

S U M M A R Y
R E P O R T

Center for Home Care Policy & Research

Linking Housing and Long-Term Care Services for Older Adults

Information Brokering
for Long-Term Care

*Center for Home Care Policy & Research
Visiting Nurse Service of New York*

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I. Introduction

The aging of the U.S. population has increased awareness of the long-term care (LTC) needs of older adults. However, the close relationship between housing arrangements and LTC services is often overlooked. Access to affordable, elder-friendly housing is a key predictor of whether older adults can remain in their own homes as they grow older. Moreover, the array of LTC services older adults receive is often dependent on the type of housing available to them.

This report calls for an integrated approach to housing and LTC, in order to expand consumer choice in both areas. It offers recommendations on how to move the U.S. toward a system that is more responsive to consumer needs and preferences and that promotes co-location of housing and LTC “on the ground.” The discussion and recommendations are the product of a February 2004 conference on the topic “Linking Housing and Long-Term Care Services for Older Adults.” The conference, convened by the VNSNY Center for Home Care Policy & Research, brought together policy-makers and researchers, as well as housing experts, LTC providers, and representatives from national associations and the federal government, to discuss strategies to understand—and improve—the linkages between housing and services for older adults. [Note: Appendices A and B contain the list of participants and the conference agenda.]

The conference’s objectives were to:

- Identify key issues and review state experiences in developing linkages between housing and supportive services
- Identify “high leverage” strategies and mechanisms for promoting housing and LTC service combinations
- Identify research and demonstration needs and opportunities to support the development of effective, integrated housing and LTC services

In addition to the conference products available under Information Brokering for Long-Term Care at <http://www.vnsny.org/research/projects/type2.html> the conference resulted in publication of a special issue of the *Journal of Housing for the Elderly* (Pynoos et al., 2005a) and a monograph, *Linking Housing and Services for Older Adults: Obstacles, Options and Opportunities* (Pynoos et al., 2005b), that feature the four conference papers as well as three additional papers written by conference participants after the conference.

This report is part of the Robert Wood Johnson Foundation-funded project *Information Brokering for Long-Term Care*. The goals of the Information Brokering project are to:

- **Improve dialogue and strengthen links between LTC researchers and policymakers**
- **Bring research to policymakers**
- **Make research more policy-relevant**

II. Terms and Definitions

Disparate decision makers from the very different worlds of housing and LTC do not share a common language. Conference participants observed that confusion over terminology impedes the collaborative thinking and clear communication necessary for joint housing-LTC policy development.

For the purpose of conference discussion, participants adopted the term “service-enriched housing” to refer to “living arrangements that include health and/or social services in an accessible, supportive environment.” Service-enriched housing can include group residences specifically designated for older persons, such as government-subsidized senior apartments, retirement housing, assisted living (AL) or other “residential care” settings. It can also include naturally occurring retirement communities (NORCs), which are made up of dwellings that were not designated for older persons but where seniors have lived for most of their adult lives (“aging in place”). NORCs can be public housing, private apartment buildings, mobile home parks, or any neighborhood with a high concentration of older persons who have aged in place (Pynoos et al., 2004).

Within the context of service-enriched housing, conference participants underscored the problem of eliciting a common answer to the question: how does “assisted living” differ from “congregate care” or “residential care” (and how does each differ from “institutional care”). With few exceptions, states do not regulate the nomenclature used by residential care settings for marketing purposes. Indiscriminate use of the term “assisted living” obscures the differences between

types of residential care settings and makes it very difficult for consumers to determine what setting will best meet their current and future needs (O’Keeffe & Wiener, 2004).

The Housing and LTC Services Portfolio

Although philosophical and political issues sometimes impede the quest for common terminology, the strong consensus of the conference was that consumer-focused advances in policy and research will require:

- 1) Developing clearer definitions and classifications of both housing and service options
- 2) Treating housing and services as a single portfolio that varies along several key dimensions

These dimensions are portrayed in Figure 1 and outlined below.

- 1) **Locus of Responsibility:** The locus of service responsibility includes the:
 - Arranger of services (e.g., individual consumer, service “broker,” building owner or sponsor)
 - Provider of services (e.g., free standing organization,

consumer-directed provider, organization under contract to a housing sponsor, salaried staff of a housing provider)

- 2) **Setting Characteristics:** This dimension describes the type of setting in which services may be provided. For example:

- Type of housing (e.g., individual houses or apartments, clustered apartments or houses, group housing)
- Purpose-built vs. retrofit structures
- Physical characteristics of the building and rooms (e.g., size, private rooms/bathrooms, amenities, etc.)
- Entry/exit requirements (that permit or prohibit a person from aging in place as personal assistance or skilled service needs increase)

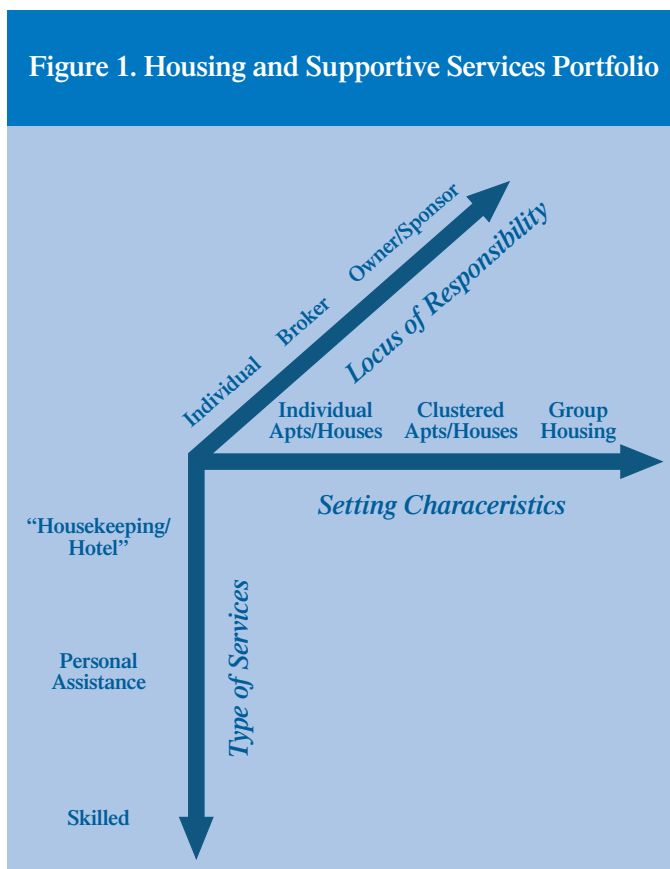
- 3) **Type of Services:** This dimension includes all of the service components offered. For example:

- “Housekeeping/hotel” services (e.g., meals, cleaning, laundry, and recreation services)
- “Personal assistance services” (e.g., help with activities such as bathing and dressing)
- “Skilled services” (e.g., service coordination, medication management, 24-hour nurse oversight)

Conference participants noted that defining the service component includes not only outlining the types of services provided but also specifying the types of people providing the services and how they are packaged and paid for.

III. Lessons from Conference Papers

Two synthesis papers and two case studies were commissioned to inform the conference deliberations. Jon Pynoos and colleagues (2004) prepared a synthesis paper that reviewed the rationale for investing in service-enriched housing, the strategies for promoting it and the barriers to success, as well as the various trade-offs involved in program planning. Janet O’Keeffe and Joshua Wiener (2004) prepared a synthesis paper that reviewed public funding options for service-enriched housing and, in particular, the issues involved in expanding options for Medicaid recipients. Debra Tillery (2004) prepared a case study on supportive housing initiatives in Arkansas, while Nancy W. Sheehan and Claudia



E. Oakes (2004) prepared a case study on supportive housing policy in Connecticut.

Homes of Choice: Towards More Effective Linkages Between Housing and Services

Why should states invest in service-enriched housing? In reviewing extant research on housing-service linkages, Pynoos and colleagues (2004) cited a number of potential benefits. Service-enriched housing is attractive to states because it:

- Provides alternatives to costly institutionalization
- Helps housing sponsors create more successful tenancies by increasing resident satisfaction and decreasing resident turnover
- Enables local service providers to deliver services more efficiently
- Benefits residents, who can retain their independence longer in settings of their choice
- Eases residents' transitions from one setting to another

Research has shown that even low intensity programs involving only service coordination can support aging in place and help maintain frail older persons in residential settings.

Nevertheless, a variety of barriers impede the development of a comprehensive set of service-enriched housing options available to a wide population of older adults. Even creating a limited number of successful, small-scale programs can be a Herculean task. Impediments to housing-service linkages include:

- Organizational barriers related to the large number of agencies and entities with some responsibility for service-enriched housing
- Financial barriers due to the need to piece together financing from numerous state, federal, and local sources
- Regulations that may delay housing development if the licensing and regulatory processes are uncoordinated

In order to overcome these barriers, successful states have engaged in strategic planning, brokered resources from many sources, and served as a catalyst and convener to bring together housing sponsors and service providers at “the same table.” The authors summarized a number of specific strategies that states have implemented individually or in combination in order to address their unique needs (Table 1). The strategies are listed according to the level of state investment required, with lower level investments listed first.

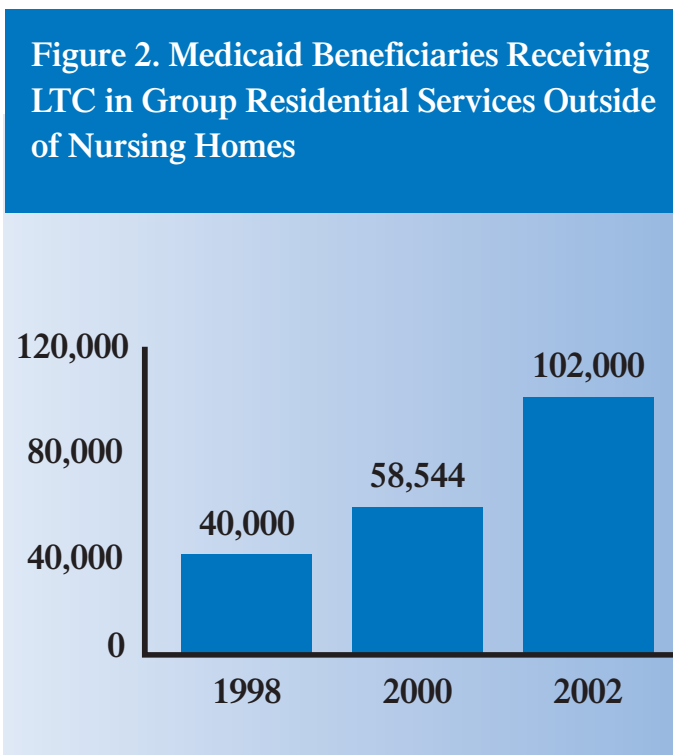
Table 1. The Continuum of State Strategies for Service-Enriched Housing

<ol style="list-style-type: none"> 1. Encourage housing sponsors to include service coordinators and service linkages in existing housing 2. Increase the efficiency of service delivery 3. Encourage housing sponsors to incorporate assisted living services into existing housing 4. Provide vouchers for private assisted living 5. Encourage health care providers to incorporate supportive housing into service programs 6. Retrofit housing buildings and units to make them more supportive 7. Transform multi-unit housing into assisted living 8. Mobilize resources to prevent affordable housing from converting to market prices 9. Mobilize resources to develop new supportive housing stock or establish purpose-built assisted living 	<p>Lower level of investment</p>  <p>Higher level of investment</p>
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A number of policy issues need to be addressed to implement these strategies on a large scale. Financial resources need to be mobilized from multiple sources that cross traditional program lines. Physical infrastructure needs to be developed, both retrofitting current structures and building new structures. Regulatory concerns and philosophical issues need to be discussed and rationalized at the senior policy level and at the operational level, where these decisions will have to be implemented. Finally, housing and service components need to be created and packaged in such a way that they are feasible to implement and are viewed as a viable option by older adults.

Public Funding for Long-Term Care Services for Older People in Residential Care Settings

In their paper Janet O’Keeffe and Joshua Wiener (2004) reviewed the housing and service options currently offered by Medicaid as well as the issues related to expanding those options. Significant expansion has, in fact, occurred over a relatively short period of time. From 1998 to 2000, the number of Medicaid beneficiaries receiving LTC services in group residential settings outside of nursing homes increased by 46 percent, while from 2000 to 2002, the number increased by 75 percent (see Figure 2).



Source: O’Keeffe & Wiener, 2004.

The paper addressed three specific questions:

- What mechanisms should states use to expand residential care coverage for Medicaid beneficiaries?
- Are rates (service and room and board) adequate to provide good quality care?
- Do existing facilities provide the autonomy and privacy on which the expansion of Medicaid coverage is premised?

The authors pointed out the many trade offs inherent in each state’s answers to these questions. For example:

- Using the Medicaid “waiver”¹ option as a vehicle to expand Medicaid beneficiaries’ access to care in residential settings allows coverage of a wider range of services than using the Medicaid personal care option, which covers only personal assistance services. However, use of the waiver option limits eligible beneficiaries to those who would otherwise need to be institutionalized, while the personal care option is an open-ended Medicaid entitlement.
- Limiting room and board charges that residential care or AL providers can impose on Medicaid beneficiaries to the federal Supplemental Security Income (SSI) benefit (minus a small personal needs allowance) increases the affordability of service-enriched housing. However, such limitations may reduce the number of providers willing or able to offer high quality housing-linked services to the Medicaid population.
- Giving providers discretion to determine whom they will serve can allow residents to stay in a setting even as their needs increase. However, it can also lead to inappropriate retention of residents who require more highly skilled services than the provider offers and/or to inappropriate discharge or “creaming” of light care residents.

O’Keeffe and Wiener conclude that states need to find the appropriate balance between the many competing goals that confront them. This balance, in turn, will vary depending on a state’s fiscal and political environment and the unique characteristics of its LTC and residential care systems.

¹Under Section 1915(c) of the Social Security Act, states may apply to the U.S. Department of Health and Human Services for a waiver of certain federal requirements to allow states to provide home and community based services (HCBS) to individuals who would otherwise require services in an institution. Under the HCBS waiver authority, states can provide services not covered by a state’s Medicaid program, such as personal emergency response systems, respite care, and environmental accessibility adaptations, as long as these services are required to keep a person from being institutionalized.

Case Studies

In *Public Policy Initiatives Addressing Supportive Housing: The Experience of Connecticut* (Sheehan & Oakes, 2004) and *Supportive Housing Initiatives in Arkansas* (Tillery, 2004) the authors examined two very different states to identify the specific strategies used to promote service-enriched housing for older adults.

Connecticut has been attempting to address the imbalance of its costly LTC system. In 2002, seventy percent of the state's LTC expenditures went to institutional care, and nursing home costs had doubled since 1990 to \$1.03 billion. In 2002, the state ranked second in the U.S. in LTC per capita expenditures. Connecticut is addressing these issues through multiple initiatives (see Side Bar).

Arkansas is a predominantly rural state with the highest poverty rate in the nation (tied with Mississippi). It has a large and growing aging population, 35 percent of whom are classified as poor or near poor. These factors have influenced the relatively slow development of LTC and housing options in the state and prompted the creation of a number of initiatives (see Side Bar) to improve the situation.

In order to increase housing-LTC linkages, both states:

- Conducted comprehensive LTC planning efforts that engaged a broad cross-section of stakeholders and identified problems, barriers and creative solutions to expand service-enriched housing
- Identified and mobilized a wide range of incentives and financing sources to expand the range of options available to residents of the state

Discussion

Each of the conference papers provoked further discussion of the issues. Comments emphasized three main themes.

- 1) **Leadership, strategic planning, and partnerships are essential to creating a strong service-enriched housing platform.** Strong, effective leadership at a high level in the executive branch is essential. Partnerships among different agencies, service providers, and private organizations are vital. Engagement of all key stakeholders facilitates formation of a common vision and mobilization of necessary resources. Public engagement in the planning process increases public awareness and

Connecticut – Creating New Options in a State with a High Concentration of Costly Institutional Care

- Connecticut's LTC Plan involves expanding service-enriched housing by:
 - Increasing housing options through Section 8 vouchers
 - Creating incentives for nursing homes to convert to assisted living or independent living facilities that emphasize consumer direction and choice
 - Expanding assisted living options for non-elderly persons
 - Establishing a Resident Services Coordinator in every state-funded elderly housing complex
- Specific service-enriched housing initiatives for older adults include:
 - Assisted Living Services in Congregate Housing
 - Assisted Living Services in Federally Subsidized Senior Housing
 - Affordable Assisted Living Demonstration Project
 - Private Pay Assisted Living Pilot
- Additional approaches include the limited addition of service coordination and congregate housing services programs:
 - State funding provides service coordinators in some housing facilities for older adults
 - A combination of federal funds and Area Agencies on Aging funds provides non-medical "congregate" services to some older adults in rural facilities

Arkansas: Housing Initiatives in a Rural State

- **The Coming Home Program:** The goal of this program is to create affordable Assisted Living options, especially in rural areas. The program combines Medicaid, tax credits, Robert Wood Johnson Foundation, and NCB Development Corporation funding to make such options possible. It created legislation to recognize Assisted Living as a new category in LTC facilities.
- **The ARC of Arkansas:** The goal of ARC is to integrate persons with disabilities into the community. It combines traditional funding resources with Historic Preservation Tax Credits and has created four housing projects with 131 rental units in historic buildings. Notably, it combines disabled with non-disabled residents.
- **Area Agencies on Aging:** AAA's goal is to offer low-income housing solutions by funding projects through Housing and Urban Development (HUD) and the Arkansas Development Finance Authority (ADFA). It works exclusively with HUD Section 202 projects where risks are significant, including:
 - o Complicated application/funding processes
 - o Mandatory initial/non-recoverable costs
 - o Significant administrative costs
- **Governor's Task Force on Supported Housing:** This task force was created to identify and overcome barriers surrounding the availability of supportive housing in response to the Olmstead Decision. It convened consumers, advocates, policymakers, and providers and developed recommendations for the governor for a 3-year time frame.

enhances the political prospects of proposed initiatives. Program evaluation is necessary to assess outcomes and to address unanswered questions.

- 2) **Allocation of resources is key.** Resources should be mobilized to: a) prevent currently affordable housing from converting to market prices, and b) develop new housing stock and purpose-built assisted living that is reasonably priced. Combining traditional resources with tax credits further expands funding options.
- 3) **A plan—and incentives to change—are needed at the frontline operational level.** *Housing sponsors* need encouragement and incentives to incorporate services into existing housing. *Service providers* need incentives to incorporate housing into service programs. Establishing onsite service coordinators and linkages to local service providers can benefit housing sponsors and service providers alike, while enhancing the lives of older adults in need of additional assistance.

IV. High Leverage Strategies for Service-Enriched Housing

After conference participants discussed the papers and case studies, they broke into small groups charged with proposing broad strategies and “high leverage” mechanisms to promote service-enriched housing for older adults. Each group concentrated its efforts on one of three focus areas:

- 1) Integrating housing and supportive services at the policy level
- 2) Integrating housing and supportive services at the operational level
- 3) Ensuring consumer choice and autonomy

The combined recommendations of the three groups—as well as some mechanisms proposed to move them forward—are summarized below.

Recommendations

- 1) Create a system that responds to consumer needs and preferences by:
 - a. Offering an array of services and innovative service packages that can apply to existing housing stock

- b. Promoting home-like settings where having privacy, control, and a voice is valued
- c. Building new systems of quality assurance that provide a level of safety while maintaining consumer preference
- d. Supporting informed decision making

Mechanisms

- Include consumers in state and local decision-making/planning processes
 - Provide consumers with information and a network of advocates
 - Allow entitlements to follow the person irrespective of setting
 - Empower consumers with cash/service budgets
 - Allow consumers to make their own entry/exit decisions from residential care settings
 - Provide incentives for housing sponsors and service providers to develop more consumer-friendly structures and practices
 - Create incentives for state/local change, e.g., through special purpose grants and/or set-asides
- 2) Align missions, strategies and policies of state and local housing and service agencies by:
- a. Identifying and implementing mechanisms and models to bridge organizational and programmatic differences in the short run
 - b. Bringing models to scale over the long run

Mechanisms

At the state and local level:

- Identify leaders to champion organizational and policy change
- Coordinate a vigorous planning process that engages housing and service agencies with consumer and provider stakeholders
- Use the planning process to acknowledge the differences between housing and service agencies and to understand legal and bureaucratic constraints and opportunities
- Identify incremental steps that can be taken (e.g., extend service coverage to Medicaid

beneficiaries in assisted living) to strengthen housing service linkages

- At the same time, identify processes in need of fundamental change (e.g., Medicaid financial eligibility)

At the federal level:

- Identify and disseminate information on successful models (e.g., Interagency Council on Homelessness, National Governor's Conference on Aging) and mechanisms (e.g., rotating interagency chairs) to promote cohesiveness and to initiate change (e.g., prepare and distribute a manual for coordination between housing and service entities)
- Plan and implement a "road show" to market models to states
- Put more resources at the state level where decisions are being made
- Create financial and regulatory incentives for state/local change

3) Foster the co-location of affordable, financially sound, consumer friendly housing and LTC services "on the ground" by:

- a. Promoting provision of services and service coordination in existing public housing
- b. Building new capacity

Mechanisms

- Bring state/local housing and service providers together physically and organizationally
- Develop strong leadership "to ignite fires" at all levels
- Create political buy-in for change, including from consumers
- Provide extensive training and technical assistance from direct care to system development, to build knowledge and skills at the operational level
- Leverage public-private partnerships
- Find ways to move money around to create demonstrations that can test new models (e.g., obtain federal waivers to pool dollars from multiple programs)

- Rely on creative uses of peoples’ assets at all income levels to expand the available dollars (move beyond “reverse mortgages” to devise other mechanisms for tapping assets in homes)
- Develop stronger mechanisms for accountability to ensure successful change

Obstacles

Notwithstanding an ambitious change agenda, the groups identified a number of common barriers to be overcome or circumvented in order to realize their recommendations. The obstacles range from structural, to philosophical, to operational.

1) **Structural** - The fragmentation of the U.S. political system and the corresponding multitude of mandates, agencies, programs, regulations and funding authorities at every level impede systemic change. Piecemeal reform is slow, difficult, and frustrating, given inertia and the lack of powerful national leadership. Structural problems include:

- Federal (and state) legislative committees with different areas of responsibility
- “Turf” issues due to the large number of agencies and players involved
- Entrenched constituencies that oppose innovations in entitlement programs
- Rigid regulations that impose conflicting requirements on housing and service provision
- Inflexible funding rules that make it difficult to pool resources from multiple sources
- The lack of cooperation and incentives to collaborate
- A political process with a short time horizon for defining success

2) **Philosophical** - Differences in values and beliefs make it difficult to embody consumer preference and choice in day-to-day policy and practice. What level of individual risk is permissible? What is the level of public accountability for adverse events arising from individual decisions? How much freedom should be granted to individuals reliant on public subsidies to choose their sur-

roundings, their neighbors and their services? How can housing sponsors and service providers balance individual choice with financial viability and organizational liability? Strongly felt and legitimately different views on these questions make policy development and innovation a slow and sometimes painful process.

3) **Operational** - A number of operational issues related to quality, access, integration, and measurement surfaced in the discussion. They included:

- Difficulty in defining and operationalizing consumer choice for special needs populations such as individuals with mental illness or Alzheimer’s Disease
- Complexity in offering/integrating multiple and varied programs and services, especially in a single setting
- Challenges in helping consumers manage the complexity of choosing among multiple choices and services
- The need to determine what outcome measures should be used and how to use them, and the ability to document cost and quality of life outcomes

V. Conclusions

During the final plenary session, conference participants reiterated and underscored many of the issues and themes discussed in the papers and breakout sessions. They highlighted five main conclusions.

- 1) *The intersection of housing and LTC services is the next critical arena for addressing the needs and preferences of older adults.* Leadership and policy champions are needed at both the federal and state level to effect necessary changes in housing and LTC policy and to expand options that capitalize on both housing and LTC resources. Effective leaders will, in turn, engage consumer stakeholders at every stage of the policy dialogue to incorporate their perspectives and provide political clout in support of constructive change.
- 2) Mechanisms must be developed so that policy makers and providers in the housing and LTC services arenas have the opportunity to develop a common

language, understand their respective differences and mutual concerns, and create common goals to promote an array of workable service-enriched housing options. Common definitions and classifications are important not only for policy development but also to inform consumer choice.

- 3) A number of states and localities have already developed housing-service linkages that “work.” These models need to be identified and replicated on a larger scale. New models, too, need to be developed based on lessons learned from earlier successes and failures. However, there is a dearth of information documenting the quality and outcomes of service-enriched housing models. Measures of quality and outcomes must be defined, and reliable, affordable data collection strategies must be devised that take into account the variety of settings and services involved and the dynamics of individual change over time.
- 4) Finally, systemic change is needed, but the perfect should not be the enemy of the good. Many concrete, incremental changes can be implemented to promote consumer choice and autonomy and advance the integration of housing and supportive services at the levels of both policy and operations. Consumers must be involved in both creating and evaluating options – in both the big picture and smaller operational details - and must be engaged in an ongoing dialogue to promote continuous improvement.

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Center for Home Care Policy & Research

The Center for Home Care Policy & Research conducts scientifically rigorous research to promote the delivery of high quality, cost-effective care in the home and community and to support informed decision making by policymakers, payers, managers, practitioners, and consumers of home- and community-based services.

The Center for Home Care Policy & Research was founded in 1993 and has a close relationship with its parent agency, the Visiting Nurse Service of New York, the largest nonprofit home care agency in the United States.

Appendix A

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Appendix B

INFORMATION BROKERING FOR LONG-TERM CARE LINKING HOUSING AND LONG-TERM CARE SERVICES FOR OLDER ADULTS

CONFERENCE AGENDA

Thursday – February 12, 2004

- 3:00 p.m. – 3:30 p.m. Introduction: Purpose of the Meeting - Penny Feldman**
- Consider issues and review state experiences in linking housing and supportive LTC services.
 - Identify “high leverage” strategies and mechanisms to create and/or strengthen these linkages for older adults.
 - Identify policy-related research and demonstration needs/opportunities in this area.
- 3:30 p.m. – 4:00 p.m. Setting the Stage: The Federal Perspective**
- Ruth Katz, Office of the Assistant Secretary for Planning and Evaluation
 - Dina Elani, Centers for Medicare and Medicaid Services
- 4:00 p.m. – 5:00 p.m. Homes of Choice: Towards More Effective Linkages Between Housing and Services - Jon Pynoos**
- What are the key strategies proposed for more effective linkages between housing and services?
 - What are the major barriers standing between these strategies and successful linkages?
- 5:00 p.m. – 5:15 p.m. Break**
- 5:15 p.m. – 6:15 p.m. Medicaid Funding of Long-Term Care Services for Older People in Residential Care Settings: Policy Issues and Research Needs - Janet O’Keeffe**
- What are the major issues states face when dealing with Medicaid funding and long-term care services?
 - What are the key strategies proposed to handle these issues?
 - Given the complexity of issues, how can access to a high quality array of LTC options be guaranteed for Medicaid recipients?
- 6:15 p.m. – 6:30 p.m. Wrap Up - Penny Feldman**
- 6:30 p.m. – 7:15 p.m. Reception**
- 7:15 p.m. Dinner**

Friday – February 13, 2004**8:00 a.m. – 8:30 a.m. Breakfast****8:30 a.m. – 9:30 a.m. Case Studies:**

- Public Policy Initiatives Addressing Supportive Housing: The Experience of Connecticut - Nancy Sheehan
- Supportive Housing Initiatives in Arkansas - Debra Tillery
- What strategies and mechanisms appear to have been most successful in Arkansas and Connecticut? Why? Which have been least successful and why?
- What important lessons can be learned from the work done with other populations?
- What is the best way to achieve successful collaboration?
- What are the major barriers to replicating the successes seen in Arkansas and Connecticut in other states?

9:30 a.m. – 10:30 a.m. Discussion of Emergent Themes, Issues, Lessons

- What are the emergent themes, issues and lessons that will be most helpful to policymakers in thinking about “high leverage” mechanisms to encourage “linkages” between housing and supportive services?
- How can we group these into a useful set of organizing principles for policymakers?

10:30 a.m. – 10:45 a.m. Break**10:45 a.m. – 12:15 p.m. Concurrent Breakout Sessions**

Meeting participants will break into small groups. Each group will focus on a broad strategy and related “high leverage” mechanisms to encourage “linkages.”

- What are the “high leverage” mechanisms within this broad strategy?
- What are the main political issues that affect their feasibility?
- What are the main practical issues that affect their feasibility?
- What are the potential benefits? Potential negative/perverse/unintended consequences?
- What are the additional information needs?
- Would you recommend a demonstration to test out your recommended approach/mechanisms? What would the demonstration look like?

12:15 p.m. – 1:00 p.m. Lunch**1:00 p.m. – 2:00 p.m. Report Back**

The small groups will report back on their groups’ findings, and areas of similarity and disagreement will be discussed.

2:00 p.m. – 3:30 p.m. Summary and Conclusions

Meeting participants will formulate their priorities, recommendations and “cautions.”

Appendix C

Recommendations for Further Research on This Topic

- 1) Assess the current range of housing and service arrangements to identify innovative models and natural experiments
- 2) Develop the ability to measure supply and demand in different locations
- 3) Analyze income structure for the 85+ population, in addition to the 65+ population
- 4) Identify and measure appropriate outcomes
- 5) Develop the ability to learn from how higher income people have purchased services in order to help identify the needs and wants of consumers
- 6) Research and model various housing and service packages, taking into account:
 - Their ability to allow benefits to follow the consumer (including through individual service budgets)
 - Levels of acceptable risk to the consumer and how to handle in terms of quality assurance and regulation
 - Cost implications
 - How these packages differ from home care
- 7) Develop a manual of coordination by the federal government
- 8) Determine mechanisms to create political buy-in
- 9) Create and test educational campaigns for consumers on housing and LTC issues