing providers can bring professionals such as occupational therapists and fitness trainers on site. Many

²¹ *Ibid*

²² Resource for how to coordinate Medicaid and Older Americans Act funds for HCB services:

<http://www.nasuad.org/sites/nasuad/files/Fact%20Sheet%20-%20Medicaid%20Third%20Party%20Liability%20and%20OAA%20FINAL.pdf>

²³ Occupational therapy for seniors overview: <http://www.seniorhomes.com/p/occupational-therapy/>

²⁴ <http://www.senior-meals.org/Food-Assistance/Medicaid-Meal-Delivery.html>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

public swimming pools also offer low-cost or free swimming and water aerobics classes to seniors (age 62+).

Resources:

- **Older Americans Act** funding provides home-delivered meals for those age 60 and older, and target populations with the greatest social and economic need.
- [ACL's Other Health and Wellness Programs](#), [Brain Health Information](#)
- National Institutes of Health: [Senior Health](#)
- Centers for Disease Control and Prevention: [Healthy Aging](#), [Healthy Brain Initiative](#)

Securing Income & Benefits

Securing income supports is crucial for any population, more so for formerly homeless seniors with complex primary and behavioral health challenges, who frequently need a wide variety of services. Many formerly homeless older adults will not re-enter the traditional workforce,²⁵ so public benefits are likely the only source of income they will receive for the rest of their lives, and they should be maximized to ensure long-term tenant financial stability.

The majority of formerly homeless seniors are eligible for public benefits such as SSI, SSDI, Medicaid and Medicare. Many are considered dually eligible for Medicaid and Medicare, which can bring additional benefits programs that vary by state.²⁶ Supportive housing providers should ensure that tenants are enrolled in benefits for which they are eligible and should keep track of when tenants may become newly eligible for benefits to provide enrollment support. New benefit sources may also impact housing assistance, and new housing situations may impact benefits, but this can be addressed with proactive support to help tenants report changes in income or housing status.

Special considerations should be made when providing benefits enrollment support to older tenants. For example, they may need special accommodations for loss of hearing or sight and mobility challenges. They may also have a reduced understanding of their eligibility, applications and requirements due to cognitive decline.

²⁵ This refers to the traditional employment as opposed to one-off jobs or entrepreneurship

²⁶ Center for Medicare & Medicaid: Dual Eligible Beneficiaries: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

The importance of securing SSI benefits: Many tenants with disabilities qualify for SSI benefits. It's important to support tenant enrollment in this benefit, as other benefits like Medicaid may depend on SSI eligibility.²⁷

Healthcare Insurance

Vulnerable elders newly housed in supportive housing and those aging in place have a variety of unique health challenges, many of which increase in severity over time. Healthcare services will likely be a large component of a vulnerable elder's long-term services plan, and affordable health insurance removes barriers to the majority of needed health services as costs for these services rise as tenants age. Low-income vulnerable elders are entitled to free health insurance coverage through programs such as Medicaid, Medicare and the Veteran's Administration.

It is imperative that supportive housing providers understand the eligibility requirements for these benefits programs and provide enrollment support for those tenants who are not yet enrolled in the programs for which they are eligible. Tenants may also become newly eligible for Medicare, for example, when living in supportive housing. It is also important to monitor changes to eligibility and service entitlements so that tenants can access the entire array of services that are available to them.

Medicaid

Medicaid is public health insurance that provides essential medical and medically related services. The states and the federal government jointly finance the Medicaid program.

Eligibility: Medicaid eligibility varies by state, but federal law and regulations from the Center for Medicare and Medicaid Services (CMS) require a core set of benefits that all states must provide. The remaining eligibility requirements are determined separately, state by state. Many states have elected to expand Medicaid coverage under the Affordable Care Act, while others have not. For non-expansion states, Medicaid eligibility may require the tenant to have a disability that would make them eligible for SSI.²⁸

Coverage: In every state, Medicaid generally covers certain basic services such as inpatient and outpatient hospital services, physician services, skilled nursing facility services, home health care services and some transportation and prescription drugs. Additional coverage can vary by state.

²⁷ A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing: <https://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>

²⁸ A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing: <https://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Medicaid can also pay for some service in supportive housing, including case management, services coordination and rehabilitative services, all of which vary by state.²⁹ Supportive housing providers should understand the new and emerging Medicaid coverage opportunities in their communities³⁰ to ensure that vulnerable elders can connect with those opportunities that benefit them.

Managing the Benefit: Providers will need to partner with other service providers that bill Medicaid if they do not bill Medicaid themselves, to ensure that Medicaid-eligible services are covered. If your agency provides Medicaid-eligible services, you may also consider becoming a Medicaid biller. Even if your agency does not bill Medicaid, your supportive services staff should understand how to manage this benefit. This includes managing Medicaid asset spend-downs, understanding how Medicaid interacts with other benefits and helping tenants navigate the eligibility and enrollment processes.

Medicare

Eligibility: Medicare insures persons over age 65 regardless of income. Medicare beneficiaries are primarily seniors but include a sub set of younger people that have been determined to have long-term disabilities, which include persons with physical disabilities, mental health or intellectual disabilities. Medicare is a nationwide program, meaning that persons with ‘non-managed’ Medicare receive the same benefits, regardless of the state in which they reside. It should be noted that this contrasts sharply with Medicaid, whose benefit package differs from state to state.

Coverage: As of July 2016, Medicare covers 57 million persons, though that number is expected to grow substantially over the next decade as the Baby Boomer generation reaches retirement age. In 2015, Medicare comprised 20% of health spending nationwide and 15% of spending in the federal budget.³¹ That translates to \$540 billion in 2015. Medicare is separated into Part A, Part B and Part D. Broadly defined, Part A covers inpatient care, Part B covers outpatient care and Part D covers prescription medications.

Medicare covers persons regardless of income, and for persons with specifically determined low incomes, Medicaid is the most common secondary payer, paying for Medicare deductibles and other services that Medicare does not cover, or cannot cover completely. The Affordable Care Act has been credited with slower growth in the Medicare program, so that these costs don’t overwhelm the American economy. The average annual growth rate

²⁹ A Quick Guide for Improving Medicaid Coverage for Supportive Housing Services

³⁰ The Medicaid website provides [comprehensive state profiles](#) on Medicaid administration, eligibility and coverage

³¹ <http://kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

of Medicare spending has decreased from 9.0% between 2000-2010 to 4.4% between 2010 and 2015. Public plans such as Medicare have grown at slower rates than private plans across the nation.

Of the total 57 million Medicare enrollees, 9 million are persons with long-term disabilities. This includes coverage for all persons with end stage renal disease and many with psychiatric or intellectual disabilities. The Medicare coverage most commonly begins after two years of income supports from Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). If a person has already has Medicaid coverage, it's highly variable when or if they will be enrolled in Medicare prior to age 65. Those with long-term disabilities are eligible for the same coverage as those who have reached age 65.

Plan Types: Medicare beneficiaries have the option of enrolling in Managed Care or what is called Medicare Advantage plans.³² By 2016, 31% of Medicare beneficiaries are enrolled in a Medicare Advantage plan.³³ These have been an option since the 1970s under a variety of names such as Health Maintenance Organizations (HMOs) or Medicare + Choice; however, the name has been Medicare Advantage since 2003. Medicare Advantage offers the coordination of care and flexibility of health plan coverage. The term “straight Medicare” means the person is covered by the national program and entitled to the same benefits regardless of which state they live in. Medicare Advantage plans, as commercial carriers or Health plans, are subject to the insurance laws of the state in which they operate. Some plans cover Part A and Part B (Inpatient and Outpatient), while other plans include those benefits PLUS Part D (prescription drug coverage).

- **Coverage: Medicare Part A** covers hospital stays and the first 20 days in a skilled nursing facility after a qualifying hospital stay. Seniors pay a copay for days 21-100. After the 100th day the senior is responsible for the full cost. Part A will pay for up to 190 days at a psychiatric facility throughout a person's lifetime. Part A can also pay for hospice care and “skilled” home health care if ordered by a doctor. The tenant must be homebound defined as leaving the house only occasionally and with great difficulty. Home health services may be approved for no more than 28 hours per week and services must be delivered by a Medicare-certified agency.
- **Coverage: Medicare Part B** pays for doctor visits, services, and tests. Part B premiums are deducted from seniors' Social Security checks.

³² <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/how-medicare-advantage-plans-work.html>

³³ <http://kff.org/medicare/fact-sheet/medicare-advantage/>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

- **Coverage: Medicare Part D** is the prescription drug program. The Low Income Subsidy also known as the *Extra Help Program* offers discounts for qualified households.

Navigating Medicare: Medicare communicates primarily through mail or email and often in health care language, which can be very confusing to most people. The ACA funded navigator positions, which are filled by staff trained specifically in this language. Where navigators operate, they can help both supportive housing residents and staff understands what Medicare correspondence means in terms of coverage and benefits. Some of these navigator positions can be found at Federally Qualified Health Centers or FQHCs.

It is beneficial for supportive housing service providers to designate and train key staff members to understand these communications and their implications for the care your residents will receive. During the enrollment process or when coverage changes, Medicare will use a process called “Auto Enrollment,” meaning that persons will have choices regarding their health plans. However, if choices are not selected in a timely manner, the program will ‘auto enroll’ the person in a health plan. For Medicare, this means the person cannot elect another health plan until the Open Enrollment period begins.

Managing the Benefit: Just as supportive housing providers track income amount and source of residents, it is recommended that they also track each resident’s insurance coverage and carrier to be sure that tenants are receiving the benefits to which they are entitled and for ease of advocacy if issues should arise. If a provider is advocating for services, either within their own agency or another agency, they will need to know who covers the service. And while this will be a challenging short-term project for current residents, the information will be helpful in planning for service program sustainability and accessing services long-term. If collecting this information is part of your lease-up packet, for example, the information can be an easily accessible part of your agency records.

Medicaid/Medicare Dual Eligibility: Most vulnerable elders in supportive housing are dually eligible for both Medicaid and Medicare. “Dual eligibles” are persons who are eligible for both Medicare and Medicaid insurance coverage. These persons fall into these categories: senior and low-income, senior disabled and low-income or long-term disabled and low-income. They receive Medicare because they are 65 and older and Medicaid due to their low incomes. Medicare has significant co-pays, deductibles and premium costs to the consumer and Medicaid often covers these costs for low-income beneficiaries. Medicaid functions as a ‘third party payer’ in relation to Medicare for persons who are dually eligible. A person’s Medicaid coverage cannot pay for a service, however, without prior



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

documentation from Medicare that the service is not covered or the person has already received their lifetime limits for the service. Navigating this system can be rather complex and it is recommended that in specific cases, a supportive housing provider might need to consult with the Legal Aid, Medical-Legal Partnerships or Health Law experts in your community.³⁴

Advocates have noted over the years, the lack of alignment between Medicare and Medicaid. “Alignment” in this case means that there is overlap as well as gaps in coverage between the services funded by Medicare and Medicaid. To address these issues, as part of the Affordable Care Act, The Center for Medicare and Medicaid Services currently operates a dual eligible demonstration project in 13 states.³⁵ In these demonstrations, the state or health plan manages the resources of both Medicare and Medicaid and can resolve the alignment issues within their operations. CMS hopes that through these integrated entities, they will discover all the places where Medicare and Medicaid are not aligned and build that alignment for current and future persons with dual eligibility.

Benefits Advocacy: Finally, CSH recommends that supportive housing providers collect and have easy access to the insurance coverage information for their residents. It is important that supportive housing providers understand eligibility requirements for the various types of health insurance and may need to work with state agencies to fully understand the unique circumstances and nuances of eligibility, enrollment and coverage. As tenants age in supportive housing their needs for services will change. Some level of staffing or resources can be adapted, though some residents will need specific home health or specialized services such as visiting nurses and physical therapy. Supportive housing providers will likely need to form new partnerships with specific expertise to effectively meet long-term needs.

Resources:

- [State Health Insurance Assistance Program](#): provides local, personalized assistance to people with Medicare and their families.
- [Medicaid information by state](#)
- [Medicare information](#)
- [Area Agencies on Aging](#) conduct outreach on benefits management in communities and provide public education opportunities around benefits.

³⁴ <http://medical-legalpartnership.org/>

³⁵ <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/ApprovedDemonstrationsSignedMOUs.html>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Anticipating and Preventing Legal Challenges

A comprehensive service delivery program does not overlook legal services as part of a tenant's individualized services plan to retain housing stability in the long term. Older tenants may have additional legal service needs than younger tenants. Older tenants are susceptible to financial exploitation and elder abuse and may require legal services if they fall victim to these. Tenants experiencing cognitive decline may need or want a third party to make medical and/or financial decisions for them according to the directive. Legal services to support advanced directives can proactively help tenants manage their housing stability and health. Service providers can partner with low-cost legal or paralegal services to provide advanced directives for residents. Many attorney and law firms also have a requirement to provide pro-bono legal services. It may be worth considering partnership and collaboration opportunities such as onsite legal clinics or service days to meet these needs.

Estate Planning & Effects of Medicaid/Medicare

One often overlooked service need for formerly homeless older adults is legal services, perhaps the most overlooked piece being estate planning considerations for preventing unintended financial burdens for the families of these tenants. For example, if a tenant was enrolled in Medicaid at the time of his/her death, there may be financial or eligibility impacts for his/her children if they are also enrolled in Medicaid. Medicaid will make a claim on that parent's assets at the time of his/her death, which in some states can be avoided through the creation of living trusts.³⁶

Estate planning documents can also help direct caregivers and appointed executors to carry out a vulnerable elder's wishes as they near the final stages of life or if they become incapacitated and unable to make financial and medical decisions. Documents like living trusts, wills and powers of attorney can prevent financial burdens and enable designated people to act on the resident's behalf to carry out their wishes pertaining to their life and assets. Many vulnerable elders may not have significant assets to protect, particularly if they have had to spend them down to become eligible for Medicaid. However, living trusts and wills can still be beneficial, especially if the resident has family members who may be impacted by his/her assets or debts. It is important for supportive housing providers to locate affordable legal services in their communities. Attorneys in many states are required to provide a certain amount of pro-bono hours per year, so it may be worth exploring these options on a case-by-case basis for tenants in need.

³⁶ Summarized interview with Stephen Bezaire, a certified specialist in estate planning law in California and Wisconsin.



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Elder Justice

Elder residents can become victims of elder abuse in many ways, from physical to financial abuse. Aside from establishing internal policies and strategies to prevent various types of elder abuse, supportive housing services programs should develop advocacy strategies and procedures for when an elder tenant is targeted.

Leading Program: Medical-Legal Partnership

The National Center for Medical Legal Partnership embeds lawyer and legal professionals with health care teams to health-harming social conditions for vulnerable individuals.³⁷ The integration of health and legal services is especially beneficial for aging individuals with complex health challenges who may need professional advocacy to receive the care they need. Medical legal partnerships across the US have had success in improving housing conditions and decreased hospitalizations for those with chronic illnesses. The Center provides toolkits for establishing medical-legal partnerships and provides state profiles on existing partnerships.

Resources:

- [Center for Medical-Legal Partnerships](#)
- [Area Agencies on Aging Legal Resources](#): provides support with elder abuse issues, guardianships, health and long-term care public benefits, general advocacy
- [Elder Justice Coalition](#)
- [National Committee for the Prevention of Elder Abuse](#)
- U.S. Department of Justice: [Elder Justice Initiative](#)
- [American Bar Association's Commission on Law and Aging](#)
- [National Council on Aging's Elder Advocacy Toolkit](#)

Transportation Services

Transportation has often been referred to as the most important part of accessing services and amenities located outside of the housing site. Many vulnerable elders might not access resources simply because the transportation is not sufficient. Lack of transportation may also prevent elders from accessing needed medical or behavioral health appointments and prevent them from visiting with family.

Providers should secure as many transportation resources as possible for any services or amenities located offsite. They can do this by establishing partnerships, using volunteers and taking advantage of transportation costs covered by Medicaid.

³⁷ [National Center for Medical-Legal Partnership](#)



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

*Resources:*³⁸

- **Volunteer driver programs:** Local faith-based and nonprofit organizations frequently have a network of volunteers who offer flexible transportation for shopping, doctors' appointments, recreation, and other activities.
- **Paratransit Service:** Public transit, aging organizations, and private agencies provide door-to-door or curb-to-curb transportation using mini-buses or small vans. Curb-to-curb service provides for passenger pick-up at the curb or roadside. Paratransit and van services offer reduced fares for older adults and persons with disabilities.
- **Door-through-Door (Escort) Service:** Agencies provide drivers or escorts who offer personal, hands-on assistance by helping passengers through the doors of their residences and destinations, as needed. This type of service includes several levels of assistance from opening doors and providing verbal guidance, to physical support. Persons with severe physical or mental disabilities typically use this service.
- **Public Transit/Fixed Route Service:** Public transit agencies provide bus and rail services along established routes with set schedules on a non-reservation basis — also referred to as “public transportation” or “mass transit”. Reduced rate fares and additional transportation services are available for older adults and persons with disabilities. Information about routes, schedules, fares, and special services are available through your public transit agency.
- **Transportation Vouchers Programs:** Area Agencies on Aging, Aging and Disability Resource Centers, and other social service organizations often provide fare assistance programs that enable qualified persons (usually economically disadvantaged older adults or persons with disabilities) to purchase vouchers for transportation services at a reduced rate. The vouchers are then used to pay for services from a participating transportation provider that can include public transportation, volunteer programs, or taxis and other private companies.
- In addition to the services described above, some communities have **mobility managers** who can guide you through the transportation resources and services that are available. Mobility managers know the community-wide transportation service network and understand how it operates. Their main focus is to assist consumers in choosing the best options to meet their individual travel needs. Contact your local aging organization or public transit agency to determine if a mobility manager is available in your area.
- [National Aging and Disability Transportation Center](#)
- [National Association of Area Agencies on Aging: Transportation Resources](#)

³⁸ http://www.eldercare.gov/eldercare.net/public/Resources/Brochures/docs/Trans_Options_Panels.pdf



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

Transitions to Higher Levels of Care

The goal of supportive housing is to ensure long-term housing stability while maintaining each tenant's ability to make choices and live as independently as possible. Most tenants prefer to remain in their homes for as long as possible. As tenant needs increase, some may need higher levels of care than what a supportive housing provider is able to accommodate. Tenants experiencing severe health crises and challenges might not find the level of care they need in supportive housing, and therefore may discharge to residential care facilities, hospice care or nursing homes. Providers should make every effort possible to keep tenants housed in their own homes, but there should also be strategies in place for tenant transition plans. This requires knowledge of the terminology, types of care settings, and alternative community-based programs that can safely prolong a senior's independence in supportive housing. The provider should establish collaborations with long-term care facilities, hospitals and residential substance use treatment facilities that could provide more intensive services if that time comes. Having services staff regularly assess clients for new accommodations needs can help anticipate these needs with enough time to secure the resources.

End of Life Planning and Care

Most people prefer to spend their last days in their own homes when it's possible.³⁹ Support staff in supportive housing know tenants well and tenants may be more comfortable communicating their end-of-life needs in this setting than in less service-enriched housing. Finally, elderly individuals often experience some anxiety or fear of aging and end-of-life. Therefore, it is crucial to have staff with geriatric training that can help guide seniors through this process and plan for end-of-life care. Additional training and support for all staff may be needed for supportive housing that includes elderly tenants. End of life care often involves connecting with a tenant's family, close friends or community support contacts. Some tenants do not have family to support them as they approach their end of life process, and it is generally the supportive housing primary service providers who must provide this very intensive and personal support.

[Click here to access Pathways Home project and service profile.](#)

A note on assisted living vs. supportive housing

Although assisted living plays a key role in the continuum of housing and service options for vulnerable elders, it is important to understand how this model differs from permanent supportive housing. Both models provide a range of supportive services targeted to the needs of older adults, but assisted living facilities typically provide a wider array of more intensive services and are certified and regulated at the state level. Assisted living facilities

³⁹ <https://www.americanactionforum.org/insight/a-better-approach-for-end-of-life-planning/>



Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers

have 24 hour staffing, provide assistance with medication management, personal care, housekeeping and provide most meals. Many assisted living facilities have special units for memory impaired individuals. Typically an elder might move from supportive housing to assisted living if the need for more assistance becomes necessary.

