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Case Study

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Coordinating and Leveraging
Long-Term Supports with Affordable
Assisted Living in Public Housing:
Florida Case Study

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Florida Case Study

Case Studies Prepared as a Result of the CMS State Leadership Symposium
Coordinating and Leveraging Long Term Supports with Affordable and Accessible Housing

Titusville Towers -- Florida Model for Affordable Assisted Living in Public Housing

I. History and Background

This case study describes the development and operations of assisted living units coordinated with independent senior units in a public housing location: Titusville Towers in Titusville, Florida. Because this example uses an existing facility, replication of this case study demonstrates that time and cost will be substantially less than new construction of an assisted living facility.

Titusville Towers is owned and operated by the Titusville Housing Authority (THA). Titusville Towers for many years served the general public housing population until THA applied for and received approval from HUD to designate it as seniors-only housing. The Titusville Housing Authority was proactive in addressing the housing and service needs of their elderly residents and were concerned that these residents often had to move out of their apartments and away from their community as they became frailer. Since Titusville is a relatively small community in a predominantly rural county, their elderly residents had to move to a local nursing home or access affordable assisted living facilities many miles away from their families and friends.

In 1998, THA began considering and determining the feasibility of converting all or part of Titusville Towers into an assisted living facility for elderly public housing residents. The Titusville Towers worked closely with relevant affordable housing and long-term care national, state and local organizations, as well as private consultants, with expertise in developing assisted living in public housing. In the pre-development and development phases THA worked closely with HUD, the Florida Housing Finance Corporation's SHIP Program, Brevard County Council on Aging, local county and city governments and MIA Consulting, Inc. In the pre-operations, licensure and operations phases the Florida Coming Home Program and its partners became key stakeholders in the Titusville Housing Authority's affordable assisted living project. The technical assistance and support provided by Florida's Coming Home Program was instrumental in the opening and continued operations of this affordable assisted living facility.

The Florida Department of Elder Affairs (DOEA) is a state grantee of the Robert Wood Johnson Foundation's Coming Home Program. NCB Development Corporation (NCBDC) administers the National Coming Home Program and is an integral partner by providing support and technical assistance to the state programs and affordable assisted living demonstration projects. DOEA utilized its \$300,000 grant award to establish and administer the department's Coming Home Program (CHP) with the mission to promote and facilitate the development of affordable assisted living in underserved geographic areas (i.e. rural) and target populations (i.e. public housing). The primary partners of Florida's CHP are the Florida Housing Finance Agency, Agency for Health Care Administration, and local area agencies on aging. Major objectives of Florida's CHP were to identify and address barriers to the development and operations of affordable assisted living; develop and establish a Web site to provide comprehensive information and resources regarding assisted

living, long-term care and affordable housing in Florida; as well as support and provide technical assistance to communities and/or organizations striving to develop and operate affordable assisted living in underserved areas.

The Titusville Towers ALF conversion project requested to be a Florida Coming Home Program affordable assisted living demonstration in November 2002 in order to receive technical assistance and support regarding ALF licensure, operations and public resident funding resources. The program established a network of state and local stakeholders to provide significant support to this non-traditional ALF owner and operator.

Project Location	Titusville, Florida
Development Period	4 years
Construction Duration	39 months
Opening Date	August 2003
Lease-Up Period	0 months (were already at 100% occupancy with independent living residents prior to commencement of the assisted living program)
Total Dev. Costs	\$1.3 million
In-Kind Contributions	\$7.5 million – building and land were donated by Housing Authority
AL Licensure Category	Standard ALF and Extended Congregate Care (ECC)
Number of AL Units	Currently there are 57 units occupied with 57 residents (77 licensed AL beds including 10 people who have waived assisted living services until needed)
Affordable AL Units	Number of Units for Medicaid Recipients - 37 (58.7%) Number of Rent Subsidized Units – 57 (100%)
Other Unit Types	Senior Independent Living Units - 63 Nursing Home Units - 0 Other - 0
Adjacent Services	Transportation stop, grocery store, pharmacy, and entertainment
Service Subsidies	Medicaid waiver, Assistive Care Services, SSI, OSS, VA Housebound benefits, VA Aid and Attendance, and Nursing Home Diversion program

For the purposes of this case study, assisted living is defined as the housing with services category offering private apartments and high levels of service, including 24-hour awake staffing. The services offered at Titusville Towers are designed to support residents who qualify for nursing home services under the state Medicaid program but desire and are appropriate for a more residential alternative.

1. Project licensure category	Standard ALF and ECC
2. Number of licensed units	57 AL units with a capacity for 77 residents

3. Number and percentage of assisted living units designated as private occupancy (except by the residents choice – e.g., a couple, sisters who want to share an apartment)	57 (100%)
4. Number of units designated for people who qualify for Medicaid or other service subsidy	All 57 units are available to persons who qualify for the Medicaid waiver
5. Number of actual Medicaid (or other specified subsidy) clients or units	37 Medicaid residents. There are not enough Medicaid waiver slots available to cover all units
6. Number of units with affordable rents regulated by capital funding or financing agreements	None
7. Number of units/residents using Housing Choice Vouchers (HCV) or similar rent subsidies to subsidize rents	None, because the facility is owned by Titusville Housing Authority, residents are not able to access HCV
8. Number of residents receiving rent subsidies and not governmental services subsidies	10 residents currently do not receive service subsidies and an additional 4 are not receiving service subsidies while on waiting lists for Medicaid waivers
9. Service payment source for residents with rent but not government service subsidies.	Private pay
10. Unit characteristics apartment-style kitchenette private bathroom studio (average square feet) one-bedroom (average square feet) other features single occupancy except by choice shared occupancy telephone jack handicap accessible Cable TV	<ul style="list-style-type: none"> ▪ Yes ▪ Yes (sink, refrigerator, stove, oven) ▪ Yes ▪ Yes (400 sq. ft.) ▪ Yes (500 sq. ft.) ▪ Pets allowed, offer furnished units ▪ Yes ▪ Yes ▪ Yes ▪ 6 ADA units, the rest are accessible by wheelchair

11. Number of floors in the building	12																				
12. Types of social spaces	Dining room, activities room, day room (includes elements of a living room, game room, sitting room, and library), front lobby area																				
13. Resident laundry facilities available?	Yes																				
14. Project type	Rehabilitation of facility for an assisted living facility																				
15. Site zoning	Commercial, no re-zoning was necessary, but developers did have to fight being classified as a Congregate Meal Site.																				
16. Neighborhood amenities	<table border="0"> <tr> <td>Library</td> <td>public/private transit</td> </tr> <tr> <td>Health clinic</td> <td>public/private transit</td> </tr> <tr> <td>Senior center</td> <td>private transit</td> </tr> <tr> <td>Fitness center</td> <td>private transit</td> </tr> <tr> <td>Grocery</td> <td>walk, public/private transit</td> </tr> <tr> <td>Pharmacy</td> <td>walk, public/private transit</td> </tr> <tr> <td>Beauty salon</td> <td>private transit</td> </tr> <tr> <td>Entertainment</td> <td>walk, public/private transit</td> </tr> <tr> <td>Transportation stop</td> <td>walk</td> </tr> <tr> <td>Hospital</td> <td>public/private transit</td> </tr> </table>	Library	public/private transit	Health clinic	public/private transit	Senior center	private transit	Fitness center	private transit	Grocery	walk, public/private transit	Pharmacy	walk, public/private transit	Beauty salon	private transit	Entertainment	walk, public/private transit	Transportation stop	walk	Hospital	public/private transit
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II. Role of Medicaid Program and Other Agencies that Provide Long Term Supports

The Florida Agency for Health Care Administration (AHCA) is responsible for licensing and regulating assisted living facilities in Florida, as well as the state agency for Medicaid. The Florida Agency for Health Care Administration had worked with the Florida Legislature to enact regulations governing the assisted living industry, and then translated the legislation into regulation. They applied to the Centers for Medicare and Medicaid Services (CMS) for a Medicaid home and community-based waiver 1915(c) in order to fund services for low-income populations who required nursing facility-level care. At the time the Titusville Towers began to conceptualize the idea of developing assisted living units, AHCA had already secured the Assisted Living for the Elderly (ALE) Waiver for the State of Florida. The project coordinated with the AHCS to secure the necessary licensing to administer services within the development.

The Department of Elder Affairs (DOEA) also participated in drafting the regulations and was designated as the agency responsible for monitoring the ALE and Diversion programs and ensuring that funds go to the Area Agencies on Aging to support ALE Medicaid Waiver specialists who certify ALFs for ALE Waivers for clients. CARE at DOEA conducts assessments of Medicaid Nursing Home, ALE, and Diversion clients. The mission of DOEA is to create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime and to lead the nation in assisting elders to age in place, with dignity, purpose, security, and in an elder-friendly community.

The Coming Home Program provided direct technical assistance, as well as organized and coordinated the extensive technical assistance and support provided by the state and local organizations that license and regulate ALFs, administer ALF resident funding programs, determine resident eligibility for these programs, and provide care management services. The technical assistance and support activities included initial on-site stakeholder visits and collaboration development meetings with the Titusville Housing Authority; on-going education and training regarding ALF regulations, operations and accessing resident funding resources; conduct telephone conferences and on-site visits to assist the Authority with applying for an ALF license and prepare for licensure inspections; facilitate meetings to address anticipated and unanticipated facility and resident challenges; advocate for the demonstration project and its mission.

A standard ALF license enables a facility to provide housing, meals, and one or more personal services for a period exceeding 24 hours to residents. The ALF is able to provide individual supervision with all Activities of Daily Living (ADLs) and total assistance of up to one IADL. Medication self-administration and injections are included under this licensure category.

The Assisted Living for the Elderly (ALE) Waiver is a home and community-based services program for recipients who reside in qualified ALFs. The waiver covers three services: case management, assisted living, and (if needed) incontinence supplies. The components of assisted living that may be provided include: attendant call systems, attendant care, behavior management, chore, companion services, homemaker, intermittent nursing, medication administration (within ALF license requirements), occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy, and therapeutic social and recreational services. The regulations in the state of Florida do not distinguish different service levels or tiers and pricing of services are not based on levels once a person meets the criteria to become eligible to receive an ALE waiver.

In addition to the waiver program, Assistive Care Service (ACS) is a Medicaid state plan service that provides care to eligible recipients who require an integrated set of services on a 24-hour per day basis. ACS includes four service components: assistance with ADLs; assistance with IADLs; assistance with self-administered medications; and health support. In order for an ALF to be enrolled with Medicaid as an ALE, it must also be enrolled as an ACS provider.

Finally, in order for a facility to be an ALE waiver provider, the facility must have an Extended Congregate Care (ECC) license or Limited Nursing Services (LNS) license. A license to provide ECC or LNS services allow the ALF to retain residents who become frailer than would normally be permitted, in order for the resident to age at the facility. Services include nursing, development of a resident's service plan, monthly nursing assessments, and can include total help with up to four ADLs, including: bathing, dressing, grooming, and toileting. Services do not include 24-hour nursing supervision. Treatments can include: tube feedings, IV therapy, advanced ostomy care, stage 2 pressure sore care, amputation/fracture care, and preventive and palliative skin care.

Providers must complete a Medicaid Provider Enrollment Application and submit it to the respective area Medicaid office for pre-review. The area office will forward it to

Medicaid Contract Management and on to Medicaid's fiscal agent for enrollment. The area Medicaid office can provide the appropriate forms, as well as training and assistance with the enrollment process.

Titusville Housing Authority applied to be a Medicaid Provider through the Florida Agency for Health Care Administration. The housing authority received extensive technical assistance from the Department of Elder Affairs to navigate the licensure process. The Department of Elder Affairs also assisted the housing authority to connect with local service agencies, including the Area Office on Aging, to identify service coordination and linkages for the residents in the facility.

Titusville Housing Authority manages the services in the facility and serves as the provider of long-term services. The housing authority hired an administrator and all necessary staff to manage the quality care of the residents. The Titusville Towers facility chooses to not provide care for dementia residents although Florida state regulations do permit the care of dementia and Alzheimer's residents with some increased regulation and training. Titusville Towers chooses not to provide two-person transfer assistance or wound care. Since Titusville Towers does not employ a LPN, only assistance with medication self-administration is provided. Residents are able to arrange for services not provided by Titusville Towers staff to be brought in independently through hospice and home health care providers. In order to ensure that residents will be appropriate for the facility, the staff tries to identify residents who will have the best potential to age in place.

Project Fee Structure

1. Private Pay Rates:
 - a. Rate for studio and one-bedroom apartment and base service package:
 - i. Full private pay by a resident for room and board along with AL services is offered at a flat monthly rate of \$1516.80 plus a public housing rent at a rate of 30% of a resident's adjusted income as determined by the Public Housing Manager of the Titusville Housing Authority.
2. Medicaid or other Service Rates:
 - b. Assisted Living for the Elderly (ALE) Waiver (Affordable ALF website):
 - i. Medicaid reimburses for AL services on a daily rate for each day the individual is receiving services in the facility, plus incontinence supplies if applicable. Currently, the maximum daily rate for assisted living services is \$28.00, and the monthly maximum for incontinence supplies is \$125.00. The daily rate is reduced if the resident has excess income or is eligible for Assistive Care Services (ACS).
 - c. Nursing Home Diversion Waiver:
 - i. Diversion residents are credited from \$0.00 to \$1000 per month which is distributed as a services reimbursement to Titusville Towers by the state contracted agency (which for Titusville Towers is American Elder Care) based on a room and board rate of \$800.00 per month, a sliding scale of \$54.00 to \$155.20 personal needs allowance based on residents monthly income, and a private pay resident contribution of their remaining monthly

income, allowing the facility and housing authority to receive a total monthly payment of \$1800.00. The overall net effect for the ALF, after the housing authority receives a public housing rent of 30% of a resident's adjusted income, i.e. \$286.56 (based on a Notice of Case Action reflecting a resident contribution of \$800.00 plus \$155.20 personal needs allowance), the net moneys available to the Assisted Living Program would be \$1513.44. Titusville Towers' contract agreement with American Elder Care, which specializes in senior health care needs, was structured to provide Titusville Towers a level of reimbursement comparable to the Assisted Living for the Elderly (ALE) Waiver and an unassisted Private Pay ALF Public Housing resident.

- d. Assistive Care Services (Affordable ALF website):
 - i. As of January, 2004, the daily rate for ACS is \$9.28 per day, for a total of \$278.40 for a 30-day month. Together with the resident's payment for room and board (from his or her personal income and possibly OSS), the reimbursement to the facility would be \$866.80 for a 30-day month. ACS recipients are entitled to a personal needs allowance of \$54 per month.
- e. Supplemental Security Income (SSI) (July 2005 SSI-Related Programs Fact Sheet):
 - i. SSI payment amount is based upon how much income the individual has and the amount of the maximum payment standard, which is currently \$579 for an individual.
- f. Optional State Supplementation (OSS) (July 2005 SSI-Related Programs Fact Sheet):
 - i. OSS is \$603.40 per month for individuals.

Services Available:

Service Type	Service Level or Frequency	Method of Service Provision	Payment
Meals	3/day Snacks/drinks	In-house	In base rate
Housekeeping for Resident Unit	Daily	In-house	In base rate
Monitored Emergency Pull Cords	24/7	n-house	In base rate
Staffing	24/7	In-house	In base rate
Resident Assessment & Service Planning	As Needed	In-house	In base rate
Nursing Oversight	40 hr/wk On-Call 24/7	In-house	In base rate
Assistance with Unscheduled Needs	24/7	In-house	In base rate

Supervision/ Cueing/ Protective Oversight	24/7	In-house	In base rate
Transferring	Full Assist	In-house	In base rate
Service Type	Service Level or Frequency	Method of Service Provision	Payment
Toileting	Full Assist	In-house	In base rate
Incontinence care	Full Assist	In-house	In base rate
Feeding/Eating	Full Assist	In-house	In base rate
Bathing	Full Assist	In-house	In base rate (3/wk)
Dressing	Full Assist	In-house	In base rate
Grooming	Full Assist	In-house	In base rate
Ambulation/ Walking	As allowed by AL regs	In-house	In base rate
Medications	Self Admin. Supervised	In-house	In base rate
Healthcare	High Mod Low	Coordinated	As arranged by resident with 3 rd party provider
Housekeeping arranged or provided		In-house	In base rate
Laundry arranged or provided		In-house	In base rate
Financial management arranged or provided		In-house	In base rate

III. What Was the Role of Housing Organizations/Agencies?

The site for this project already existed as an independent living facility and was already owned by Titusville Housing Authority. Formal market study and feasibility analyses were completed for the site. The Brevard Council for the Area Agency on Aging completed the geographic data for this market study. The market study emphasized aging in place and included the following information:

1. geographic area from which the residents for this facility were to be drawn;
2. current and projected growth of the population who were in the projected age, ability, and income levels to be served by the facility;
3. information about other properties within the marketing area that would be competing with the facility;

4. a map indicating the location of facilities that would be competing with this facility;
5. a listing of each source used to collect data for the market study;
6. analysis of how this facility would absorb the demand for units that were determined to be necessary for this market study.

Development timeline:

09/98 Meeting that started idea for Titusville Towers ALF
04/00 Capital funding available
04/00 Applied for SHIP funding
04/00 Rehabilitation began
04/01 Approved for SHIP funding
04/01 Applied for CDBG funding
04/02 Approved CDBG funding
11/02 Requested and approved to be Coming Home Demonstration project.
07/03 Rehabilitation completed
07/03 Certificate of Occupancy
08/03 Licensing approved
08/03 Facility open
10/03 Received Medicaid certification

The Titusville Housing Authority developed Titusville Towers ALF and therefore did not rely on private partnerships for the development of the facility. The housing authority did have to manage the rehabilitation process through HUD. For other federal building affordable ALFs, Titusville Housing Authority recommends that \$500,000-\$1 million be set aside for rent-up and the development of a long-term plan in order to repay that money. They find it difficult to believe that non-federal affordable ALFs are able to stay afloat during this period, unless the majority of the ALF admissions are private pay residents.

Rehabilitation began on the existing independent living building in April of 2000 in order to rehabilitate the facility to house assisted living units. During this time, Titusville Housing Authority also applied for \$400,000 in SHIP funds, for which the facility was approved to receive \$450,000 in April of 2001. In April 2001, Titusville Housing Authority applied for \$35,000 in Community Development and Block Development Grant funding and received that money in April of 2002. In August of 2003, Titusville Towers began Medicaid certification, which was completed in October of 2003. Rehabilitation ended and the facility received the certificate of occupancy in July 2003, which enabled the facility to receive licensure and open its doors in August of 2003. It is important to note that residents did not have to leave their units at any time during the rehabilitation.

IV. Replication/Lessons Learned

The Titusville Housing Authority's affordable assisted living project is a viable affordable housing and long term supports model that is currently being replicated in other areas of Florida. The project experienced and overcame significant internal and external challenges that required understanding and collaboration among new organizations and systems, perseverance, innovation, optimal utilization of resources and, most importantly, a common mission of providing affordable housing and long term support options for low-income, frail elders in this and other underserved

communities. It was difficult to find a motivated housing provider, and to overcome regulatory issues. Facilities that need to be built from the ground up are much more expensive than facilities that need renovations. There are on-going challenges that continue to be addressed and valuable lessons still to be learned. The Florida Coming Home Program is conducting research and evaluation activities on the Titusville Towers and other affordable assisted living demonstration projects. Some of the most valuable lessons the Coming Home Program learned, through this project, which will be important for other organizations interested in developing this model are as follows:

1. Public housing entities and other non-traditional affordable ALF developers must have a clear mission and be fully informed of stakeholders, resources and systems vital to the project's development, operations and sustainability.
2. Establish stakeholder support and collaboration early in the project and work to effectively maintain that support and collaboration in an ever-changing environment.
3. Hire and maintain staff and vendors with the qualifications and expertise to carry out the objectives of the mission.
4. National, state and local level housing and long term support stakeholders are crucial to the development, establishment and enhancement of viable affordable housing and long term support models.
5. Collaboration between affordable housing and long term support stakeholders must be further established to continue to address the challenges and opportunities to maximize the resources to better serve the public and consumers.
6. Expect the unexpected and plan for it to happen including construction delays, changes in stakeholders and systems, staffing problems and resource inconsistencies.
7. Efforts to streamline the multiple and multi-layered system of accessing affordable housing and long term supports through multiple and multi-layered systems requires significant effort and supports from all stakeholders.

State and federal support for pilot programs that leverage housing and services build confidence in project managers and developers. It is important to have "bilingual" people- experts in both housing and Medicaid. The development corporation said it was critical to partner with a public housing authority to build affordable assisted living, because the agency has the land, clients, authority, and access to vouchers. It helps to go to state agencies with a prior understanding of their regulations and their need to stretch dollars.

V. Successes

Five years ago, the state would not consider tax credits for assisted living. This project was awarded \$14 million worth of tax credits. It was very effective for the project to be under the leadership of the Public Housing Authority. There are now six demonstrations open and operating, and four additional demonstration projects in development. The project also demonstrated state housing, Medicaid regulatory, and provider partnerships critical to support additional production through:

1. Confidence built with state as advocate/facilitator-encouraged PHAs, service providers, tenders, investors;

2. Demonstrated development and operational successes;
 3. Demonstrated benefits coordination/expediting;
 4. Medicaid waiver start-up program for demonstrations; and
 5. Demonstrated problem resolution
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