



**Aging and Thriving:
A Call to Strengthen
Supportive Housing
for Older Adults in NYC**



January 2023

Executive Summary

This report outlines the need and opportunity to develop effective, aging-centric, supportive housing models to help older New Yorkers age safely and with dignity in communities of their choice.

Supportive housing—permanently affordable housing paired with support services—has long been a critical part of NYC’s housing and services ecosystem and is well-suited to help older adults thrive. However, existing models are not equipped to meet New Yorkers’ evolving needs as they age, resulting in unnecessary hospitalizations, premature nursing home admissions, stigma against behavioral health conditions for those who do need nursing home care, and overreliance on crisis systems to fill in the gaps.

New York’s renewed focus on older adults and the recent development of a statewide [Master Plan on Aging](#) presents an exciting opportunity to strengthen the systems and programs that help older adults thrive.

This report, authored by NYC supportive housing providers, advocates, and coalitions, outlines the growing need for responsive supportive housing for older adults, demonstrates the effectiveness of existing supportive housing programs that serve older adults, and charts a path forward to improve outcomes and reduce costs.

Below are key recommendations for city and state leaders to enhance supportive housing targeting older adults. Not only will these changes save lives by ensuring older adults have a safe place to live with services appropriate to their needs, but they will also yield savings in New York City and New York State budgets.

Supportive Housing: Enhance Existing Resources through Increased Funding

There are dedicated funding streams for supportive housing in New York City; however, providers, tenants, and advocates agree that resources are inadequate to meet current or projected needs. **The total budget recommended for existing supportive housing is \$17 Million:**

- **NYC:** Establish a new category within the New York City homeless system—*high acuity older adults*—under NYC 15/15’s congregate units with \$25,596 in services funding per person/per unit. Assuming 500 units based on DHS shelter data and CAPS waitlist, the total request for this funding is **\$12 Million**.
- **Statewide:** Increase operating/services rates from **\$25,000 to \$35,000** for NYS Empire State Supportive Housing Initiative (ESSHI) units developed in NYC. Assuming 500 units based on DHS shelter data and CAPS waitlist, the total funding request is **\$5 Million**.

Service-Enriched Supportive Housing: Establish New Funding and Positions to Serve Older Adults

Adding new positions and programs would enhance services for older adults in New York City. The following innovative and holistic roles and programs are grounded in the experience and expertise of supportive housing providers throughout NYS.

- Allocate funding to supportive housing providers to develop an **Ageing-in-Place Community Coordinator** position in their supportive housing programs at a cost of **\$65,000¹** per full-time employee.
- Allocate funding for supportive housing providers to develop an **Ageing Services Program** at a cost of **\$277,000** (without fringe and OTPS) for four (4) full-time personnel.
- Increase services funding for housing programs funded by the **New York State Office of Mental Health** to include higher staff-to-resident ratios, health care aides, housekeeping, maintenance, security, and care coordinator positions. **The total Request for this funding is \$230 Million.**
- Through partnership with city agencies, managed care organizations, hospitals, philanthropy, and other entities, the city can develop a **Flexible Funding Resource Pool**. The funding pool can be used on its own or to supplement other costs such as adaptive equipment, etc. that might not be funded by Medicaid or supportive housing funding.

Senior Housing: Support Resident Assistance Positions

NYS Department of Health (DOH) should invest **\$25 million over five years** in state funding to support **Resident Assistance** positions in subsidized and income-restricted independent rental housing for low-income seniors. This will allow older adults to receive services in affordable housing without transitioning to higher care. This proposal would expand upon a proven model – [Selfhelp’s Active Services for Aging Model \(SHASAM\)](#).

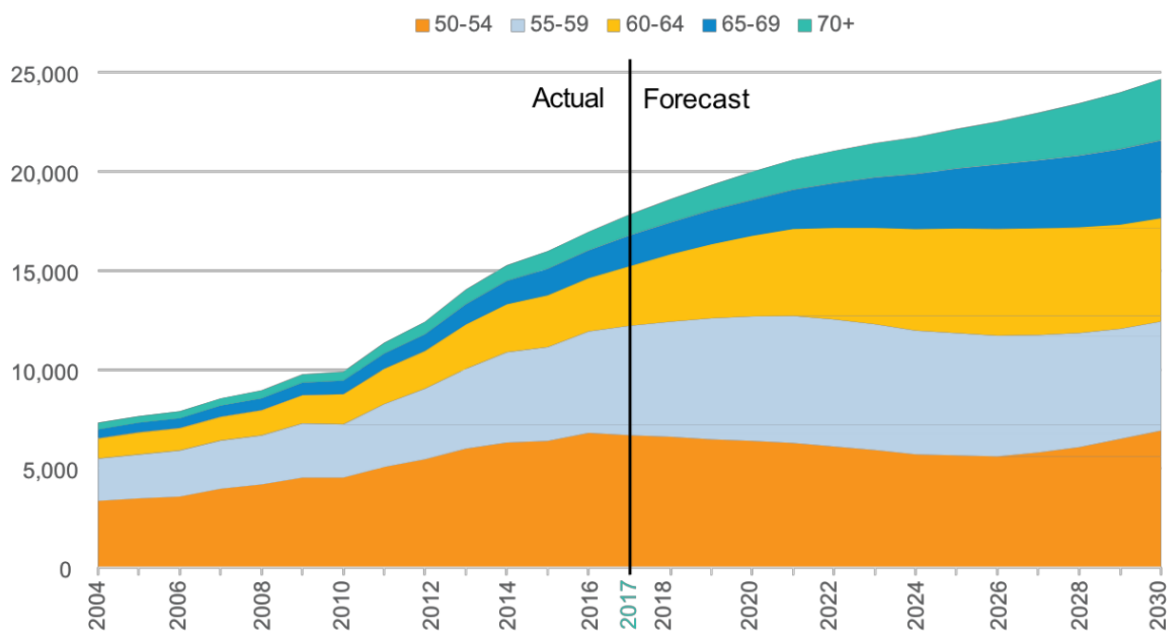
¹ Does not include fringe/benefits

A Growing, Graying Homeless Crisis in New York

The number of older New Yorkers experiencing homelessness has increased at alarming rates, indicating a growing and dire need for housing solutions that serve this population. Between 2004 and 2017, the number of homeless New Yorkers over the age of 65 **tripled**, and the number aged over 55 **more than doubled**ⁱ. Researchers forecast that, without intervention, these trends will continue, with one study predicting **the number of homeless older adults to triple again by 2030**ⁱⁱ.

With the economic fallout of the COVID-19 pandemic, New York’s growing housing crisis, and the influx of migrants into the city, more than **100,000** people stay in shelters each night—a record for New York Cityⁱⁱⁱ. Street homelessness has risen by at least 18% in 2023 alone^{iv}. There is limited data on the proportion of older adults who experience homelessness (the federal Point in Time Count/AHAR reports do not disaggregate older adults from the general adult population); however, per NYC’s Department of Homeless Services (DHS) Dashboard, in fiscal year 2023, **about 7% of the people in the single adult shelter system were 65 and older**^v.

In partnership with DHS, Culhane, et al. (2019),^{vi} shows the number of older adult clients in NYC shelter between 2004 and 2017, and forecasts homelessness rates among this population for 2018 through 2030 (image below). While the average annual projected growth for those aged 55-64 is approximately zero, the population of those aged 65 and older is projected to grow at an average annual rate of about 7%.



From: “A Data-Driven Re-Design of Housing Supports and Services for Aging Adults who Experience Homelessness

in New York City,” by D. Culhane, et al. (2019), Actionable Intelligence for Social Policy.

Nationally, older adults experiencing homelessness are **less likely** to access permanent supportive housing than their younger peers. Their likelihood of entering supportive housing decreases as they advance in age^{vii}, even as their needs for a safe and stable home with supportive services grows. Access to supportive housing also varies widely by race, with Black older adults being the least likely to access either supportive housing or rapid rehousing^{viii}, and Hispanic and Asian older adults also being underrepresented in access to supportive housing^{ix}. According to NYC’s Human Resources Administration (HRA), as of September 2023, 2,534 people over the age of 50 and 425 people over the age of 65 were waiting for supportive housing placement in the Coordinated Assessment and Placement System (CAPS). Further, many supportive housing providers and referral agencies anecdotally report that older adults are not accepted into housing because they “need a higher level of care” or “require assistance with ADLs (activities of daily living),” among other reasons correlated with age. For a comprehensive review of reasons for rejections into supportive housing and information on referrals and placements, see HRA’s Local Law 3 Report ^x.

The population of tenants currently in supportive housing is also aging rapidly and experiencing increased aging-related housing and support needs. Nationally, more than a third of supportive housing tenants were 55 or older in 2020^{xi}. Locally, that rate is even higher. According to a 2022 survey conducted by the Association of Community Living (ACL), **more than 42% of supportive housing residents in OMH housing in New York were over 55**. Troublingly, more than 75% of participating supportive housing providers stated that they **lacked adequate resources** to care for this aging population^{xii}. Older supportive housing tenants—particularly those who entered homelessness as older adults—experience a range of complex and mutually-reinforcing challenges, including mobility issues, cognitive decline, isolation, difficulty with activities of daily living, extensive medical needs, and challenges obtaining food and household supplies. Without adequate funding and innovative programming, more of our elders will experience the suffering and hardship of housing instability. We can and must do better. When staffed, funded, and integrated with other community resources, supportive housing is poised to meet this moment.



Supportive Housing Must Adapt to Meet the Needs of Older New Yorkers

Supportive housing funding and services have not holistically kept pace with the growing need for housing and services for older adults. To explore this further, CSH conducted a series of focus groups and interviews with tenants, staff, and leadership from supportive housing providers in NYC who serve older adults. The interviews resulted in a set of common goals and challenges:

- ***Insufficient or hard-to-access resources and capacities for daily living tasks:*** Supportive housing providers are not adequately funded or trained to meet tenants' daily living needs as they age. As one provider noted, support with daily living "is one of the hardest nuts to crack and the most important nut to crack." This lack of resources and capacity results in significant challenges for residents. Tenants reported relying on family and friends to meet these basic needs. In some cases, the lack of resources to support daily living leads to older adults being denied supportive housing altogether: NYC HRA data show that 20% of people interviewed for a supportive housing unit were rejected, with the most common reason for rejection (48% of rejections) being that the program "does not provide the level of service needed" – including adequate support with daily living or medication-management tasks^{xiii}.
 - Relatively inexpensive support with household tasks such as cleaning, grocery shopping, and minor medication management can dramatically increase independence for older adults and help them avoid physical, emotional, and cognitive decline.
 - Case managers reported challenges navigating the complex patchwork of funding, programs, and services that could address these needs, leaving programs underutilized and tenant needs unmet.
 - Focus group participants reported challenges partnering with external support providers—like home health aides—who are not experienced in serving supportive housing tenants or trained in their unique needs, leading to turnover and frustration for staff and tenants alike.
- ***Stuck in units not adapted for disabilities:*** Tenants and staff identified significant challenges getting the resources they need to adapt units for older adults. This was of particular concern in walk-up buildings with no elevator (or a chronically broken elevator), which prevents older tenants from engaging in food shopping, doing laundry, or socializing in the community. Stacking on to the challenges, regulations essentially prevent supportive housing tenants from moving from one unit to another as their needs change, meaning that tenants are often stuck in apartments that are more difficult to physically navigate as they age. They described cumbersome processes getting insurance coverage or landlord approval for minor unit adaptations and highlighted the need for low-cost (but currently un-covered) adaptive equipment like shower chairs that could significantly extend people's ability to safely age in place.
- ***Loneliness and isolation*** are increasingly recognized as public health crises in their own rights^{xiv xv xvi}, and particularly affect older adults with histories of homelessness, mental illness, and substance use—the very population served in supportive housing. Tenants and staff alike called for supportive housing providers to connect them with activities, including resource-sharing groups, exercise classes, and recreational groups.

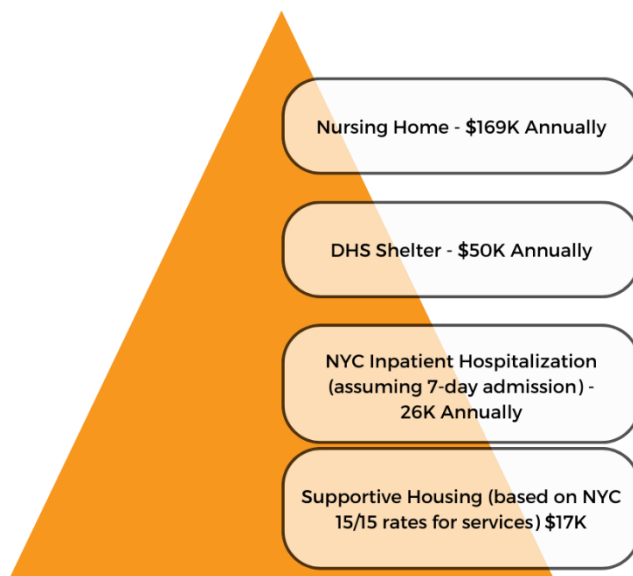
- **Transportation** is a major challenge for aging supportive housing tenants: Access-A-Ride is cumbersome and too-often unreliable, and public transportation can be prohibitively expensive and challenging to navigate, particularly for tenants with declining mobility.
- **Care Coordination:** Both staff and tenants shared challenges getting their needs met and need further information on available resources and how to take advantage of them.
 - Tenants often come into supportive housing with multiple clinical needs after a long time of being disconnected from care; they can receive many referrals at once, which staff and tenants report is overwhelming to manage.
 - Staff and tenants also reported challenges with navigating health insurance and benefits systems (e.g., Medicaid, Medicare, HRA), including around eligibility and enrollment.
 - Some supportive housing tenants report being excluded from programs they are eligible for whether due to age or mental illness (both illegal discrimination) or an error in entering health insurance codes. As such, it is critical that supportive housing staff have the knowledge they need to advocate when tenants are wrongly denied access to these services.
- **Staff training needs:** In addition to Medicaid and a general resource glossary, staff shared requests for trainings on how to adapt clinical strategies to fit the older adult population, how to navigate the intersection of aging and substance use disorder needs, how to access visiting nurses and home care, and how to navigate benefits and entitlement programs.

A 2023 report from the National Alliance to End Homelessness echoes concerns expressed by supportive housing providers, tenants, and would-be tenants in NYC: “aspects of PSH (Permanent Supportive Housing) may need reconsideration” to ensure that housing can fully meet the needs of older adults and that programs have the resources and expertise to provide appropriate services^{xvii}. With funding and training, we believe NY’s system is equipped to meet these challenges.



Let's Not Re-Invent the Wheel: What works?

Supportive housing can be an effective and financially responsible way to support older adults. See below for the estimated costs of supportive housing versus nursing home, shelter, and inpatient hospitalization.



Despite the limitations of the current approach to supportive housing, **some providers have implemented innovative programs that improved outcomes for older adults in their buildings, demonstrating the potential to successfully adapt supportive housing programs to enable older adults to thrive in place.** A group of seven supportive housing providers, funded by the Samuels Foundation, shared their approaches: below are some examples of models to build on.



PROGRAM HIGHLIGHT

The Bridge, Aging Services Program

The Bridge is a non-profit organization in New York City with the mission of transforming the lives of the most vulnerable, including individuals with a history of homelessness, older adults, and people with chronic mental health conditions, by offering hope, support, and opportunity. The Bridge serves adults with serious and persistent mental illnesses whose lifelong conditions impact daily functioning. The Bridge uses a variety of evidence-based rehabilitative services, such as vocational training and workforce development, mental health and substance abuse treatment, healthcare, housing, education, and arts programming.

The Bridge strategically created the Aging Services Program to provide comprehensive whole-person care to older adults with mental health issues by reducing barriers to aging in place, maintaining quality of life, and extending community tenure in supportive housing. Aging Services Program’s mission is to identify and address barriers to aging in place for older adults living in supportive housing with the goal of increasing community tenure and improving quality of life.

To be enrolled in the Aging Services Program, a client must be age 55 or older, live in The Bridge’s supportive housing, and face aging-related barriers to aging in place. The Aging Services Program addresses gaps in care by offering individualized support to older adults with behavioral health and physical health conditions living in Bridge supportive housing.



PROGRAM HIGHLIGHT

Project, Renewal, HOPE Program

HOPE, Helping Older People Engage, is an Occupational Therapy (OT) program embedded within two permanent supportive housing sites at Project Renewal, Inc. (PRI) – Geffner House and St. Nicholas House. The goal of HOPE is to promote formerly homeless older adults’ abilities to age in place in SRO (single-room occupancy) units.

HOPE’s long-term goals are centered around keeping clients healthy, safe, and dignified at home. This is achieved through OT intervention that promotes the following:

- Increased ability to sustain engagement with healthcare services (including psychiatric services), as well as increased ability to maintain compliance with individualized medical guidance and medication regimens.
- Reduced isolation for program participants.
- Increased ability to perform the activities of daily life (ADLs).
- Increased ability to engage in meaningful activity and reclaim valued roles and routines.

HOPE Dashboards

OT services implemented through HOPE are evidenced-based and data driven. HOPE has worked closely with PRI’s in-house Program Evaluation and Quality Assurance (PEQA) team in order to gather quantitative data that demonstrates the efficacy of the program’s services.

Reports are run on a continuous basis, assisting with program improvement, and monitoring progress toward all established goals. Program dashboards are updated frequently in order to highlight various metrics including the number of clients enrolled, the extent of OT contacts, and the primary skills being addressed.

The BIS Assessment Tool

The BIS (Behavioral Indicators of Stability) tool is an OT assessment that is integrated into the department’s online database. The BIS enables HOPE OT clinicians to measure client baselines and to reassess their functional performance every six months.

The BIS evaluates fourteen ADL and IADL (instrumental activities of daily living) domains deemed most important for aging in place. Each domain is rated on a scale from 1-9; 1 indicating acute deficits and 9 suggesting strong skills or an absence of any functional problems. Once a rating is selected, an OT goal is established for each domain, using the following categories: to increase readiness; to improve functional performance; or to maintain performance.

Development of the BIS was funded by the Samuels Foundation to help tell a more “full story” about the impacts of HOPE, translating qualitative data into more measurable indicators of individual progress and intervention efficacy.

BIS Dashboards are generated every six months, or as needed, to summarize results after follow-up data is gathered.

PROGRAM HIGHLIGHT

Selfhelp

The Selfhelp Active Services for Aging Model (SHASAM) offers social work services to support the health and wellness of residents aging in their own home.

A rigorous study of the SHASAM program, featured in *Health Affairs*, found that the average Medicaid payment per person, per hospitalization was \$3,937 less for Selfhelp residents as compared to older adults living in the same Queens zip codes without services, and Selfhelp residents were 68 percent less likely to be hospitalized.

Furthermore, with the SHASAM resident assistance model in place, less than 2% of Selfhelp's residents are transferred to a nursing home in any given year.

Connecting with New York's Goals for Older Adults

NYS and NYC's renewed focus on older adults presents an exciting opportunity to strengthen the systems and programs that help older adults thrive. New York State is developing a [Master Plan on Aging \(MPA\)](#), which will serve as a blueprint for supporting older adults across the state's services, programs, and infrastructure. Now is the time to leverage the MPA alongside NYC's commitment to older adults to build new processes, relationships, and protocols to:

- Increase access to supportive housing for older adults, given that supportive housing is an evidence-based practice for helping people exit homelessness.
- Improve and enhance supportive housing, with an eye on the unique needs of older adults, since there is enormous potential for enhanced supportive housing models to meaningfully improve outcomes and reduce costs.

We expect that these recommendations will have positive ripple effects, benefiting not only older adults in supportive housing, but the larger housing, healthcare, employment, and transportation systems (and more).

Pathways to Improve Outcomes through Access to Housing and Services for Older Adults

Key Recommendations to New York State

By implementing a handful of program and policy recommendations, **NY can build on the potential for supportive housing for older adults**, thereby reducing the overall cost of care and improving the health and well-being of New Yorkers:

Supportive Housing: Enhance Existing Supply through Increased Funding

While dedicated funding streams for supportive housing enrich and safeguard this crucial resource in New York City, providers, tenants, and advocates agree that the allocations are insufficient for the current or projected landscape. **The total budget recommended for existing supportive housing is \$17 Million.**

- **NYC:** Establish a new category for the New York City homeless system—*high acuity older adults*—under NYC 15/15 Congregate with \$25,596 in services funding per person/per unit. Assuming 500 units based on DHS shelter data and CAPS waitlist, the total request for this funding is **\$12 Million.**
- **Statewide:** Increase operating/services rates from **\$25,000 to \$35,000** for NYS Empire State Supportive Housing Initiative (ESSHI) units developed in NYC. Assuming 500 units based on DHS shelter data and CAPS waitlist, the total request for this funding increase is **\$5 Million.**

Service-Enriched Supportive Housing: Establish New Funding and Staffing to Service Older Adults

Adding new positions and programs would enhance services for older adults in New York. The following innovative and holistic roles and programs were suggested based on the experience and expertise of supportive housing providers in the city. Having an array of well resourced positions and programs will allow supportive housing providers to select the resource that aligns with their needs and organizational goals.

Aging-in-Place Community Coordinator: The NYC Cabinet for Older New Yorkers should advocate for funding for an “Aging-in-Place Community Coordinator” for supportive housing buildings where there is a significant percentage of high-risk older adults. The Aging in Place Coordinator builds, manages, and navigates partnerships with service providers, including city and state agencies (HRA, DFTA, DSS, etc.),

MCOs, and other nonprofits, recognizing that older adults often require an array of appointments, interventions, and care (especially those who are navigating aging alongside histories of homelessness and/or substance use). According to providers, such a position would be salaried at a minimum of **\$65,000 per full-time employee**, excluding benefits and administrative costs. *See appendix A for a model job description of an Aging-In-Place Coordinator.*

“Aging Services Program” in Supportive Housing: The NYC Cabinet should support funding for supportive housing providers to develop an Aging Services Program. This program will support tenants in supportive housing to age in place through an inter-disciplinary care team of nurses and a high-risk clinical coordinator. This team will facilitate tenants’ connections to health and aging resources at a cost of **\$277,000 for four (4) full-time personnel** (excluding fringe and OTPS). *See Appendix B for a sample budget and list of proposed staff for an Aging Services in Supportive Housing program.*

Overall funding increase to OMH housing models: Housing models funded by New York State through the Office of Mental Health (OMH) should be enhanced to provide the staff and services that aging residents need, including higher staff-to-resident ratios, health care aides, housekeeping, maintenance, security, and new community coordinator positions to liaise between aging residents and external support services (as described in Ask 1). **The total request for this funding is \$230 Million.**

Flexible Funding Resource Pool: Through partnerships with city agencies, managed care organizations, hospitals, and other entities, New York City can develop a Flexible Funding Resource Pool. The funding pool could be used on its own or to supplement other costs that might not be funded by Medicaid or supportive housing funding.

Examples for Applicable Uses of Flexible Funding Resource Pool:

- Minor unit adaptations (e.g., installing a grab bar or walk-in shower)
- Mobility aids and equipment (e.g., walkers, hospital beds, lift-assist recliners)
- Adaptive Equipment
- Minor repairs
- Home Care, before coverage is activated.

*If entities such as city agencies, MCOs, hospitals, etc. funded at least **\$1,300 per tenant who is 55 and older**, there would be sufficient funds to cover hundreds of older adults in being able to thrive in their homes. See Appendix C for a case study.*

Senior Housing: Support Necessary Positions

NYS Department of Health (DOH) should invest **\$25 million over five years** to support Resident Assistance positions in subsidized and income-restricted independent rental housing for low-income seniors. These state funds would allow older adults to access services in affordable housing without having to transition to a higher level of care. *Proposal details included in Appendix D.*

What will CSH do?

Launch Healthy Aging Academy for Supportive Housing Providers in NYS

In early 2024, CSH, in partnership with the Association for Community Living (ACL), will develop a statewide Healthy Aging Academy to build capacity and training needs for supportive housing providers funded by OMH who are serving or want to serve older adults. Crucially, this training academy will connect supportive housing providers to mental health, physical health, and aging programs to support older adults in their housing. Further, CSH will offer technical assistance to the training cohort to support their development of aging programs.

Develop Aging and Housing Educational Agenda

Much of this work cannot be done without additional funds. CSH will work with partners across NYS to develop an advocacy agenda and provide education to city and state legislatures and administrative policy makers on the importance of supporting services and stable housing for our older adult populations.

Leverage NYS Medicaid 1115 waiver Program

The additional funds available through NYS's 1115 waiver program will provide opportunities for the health, aging, and housing sectors to collaboratively test innovative solutions and partnerships. CSH will ensure that the supportive housing sector is represented in these discussions around needs, programs, and resource allocations. CSH will also drive education to the healthcare and aging sectors about the complex needs of the tenants in supportive housing.





This report was made possible through the generous funding from The Fan Fox & Leslie R. Samuels Foundation. Thank you for your continued dedication to supporting older adults thrive in New York City.



CSH (Corporation for Supportive Housing) advances affordable housing aligned with services by advocating for effective policies and funding, investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 512,500 units of affordable and supportive housing and invested more than \$2.2 billion in communities. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors. For more information, visit csh.org

Acknowledgments

CSH would like to thank those who have participated in our focus groups, many of whom have experienced homelessness or are aging in supportive housing. A special thanks to our collaborators on this report. We cannot thank you enough for your insights, recommendations, advocacy, and thoughtful partnership. Together, our goal is to ensure that all aging New Yorkers are thriving in their communities with access to the housing and services they need.

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Suzanne Smith, Westside Federation for Senior and Supportive Housing

Appendix A: Aging in Place Coordinator – Model Highlight and Job Description

Aging in Place Coordinator Model Highlight

One promising model includes the Support and Services at Home (SASH) Program. Cathedral Square Corporation (CSC) in Burlington, VT, launched SASH in 2011, and the program has since expanded to 138 other senior housing communities. The program is designed to help SASH participants living in senior housing communities access the health care and support services they need to remain healthy and independent. The SASH model is a team made up of a full-time SASH coordinator and a quarter-time wellness nurse. These positions collaborate to focus on aging-in-place by providing a central point of contact for all community providers. SASH has had a rigorous evaluation and found that “Medicare claims data also showed that growth in annual Medicare expenditures was slower by an estimated \$1,227 per-beneficiary per year among SASH participants in early panels. These same early participants also had slower rates of growth for hospital and specialty physician costs.”¹

Job Description

Job Title: Aging in Place Coordinator

Job Summary: The Aging in Place Coordinator develops, implements, and manages the Aging in Place program in Supportive Housing. The coordinator creates and advances resident plans for aging in place using person-centered care philosophies, coordinates with supportive housing teams, and engages with local community and family members in facilitating care. The coordinator uses independent judgment and guidance in support of the plan of care and manages complex situations.

Education & Experience:

- Graduate of an accredited nursing, social work, or comparable program with 5 or more years of experience.
- Previous education or experience in eldercare, homecare, and/or aging in place philosophy and care with a willingness to learn.
- Demonstrated administrative skills.
- Effective communication skills both one-to-one and with groups.

Essential Duties:

- Collaborate with the supportive housing program team.
- Provide guidance and leadership regarding aging in place practices.
- Meet with tenants to develop and advance their plans for aging in place.

- Assess tenants' physical, mental, emotional, and spiritual needs, preferences, and abilities
- Develop plans for quality aging in place.
- Provide appropriate counsel, information, and/or referral as needed.
- Encourage family members to take an active role in decision-making regarding their Aging in Place plan.
- Design plans to assist them to live and function as independently as possible at home and in the community.
- Address the aging in place needs for tenants who are hospitalized or admitted to care facilities.
 - Oversee the effectiveness of the established plan and interventions through regular contact with tenants. Re-evaluate and adjust the plan during major life changes to ensure the plan and interventions are tailored to the unique needs of the tenant.
- Serve as a liaison between the tenants and their social and health services as requested.

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Appendix B: Aging Services Program Budget

| Staff Member | Amount |
|--------------------------------|--|
| Registered Nurse | \$92,000 |
| Licensed Practical Nurse I | \$60,000 |
| Licensed Practical Nurse II | \$60,000 |
| High Risk Clinical Coordinator | \$65,000 |
| Total: | \$277,000 * does not include OTPS |

DRAFT

Appendix C

Flexible Funding Pool: Use Case

Scenario: Sarah, a 72-year-old individual with mobility challenges, has recently transitioned into supportive housing. While her basic housing costs are covered by supportive housing subsidies and medical costs are covered by Medicaid, there are various additional needs and expenses that are not included in these funding sources. This is where the Flexible Funding Resource Pool comes into play, offering a versatile solution to address Sarah's unique requirements.

Sarah's new housing unit requires minor adaptations to ensure her safety and comfort. The Flexible Funding Resource Pool can be utilized to install essential modifications like grab bars in the bathroom and a walk-in shower. These adaptations enhance her ability to navigate her living space independently, promoting her overall well-being.

Sarah relies on mobility aids such as a walker to move around. However, the cost of maintaining this equipment is not covered by Medicaid or her housing funding. The Flexible Funding Resource Pool steps in to provide financial support for purchasing and maintaining mobility aids, including walkers, hospital beds, and lift-assist recliners. This ensures that Sarah has access to the necessary equipment to maintain her mobility and comfort.

In addition to mobility aids, Sarah may require adaptive equipment to perform daily tasks effectively. Items like adaptive utensils, specialized kitchen tools, or ergonomic furniture can significantly improve her quality of life. The Flexible Funding Resource Pool can cover the expenses associated with acquiring these adaptive tools, ensuring that Sarah can live more independently and comfortably in her new home.

Sometimes, there may be a delay in the activation of Sarah's home care coverage. During this waiting period, she may require additional home care services to address her immediate needs. The Flexible Funding Resource Pool can temporarily cover the cost of home care services until her coverage becomes active, ensuring that she receives the necessary support during this critical transition phase.

In summary, the Flexible Funding Resource Pool serves as a crucial supplement to Medicaid and supportive housing funding, catering to the specific needs of individuals like Sarah who require minor unit adaptations, mobility aids, adaptive equipment, and temporary home care assistance. By offering financial flexibility, it enhances the overall quality of life and independence of individuals in supportive housing programs.

Appendix D: The Affordable Independent Senior Housing Resident Assistant Program



PROPOSAL: Invest \$10 million over five years in state funding to support Resident Assistant positions in subsidized and income-restricted independent rental housing for low-income seniors. The older New Yorkers living in these apartments are generally income-eligible for Medicaid, but are likely to be unable to afford assistance in navigating the network of health and social supports that could help them stay healthy and age in place. Resident Assistants would be available on-site, and at resident request, to provide information and referrals to supports in the community, education regarding Medicaid and other benefits, and assistance with accessing public benefits, services, and preventative programming. They may help residents with scheduling and obtaining transportation to appointments and with the use of technology to support telehealth visits and virtual social engagement. Resident Assistants would also provide on-site social and wellness programs to combat social isolation and strengthen healthy living habits such as exercise and good nutrition.

This model would serve Medicaid beneficiaries and dual eligibles who are not yet in need of long-term care services, as well as those who are receiving long-term care services. By addressing the social determinants of health for these low-income older adults, the Resident Assistant program would allow them to age in place and would provide a significant return on investment by delaying or preventing utilization of higher-cost, Medicaid-funded long-term care services. Furthermore, as the population of low-income older adults continues to grow, this model of concentrated early intervention in buildings that serve large numbers of low-income older adults will be critical in offsetting workforce shortages across the healthcare and long-term care sectors.

BACKGROUND: There are currently 693 properties in New York State, funded by the U.S. Department of Housing and Urban Development (HUD) to serve low-income older adults, and more properties are expected following a recent funding opportunity. While it's difficult to estimate the number of State-financed senior housing units, \$125 million was committed in the 2016 five-year capital spending plan for affordable senior housing purposes, and an additional \$300 million was committed in the current plan.

- These State- and federally subsidized housing properties are designed to support independent living and aging in the community, even as residents may require more assistance over time, and typically must adhere to strict ADA compliance guidelines.
- If the Resident Assistant proposal were to be funded in New York, existing, age-friendly properties could immediately begin to seek Resident Assistants, resulting in real-time return on investment and better outcomes for low-income older New Yorkers.

Some HUD-assisted senior housing buildings receive funding to participate in the Service Coordination Program which supports social service staff persons in multifamily housing buildings designed for seniors and those with disabilities.

- Service Coordinators link residents with community-based services and agencies, provide advocacy on behalf of residents and their families, and help residents maintain strong and positive social connections to support healthy aging in place for those who might not otherwise be able to afford assistance.
- Throughout the COVID-19 pandemic, Service Coordinators in HUD-financed senior housing offered assistance with obtaining COVID vaccines, COVID tests, and masks, as well as social connections when residents were most isolated.
- Only approximately one-third of HUD senior housing buildings in New York State receive funding for Service Coordinators.

Similarly, the Selfhelp Active Services for Aging Model (SHASAM) offers social work services to support the health and wellness of residents aging in their own home.

- A rigorous study of the SHASAM program, featured in Health Affairs, found that the average Medicaid payment per person, per hospitalization was \$3,937 less for Selfhelp residents as compared to older adults living in the same Queens zip codes without services, and Selfhelp residents were 68 percent less likely to be hospitalized.
- Furthermore, with the SHASAM resident assistance model in place, less than 2% of Selfhelp's residents are transferred to a nursing home in any given year.

ISSUES: There are few funding opportunities for programs like SHASAM and Service Coordination in the State, even though these models have proven effective. It's estimated that only 233 of the nearly 700 eligible HUD multifamily properties for seniors in New York are currently receiving federal funds for Service Coordination. The remaining 460 HUD-assisted properties, as well as the independent senior housing properties developed using the State's Low Income Housing Tax Credits (LIHTCs) or funds from Homes & Community Renewal's five-year capital plan, have little or no avenue outside of charitable donations to implement a Resident Assistant position. Without State operational support, the thousands of aging New Yorkers living in these communities may never benefit from this successful model that has been proven to limit avoidable emergency room usage and reduce reliance on high-cost long-term care for low-income older adults.

Over recent years, New York has invested heavily in the supportive housing model, which is an effective method of achieving similar outcomes as the Resident Assistant initiative, but for different population cohorts. The older adult population, while rapidly growing and ultimately a high-cost Medicaid population, does not in and of itself qualify for supportive housing programs. In order to qualify for supportive housing, older adults must meet additional criteria, such as being homeless, at risk of homelessness, unstably housed, or unnecessarily institutionalized. Additionally, the types of supportive services needed by older adults in a Supportive Housing model (e.g., arrangement and coordination of health care services, medication management) would likely trigger the need for licensure as an adult care facility (ACF).

Conversely, the Resident Assistant initiative is intended to address the needs of older adults living in

subsidized and income-restricted housing by virtue of their age and income alone, and to do so before an ACF or higher level of long-term care becomes necessary. This approach takes into consideration the statutory and regulatory framework of ACFs and assisted living in NY and overcomes the limitations of supportive housing and other State programs as they relate to connecting low-income older adults with community supports.

FISCAL IMPACT: We recommend allocating \$10 million in State funds over five years to support Resident Assistants in at least 10, 100-unit affordable senior housing buildings, which would provide up to \$170,000 per building per year to support at least one full-time Resident Assistant. We estimate that this would generate a state share savings of \$4 million per year, with net savings (after the \$2M annual investment) of \$2 million state share annually.

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References

- ⁱ <https://www.nyc.gov/site/cidi/projects/aging-homeless-study.page> Between 2004 and 2017
- ⁱⁱ <https://www.nyc.gov/site/cidi/projects/aging-homeless-study.page> Between 2004 and 2017
- ⁱⁱⁱ <https://www.nytimes.com/2023/06/28/nyregion/nyc-homeless-shelter-population.html>
- ^{iv} <https://gothamist.com/news/street-homelessness-on-the-rise-in-nyc-despite-sweeps-survey-shows>
- ^v <https://www.nyc.gov/site/dhs/about/stats-and-reports.page>
- ^{vi} [Aging-Homeless-Study-Report.pdf \(nyc.gov\)](#)
- ^{vii} https://endhomelessness.org/wp-content/uploads/2023/01/1-31-2023_OlderAdultHousingDisparity.pdf
- ^{viii} An intervention that pairs short-term rental subsidies with case management and other services to support housing stability
- ^{ix} https://endhomelessness.org/wp-content/uploads/2023/01/1-31-2023_OlderAdultHousingDisparity.pdf
- ^x [HRA-Local-Law-3-CFY2022-08312023.pdf \(nyc.gov\)](#)
- ^{xi} <https://endhomelessness.org/blog/latest-ahar-confirms-growing-concerns-about-older-adult-homelessness/>
- ^{xii} Data collected by ACL. Note that this data is based off of 73 respondents, representing 22,000 OMH residential clients.
- ^{xiii} Data from NYC LL3 Report. Note that this data only accounts for those referrals going through CAPS in a given year and may not account for all referrals to supportive housing.
- ^{xiv} <https://www.nytimes.com/2022/04/20/nyregion/loneliness-epidemic.html>
- ^{xv} <https://www.nyc.gov/site/doh/health/health-topics/loneliness.page>
- ^{xvi} [Surgeon General Advisory Raises Alarm About the Devastating Impact of Loneliness and Isolation in the United States - American Academy of Audiology](#)
- ^{xvii} https://endhomelessness.org/wp-content/uploads/2023/01/1-31-2023_OlderAdultHousingDisparity.pdf