

The Need for Affordable, Accessible & Service Enriched Housing for Older Adults in Tennessee



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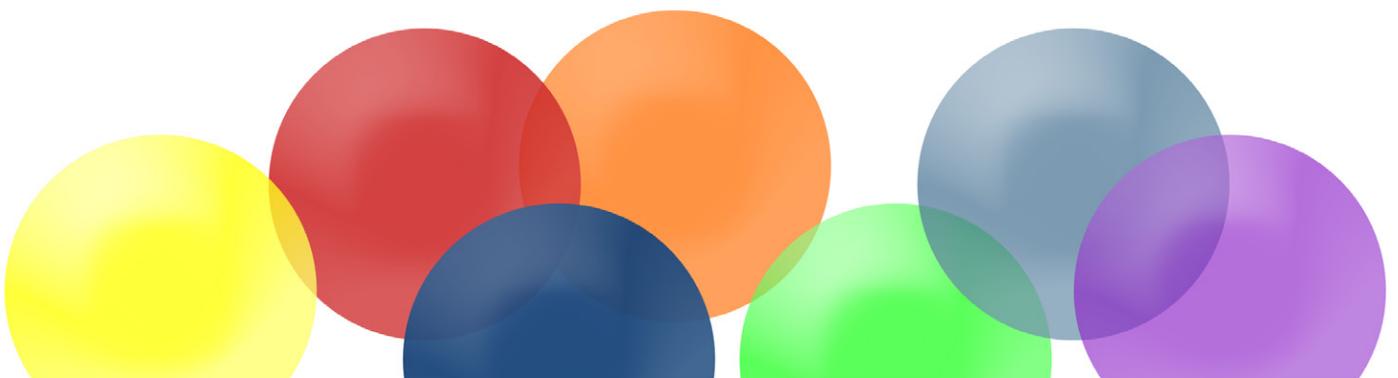
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Contents

Executive Summary	4
I. Rising Tide - the Growing Senior Population in Tennessee	6
Figure 1: Percent of Tennessee Population Age 65 & Older by Decade	6
Figure 2: Tennessee Population Projections by Senior & Near Senior Age Groups, 1990-2040	7
Figure 3: Projected Percent 60 & Over of Total Population by Region, 2010 to 2050	7
Figure 4: Percent 65+ Comprise of Total Population in Urban, Suburban & Rural Areas	8
II. Senior Income & Expenditures in Tennessee	9
Map 1: Percent of Population Age 65 and Older in Poverty, 2014 ACS 5-Year Sample	9
Figure 5: Average Annual Expenditures and Income after Taxes for Older Adults in the South	10
III. Where & With Whom Older Adults Reside	11
Figure 6: Tennessee 65 & Older Renter & Owner Householders, Statewide	11
Figure 7: Percent of Tennessee Older Adult (55-64) Owner & Renter Householders by Decade	12
Figure 8: Relationship by Housing Type of Tennessee Seniors	12
Figure 9: Size of Household, Tennessee Senior Owner & Renter Households	13
IV. Housing Cost Burdened Seniors	14
Figure 10: Tennessee Senior Owner & Renter Householders by Region	14
Figure 11: Very Low Income Elderly Renter & Owner Households with Housing Cost Burdens in Tennessee	15
Figure 12: Projected Increase in Housing Cost Burdened Elderly Renter & Owner Households in Tennessee	16
V. The Growing Need for Affordable Housing Among the Older Adult Population	17
Inset: Affordable Rental Housing Development Programs	17
A. Affordable Rental Housing Development & Subsidies	18
Inset: Rental Subsidy Programs	18
B. Affordable Rental Programs & the Older Adult Population in Tennessee	20
Figure 13: HUD & USDA Designated Elderly Units as a Percent of the Very Low Income Elderly Renter Population in Tennessee	21
Figure 14: Elderly Occupied Subsidized Units & Elderly Occupied Vouchers as a Percent of Very Low Income Elderly Renter Households by Region in Tennessee	22
Figure 15: Very Low Income Elderly Renters; Projected Growth & Elderly Designated Subsidized Units/ Occupied Vouchers in Tennessee	23
VI. The Need for Accessible Housing & Support Services Among Older Adults	24
Inset: Activities of Daily Living and Instrumental Activities of Daily Living	24
Figure 16: Persons with Disabilities by Age Group, Tennessee	24
Figure 17: Tennessee Non-institutionalized Adults by Age Group and ADL Decline	25
Figure 18: Potential Older Adult Long Term Support Service Population in Tennessee	26
VII. The Need for Home Modification	27
Figure 19: Age of Housing Units Occupied by Senior Owner & Renter Households, Tennessee	27
Inset: Accessible Design and Adaptable Design	28
Table 1: Low Cost Home Modifications	29
Table 2: Moderate to High Cost Home Modifications	29
VIII. Funding Home Modification/Adaptation for Low Income Older Adults	30
Figure 20: Low and Very Low Income Owner Occupied Households by Region	30
A. Grant Programs for Home Modification & Repair in Tennessee	30
Figure 22: Estimated Annual Home Modification and Repair Grants for Tennessee Senior Beneficiaries	31
B. Utilizing Home Equity for Home Modification/Repair	32

Inset: Grant Programs for Home Modification & Repair	32
IX. Supportive Service Programs Along the Continuum	33
Inset: Medicare	34
Inset: Choices - Medicaid	35
Inset: OPTIONS for Community Living	35
Inset: Veterans Aid & Attendance, Housebound or Long Term Care Benefits	36
X. Linking Affordable Housing & Supportive Services	37
A. Affordable Housing & Service Coordination in Tennessee	38
Figure 22: Tennessee HUD Multifamily Elderly Properties with a HUD Service Coordinator Grant	38
B. Non-Profit Housing and Service Integration in Tennessee	39
C. Public Housing Conversion to or Revitalization of Senior Housing in Tennessee	40
XI. Affordable Housing & Service Coordination/Integration in Other States	41
A. Public Housing & HUD Multifamily Assisted Living/Service Enriched Housing Conversion	41
Inset: Helen Sawyer Plaza	42
B. Center for Medicaid and Medicare Services (CMS) Demonstration Innovation Funded Programs in Vermont & Maryland	42
Citations	49
Maps	52

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Special thanks to Patricia Basham, Executive Director of the McMinnville Housing Authority, who started the discussion at Tennessee's Governor's Housing Conference on the growing elderly (often frail elderly) population within existing affordable housing developments and the need to improve both the accessibility of older assisted housing developments and residents access to home and community based support services.

Executive Summary

The aging of the baby boomer generation, increasing life expectancy and declining birthrates are all contributing to a significant shift in the percent of the population over the age of 65. As the older adult population grows, the number of vulnerable seniors —disabled, very low income and/or housing cost burdened—is also projected to increase. This demographic trend will likely strain existing housing, health and human services resources.

Awareness of this issue was present in 2015 when affordable housing providers gathered at the Tennessee Governor’s Housing Conference to discuss the health and supportive service needs of the growing very low income senior population residing in public and other assisted housing. After the conference, an informal coalition was formed to continue the discussion that included staff from the Tennessee Housing Development Agency (THDA), Tennessee Commission on Aging and Disability (TCAD), United States Department of Agriculture (USDA) Rural Housing, local public and non-profit housing executives and state and local service providers, including various Area Agencies on Aging and Disability (AAADs). The group met periodically throughout 2016.

This report and the supporting research was developed during and after these group discussions as a response to the following questions and considerations specific to Tennessee:

1. Where do low income seniors reside; how many are housing cost burdened; what is the availability of affordable rental housing for very low income seniors?
2. What is the need for accessibility in homes occupied by seniors; how many low income seniors are currently served by programs that help fund improved accessibility?
3. How many low income older adults need or receive Home and Community Based Services (HCBS)?
4. What is the availability of support services that may be linked with existing affordable housing; where are housing and health services already successfully integrated in Tennessee?
5. How are other states/localities linking housing and health services; can Tennessee agencies emulate other state’s successful strategies?

The research found that most Tennessee seniors live in a home they own (with or without a mortgage) in Tennessee, but a larger share of senior renters are cost burdened than senior homeowners. Thirty-eight percent of all senior renter households and almost a quarter of all senior owner households are cost burdened (regardless of income level). As would be expected, housing cost burdens worsen at lower income levels. Fifty-five percent of very low income¹ senior owner and renter households (more than 100,000 households) in Tennessee face housing cost burdens.

With almost 230,000 low income² senior households owning a home in Tennessee, affordable home modification to improve accessibility is needed to help low income senior homeowners avoid injury and remain living in their home as long as possible. A number of state and local government and non-profit agencies offer home modification grants to offset the cost of renovation, with a considerable portion of those grants targeted to very low income seniors and persons with disabilities. However, many affordable housing organizations depend upon

¹ Very low income households are at or below 50 percent of the Department of Housing and Urban Development’s (HUD’s) Area Median Income (AMI).

² Low income households are at or below 80 percent of the HUD AMI.

federal funding to support programs that serve the lowest income seniors, and federal funding for grant programs, rental housing development and rental subsidies has declined in recent years, including programs designated for seniors. Less than half of the very low income elderly renter population currently benefit from a rental subsidy in Tennessee. The number of very low income senior renters who might benefit from, but do not have access to, subsidized rental housing or vouchers is expected to grow over time with projected senior population growth, unless the number of subsidized rental units and/or vouchers targeted to seniors increases.

Most low income seniors also will need easy access to supportive services that provide assistance with daily living for either a short or long time period after retirement. Long term support services (LTSS), including home based care, are paid for either privately; through public (Medicaid or Medicare) or private insurance and are delivered by a network of different organizations. Many seniors rely on the assistance of volunteer or relative caregivers. Additional research is needed to identify what, if any, unmet need for LTSS, including Home and Community Based Services (HCBS), is present among low income seniors in Tennessee.

Affordable housing providers in Tennessee have expressed a desire to link their very low income residents with support services and help them remain in their subsidized unit as long as possible. Service coordination programs that link residents of affordable housing programs to essential services and resources within the community offer promise as a strategy to help very low income seniors maintain their independence and age in place as long as possible; thus potentially reducing long term health care costs. However, funding for service coordinators in Tennessee is largely limited to Department of Housing and Urban Development (HUD) Multifamily developments with a service coordinator grant (less than 80 affordable rental properties throughout the state).

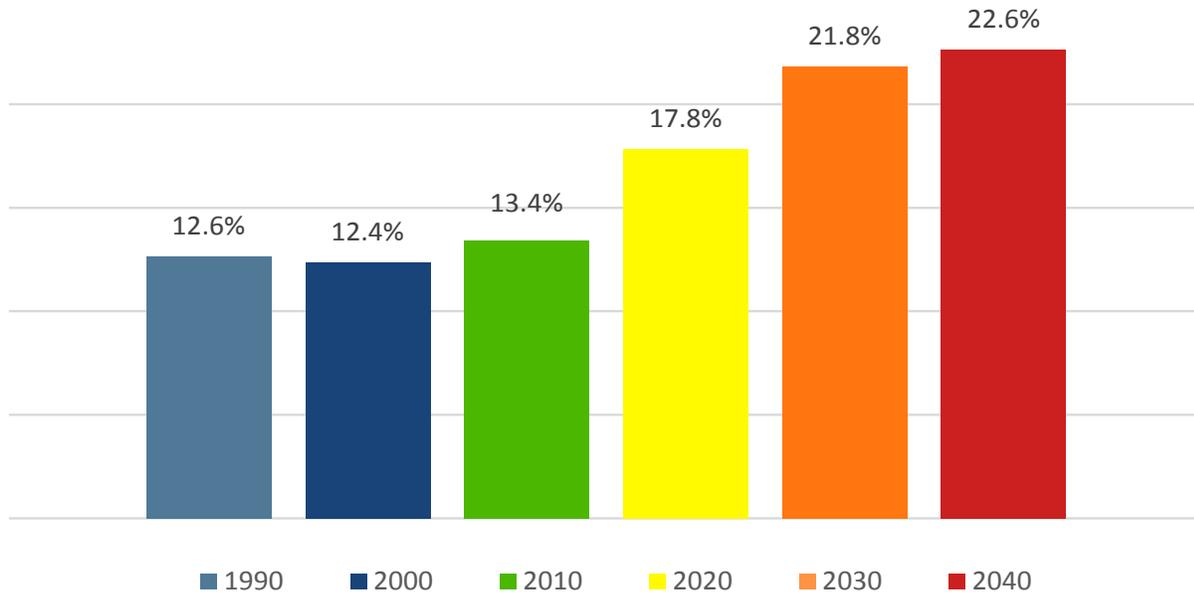
Even where housing assistance, home modification grants or support service programs are available, the diversity of options may be difficult for seniors and their caregivers to independently navigate or link together. Perhaps the most notable finding of this report is the benefit of routine or formal coordination between health and housing agencies. Given limited funding and rising demand for affordable, accessible housing and home based care, collaboration between health and housing agencies in Tennessee is necessary to create innovative, affordable, accessible and service enriched housing opportunities for low income older adults and persons with disabilities.

This report is intended to inform future housing and health care discussions/collaboration among Tennessee agencies who serve older adults and persons with disabilities.

I. Rising Tide - the Growing Senior Population in Tennessee

The number of Tennesseans age 65 and older is expected to rise to almost 22 percent of the overall population by 2030 (to an estimated 1.7 million persons)³. Tennessee is not alone in experiencing a demographic shift to an older population. Due in large part to the baby boomer generation beginning to reach retirement in 2011 and increasing longevity, the senior population is currently in a rapid expansion period nationally. By 2056, the U.S. population 65 years and over is projected to become larger than the population under 18 years⁴. Figure 1 and 2 below illustrate the actual and projected population changes among persons 65 and older in Tennessee from 1990 to 2040.

Figure 1: Percent of Tennessee Population Age 65 & Older by Decade



Source: 1990-2010, US Census Bureau; 2020- 2040 Projections, University of Tennessee, Knoxville (UTK), Center for Business and Economic Research (CBER), Annual Population Projections

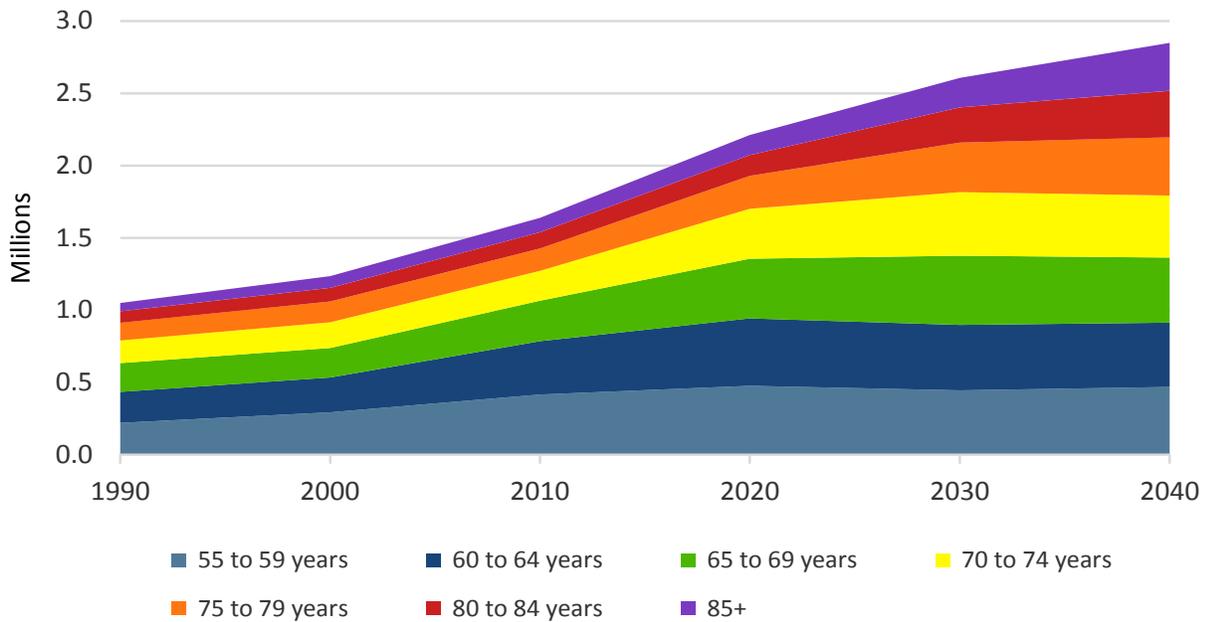
A notable trend within the Tennessee senior population is growth among the population 80 and older, which almost doubles between 2020 and 2040, reaching 650,000. This trend is important because the likelihood of disability or physical limitation and the need for assistance with daily living increases with age⁵.

³ This estimate was derived by using the University of Tennessee Knoxville, Center for Business and Economic Research (CBER) Annual Population Projections

⁴ Colby and Ortman, U.S. Census Bureau, 2014.

⁵ Institute on Aging, retrieved 2017

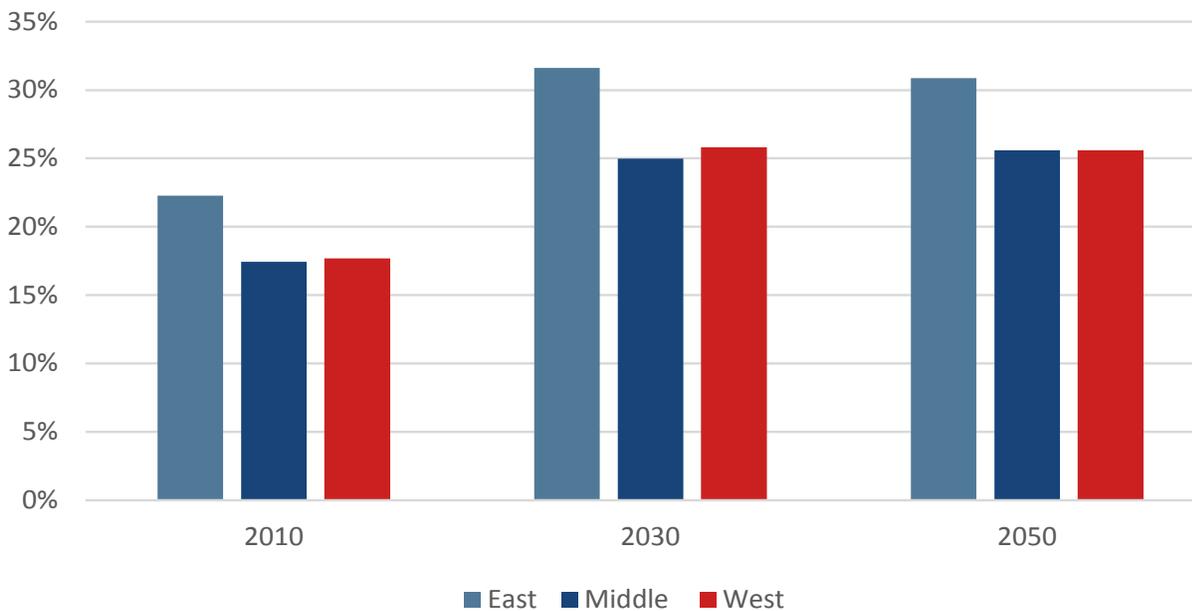
Figure 2: Tennessee Population Projections by Senior & Near Senior Age Groups, 1990-2040



Source: 1990-2010, US Census Bureau; 2020-2040 Projections, UTK CBER, Annual Population Projections

Seniors are estimated to comprise a growing percentage of the population in all regions of the state, but counties in East Tennessee have the largest percentage of persons over the age of 65 per capita.

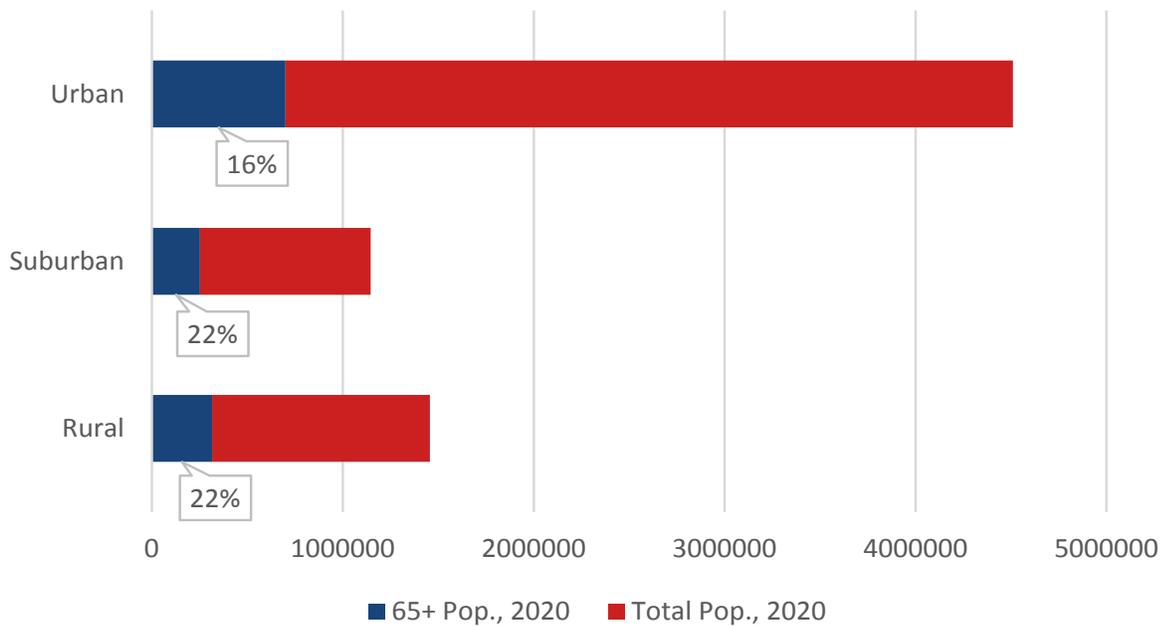
Figure 3: Projected Percent 60 & Over of Total Population by Region, 2010 to 2050



Source: UTK CBER, Annual Population Projections

Counties that are classified rural or suburban⁶ also have a higher percentage of seniors per capita than urban areas, though urban areas have a larger number of seniors overall (see Figure 4). Urban and rural communities may face different challenges meeting the needs of their senior populations. While seniors living in urban areas may face greater housing cost burdens, seniors in rural communities often have fewer housing choices, especially accessible or supportive housing or housing located in close proximity to essential services. A map showing the senior population by county is available in the Appendix.

Figure 4: Percent 65+ Comprise of Total Population in Urban, Suburban & Rural Areas



Source: UTK, CBER, Annual Population Projections

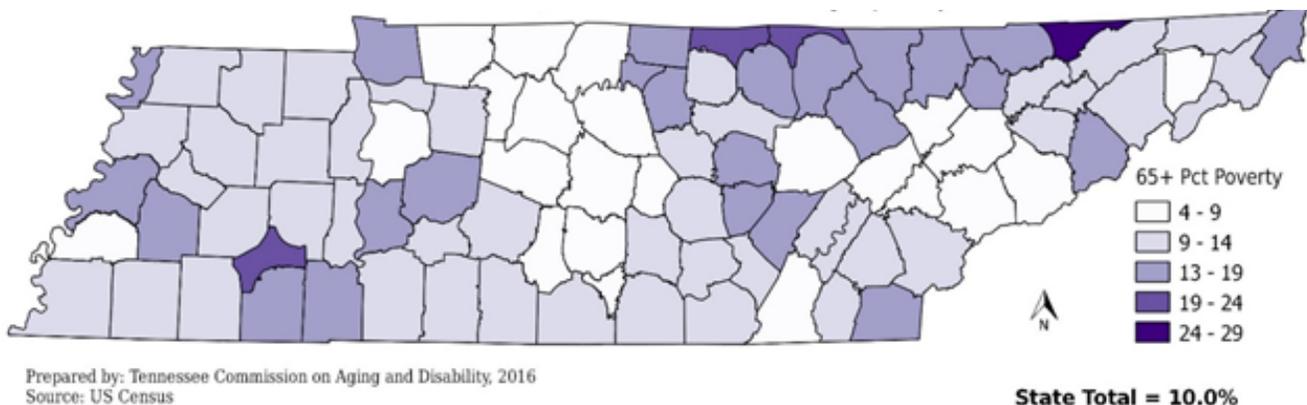
⁶ The definition of rural, suburban and urban for purposes of the state housing finance agency’s programs (and this report) is based upon the 2010 census rural population with urban counties comprised of 0-40 percent rural population; suburban, 41-65 percent rural population and rural, 66-100 percent rural population.

II. Senior Income & Expenditures in Tennessee

As people grow older and retire, most experience a decline in income to a “fixed” monthly level with Social Security representing a significant percentage of their income. Seniors with higher levels of income prior to retirement usually have access to retirement savings in addition to their Social Security benefits, such as pensions. Some individuals are already in poverty or near poverty before they reach age 65, and medical problems can be caused and worsened by factors related to poverty (often referred to as “social determinants of health”), such as lack of safe and stable housing, food insecurity, unemployment, etc.

The map below shows that 10 percent of Tennessee seniors fell below the federal poverty threshold⁷ statewide in 2014 with older adults (65+) in some counties, particularly rural counties, experiencing a higher incidence of poverty. At least one report using the Supplemental Poverty Measure (SPM), which differs from the Census method and illustrates the income necessary to meet basic needs, found a higher rate of poverty among seniors. The Tennessee poverty rate among seniors (2011-2013) was 15 percent when using the SPM⁸. Importantly, regardless of the measure used to calculate poverty, the likelihood of falling below the poverty level tends to increase as seniors age.

Map 1: Percent of Population Age 65 and Older in Poverty, 2014 ACS 5-Year Sample



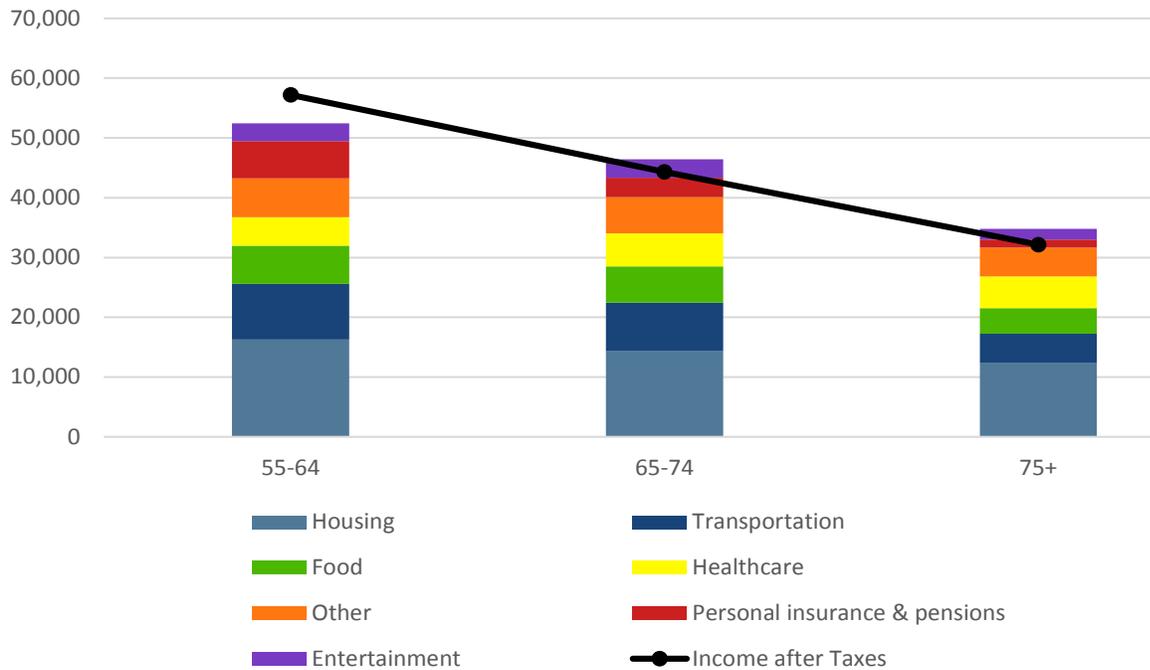
The Bureau of Labor Statistics (BLS) Consumer Expenditure survey offers a regional look at the economic well-being of older adults. Figure 5 shows the average consumer expenditures of senior households in the South⁹ compared to average income after taxes (2014-2015). Between age 65 and 74, average annual expenses begin to exceed income after taxes. The deficit increases as the household reaches beyond age 75.

⁷ The U.S. Census Bureau calculated the federal poverty threshold for a one person senior householder (65 and older) in 2014 as \$11,354, and for a 2 person senior householder as \$14,326: <http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>. The federal poverty threshold is criticized for underreporting actual poverty for a variety of reasons, including outdated methodology, and most notably for seniors, the failure to include out of pocket medical expenses. For a detailed review of the concerns related to the federal poverty threshold, see Center for American Progress memo from Mark Greenberg, August 25, 2009 or Cauthen and Fass, June 2008.

⁸ Cubanski, Casillas and Damico, June 10, 2015.

⁹ The BLS South region includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

Figure 5: Average Annual Expenditures and Income after Taxes for Older Adults South Region



Source: Consumer Expenditure Survey, U.S. Bureau of Labor Statistics, August, 2016

The single largest expense category for senior households is housing and related expenses. Transportation, an expense often related to where a person lives, is the second largest. Other significant expenses are food and healthcare¹⁰. Since most seniors live on a fixed income, the more a household pays for housing and transportation, the less income available for other expenses important to maintaining good health, such as whole food or nutritional supplements and pharmacy costs not covered by insurance.

Low or no cost of living adjustments (COLA) to Social Security benefits contribute to the deficit between income and expenses for seniors. In three of the past ten years, including 2016, there was no COLA adjustment. And, the adjustment has exceeded five percent only once in the past ten years (5.8 percent in 2009). The average annual adjustment over the most recent ten year period was less than two percent¹¹. The COLA announced for 2017 is 0.3 percent. The inflation measure used for COLA adjustments to Social Security, the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), offers less weight to expenses that comprise the largest part of senior household expenses, medical care and housing costs¹²--both costs that have also seen unusually large average increases in the past few years.

10 Other includes: personal care products and services, reading, education, tobacco products, miscellaneous, apparel, cash contributions to persons or organizations outside the household such as religious or charitable.

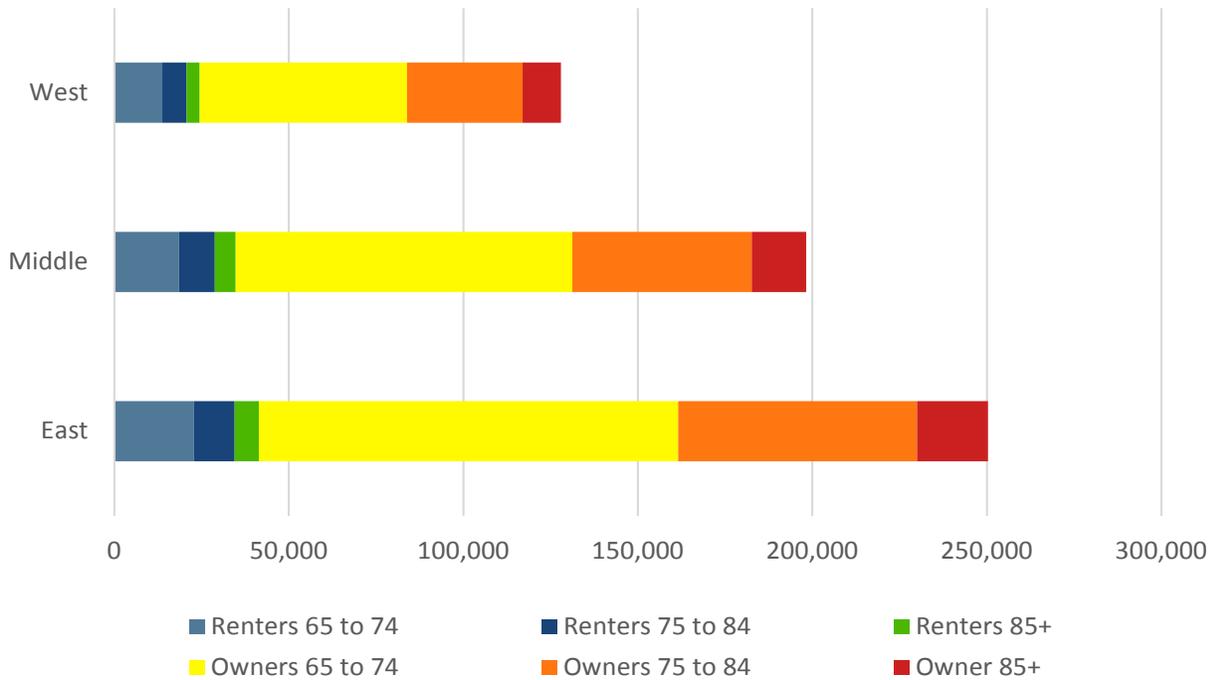
11 Social Security Administration, retrieved October 28, 2016.

12 Clark and Fisher, Social Security Bulletin, 2007.

III. Where & With Whom Older Adults Reside

It is important to know where and with whom seniors live to understand household income, housing cost burdens and the availability of other household members to help with activities of daily living when needed. The overwhelming majority of senior householders¹³ in Tennessee own a home (with or without a mortgage). According to recent census estimates, 82.5 percent, or almost 476,000 Tennessee householders over the age of 65 own their home, which is above the national average of 78.5percent. Figure 6 shows the breakdown of Tennessee senior owner and renter households by age group and region.

Figure 6: Tennessee 65 & Older Renter & Owner Householders, Statewide



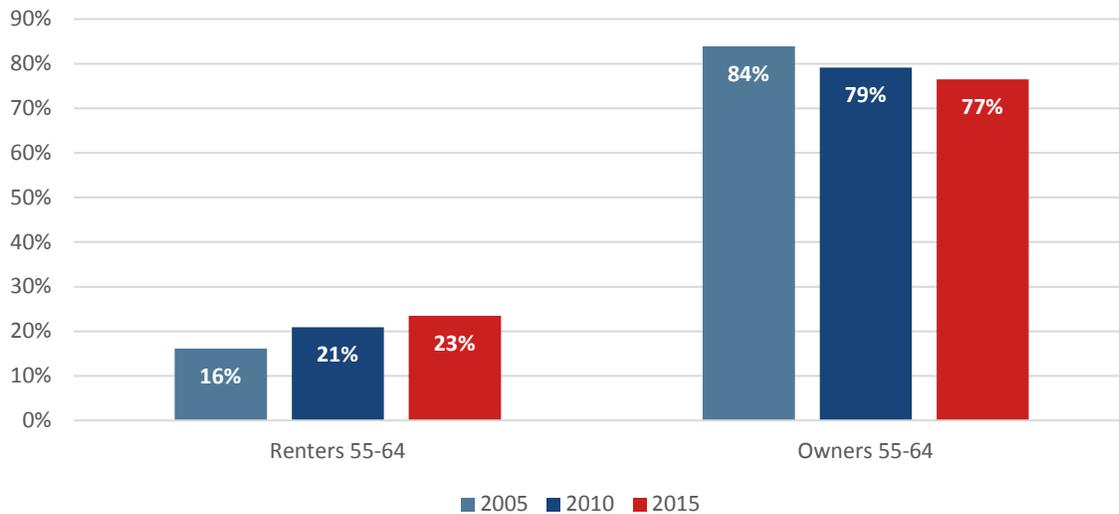
Source: American Community Survey, 2010-2014, 5 Year estimate

Recent studies suggest that the homeownership rate for older adults is declining, partially as a result of the recent recession, which drove some buyers over the age of 55 out of the market, and partially due to lower homeownership rates among minority populations, who are a rising percentage of the overall population¹⁴. Figure 7 below shows the rising number of older adult renters in Tennessee over the past decade.

¹³ The census defines a householder as the person (or one of the people) in whose name the housing unit is owned or rented or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is owned or rented jointly by a married couple, the householder may be either the husband or the wife.

¹⁴ Goodman, Pendall & Zhu, June 2015

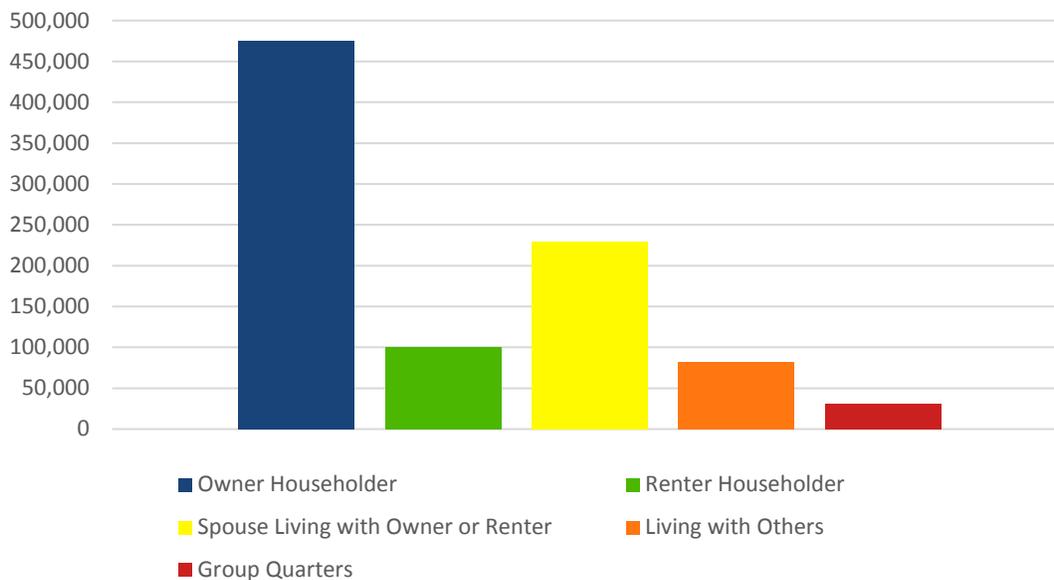
Figure 7: Percent of Tennessee Older Adult (55-64) Owner & Renter Householders by Decade



Source: American Community Survey, 2005, 2010, 2015, 1 year estimates

Not all seniors own or rent a home in their own name. Some live with a spouse and share the lease or mortgage (co-heads); some live with relatives or non-related roommates; some live in group quarters (institutional, such as skilled nursing facilities and correctional and non-institutional such as group homes). Figure 8 shows where all Tennessee seniors live, regardless of housing arrangement, including those who live alone. When considering all Tennessee seniors individually, 52 percent are owner householders; 11 percent are renter householders; 25 percent are spouses or co-heads of an owner or renter householder and nine percent live with others (relatives or non-relatives). Only three percent of seniors are estimated to live in group quarters.

Figure 8: Relationship by Housing Type of Tennessee Seniors

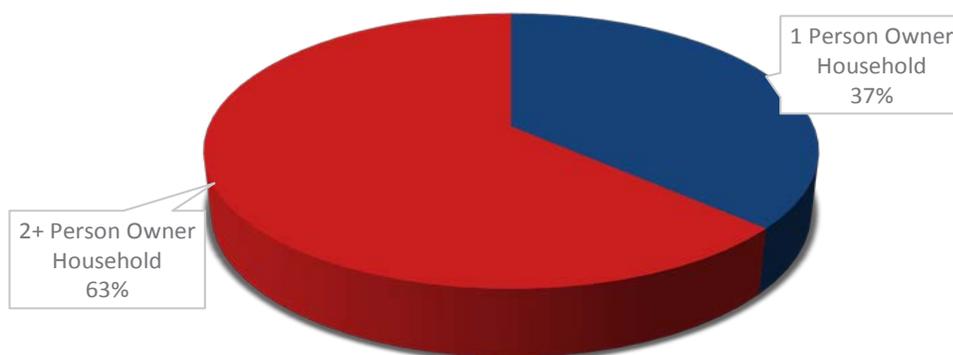


Source: American Community Survey, 5 Year estimate, 2010-2014

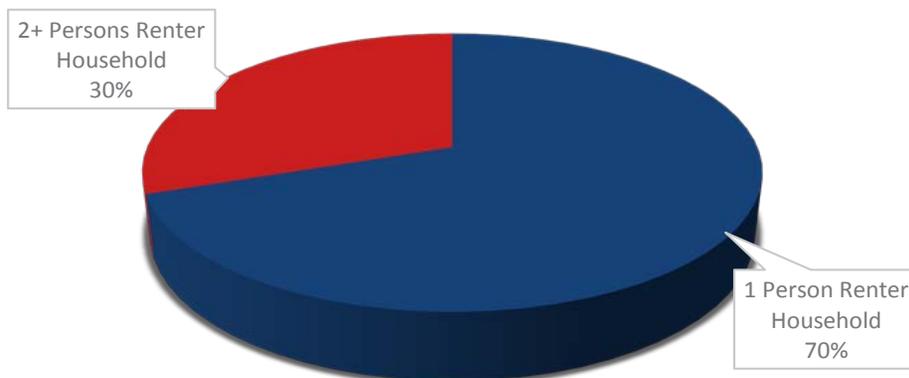
The number of older adults living alone is important to understand because living alone is associated with social isolation and poverty¹⁵ among seniors and may result in less access to home based care, especially that provided by relative caregivers. A notable difference between senior renters compared with owners is the number of persons per household. Among senior owner households, 63 percent have two or more persons. This is almost the opposite for senior renter households, where 70 percent are estimated to live alone. Among all senior renter and owner single person households, 71 percent are female.

Figure 9: Size of Household, Tennessee Senior Owner & Renter Households

Senior Owner Households



Senior Renter Households



Source: American Community Survey 2010-2014, 5 year estimate

IV. Housing Cost Burdened Seniors

While one's current home is often the most affordable housing solution, older households are more likely than younger ones to experience housing cost burdens¹⁶ and to be severely cost burdened, even those who own their home and are no longer paying a mortgage¹⁷. While low income senior renters are the most likely to face housing cost burdens, an increasing number of persons over the age of 55 are carrying mortgage debt into retirement¹⁸. In Tennessee, almost half (43 percent) of senior householders are estimated to pay rent or a mortgage.

Figure: 10: Tennessee Senior Owner & Renter Householders by Region



American Community Survey, 5 Year Estimate, 2010- 2014

Most seniors in Tennessee live in a home they own, but a larger share of senior renters experience housing cost burdens than owners¹⁹. Regardless of income level, 38 percent of elderly²⁰ renter households are cost burdened, while 23 percent of elderly owner households face cost burdens (almost 170,000 senior households overall). As would be expected, housing cost burdens worsen at lower income levels. Fifty nine percent of the almost 64,000 very low income²¹ elderly renter households in Tennessee are cost burdened. Of the more than 120,000 very low

16 Housing cost burden is defined by HUD as spending more than 30 percent of income for mortgage expenses or gross rent.

17 Lipman, Lubell, & Salomon, 2012.

18 Joint Center for Housing Studies at Harvard (JCHS), 2014

19 The 2009-2013, HUD Comprehensive Housing Affordability Strategy table used for this analysis includes elderly owner occupied and renter occupied family households (2 or more persons with either or both 62 years or older) and non-family elderly households.

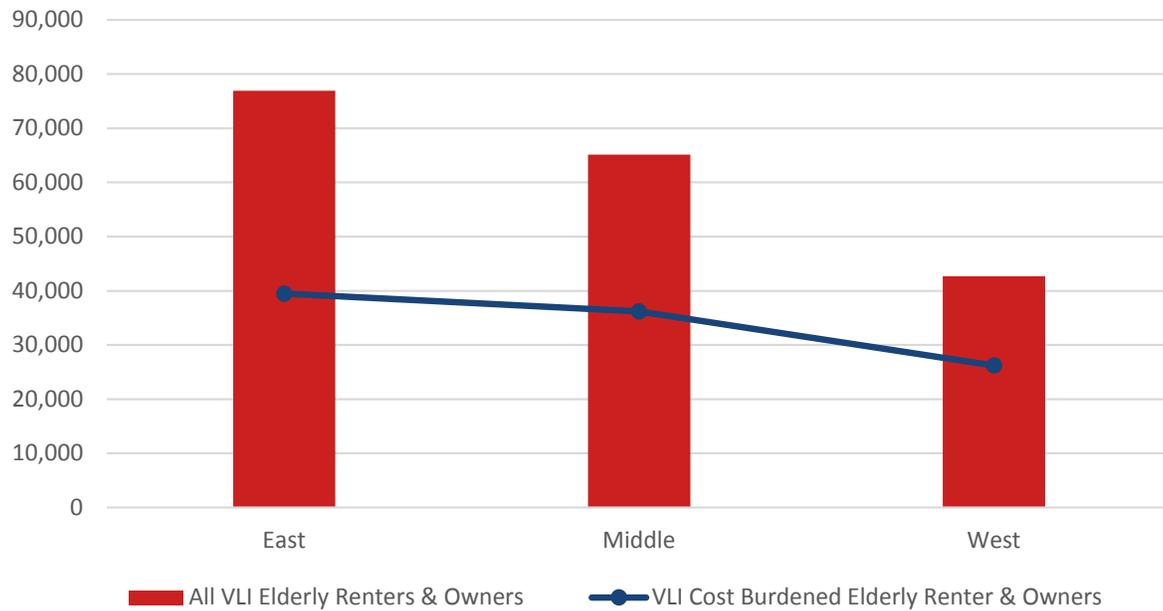
20 HUD defines households where the head or spouse is 62 or older as "elderly," thus where HUD tables or data is used throughout this report, that terminology and definition applies to the analysis.

21 The statewide very low income limit (based upon 50 percent area median income), as defined by HUD, is \$19,650 for one person and \$22,450 for two persons in Tennessee.

income elderly owner households in Tennessee, more than half are cost burdened. Very low income homeowners that carry a mortgage into retirement are likely to struggle, just like renters, to afford housing costs on a fixed income and to afford home modifications or repairs as their health declines.

Overall more than 100,000 very low income Tennessee elderly owner and renter households face housing cost burdens. Figure 11 shows the number of very low income elderly renters and owners, and those who are cost burdened among that group, by regional area in Tennessee.

Figure 11: Very Low Income Elderly Renter & Owner Households with Housing Cost Burdens in Tennessee

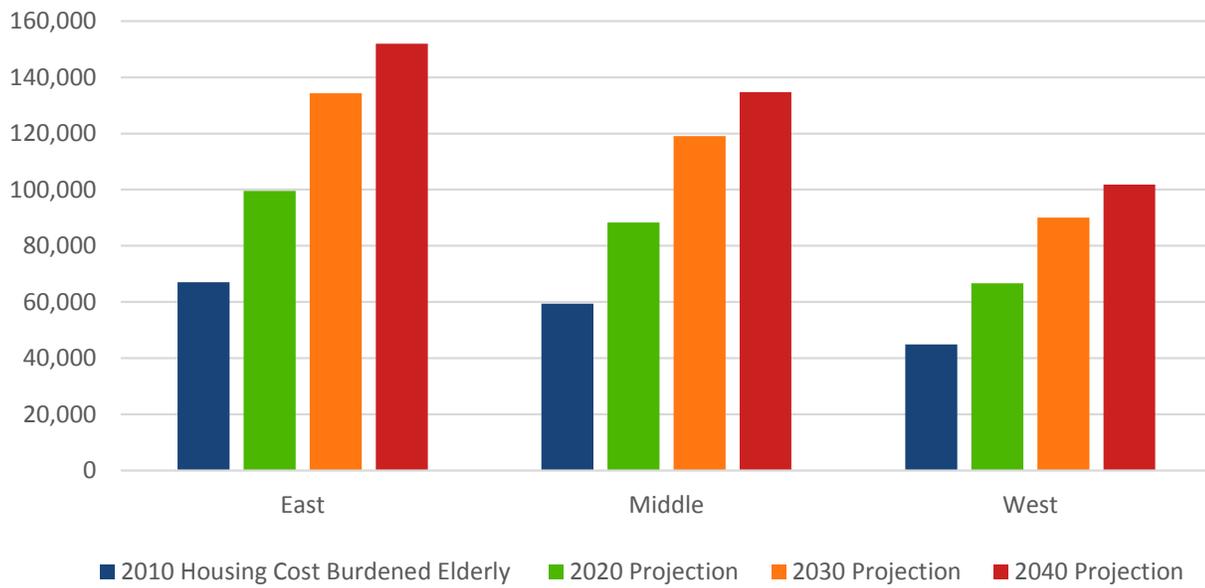


Source: Comprehensive Housing Affordability Strategy (CHAS), 2009-2013

As the overall senior population grows, assuming income levels and housing costs remain relatively constant, the number of cost burdened seniors (regardless of income) is projected to increase by 2030 to almost 350,000 households statewide and to more than 385,000 households by 2040. While there is a projected surge of growth in the senior population between 2010 and 2030, while still increasing, projected growth slows between 2030 and 2040 (see figure 12)²².

22 Population growth projections in this analysis are based upon UTK CBER annual population projections. The 2008-2012 HUD Comprehensive Housing Affordability Strategy (CHAS) dataset was used as a proxy to determine 2010 elderly housing cost burdened owner and renter households. Decennial percent changes from the UTK CBER annual population growth projections were calculated and applied to the HUD CHAS tables for cost burdened elderly renters and owners to derive the growth projection presented here. HUD CHAS tables include persons 62 and over; CBER projections include persons 65 and over.

Figure 12: Projected Increase in Housing Cost Burdened Elderly Renter & Owner Households in Tennessee



Source: THDA projections using HUD CHAS, 2008-2012 and UTK CBER, Annual Population Projections

Affordable Rental Housing Development Programs

Public Housing - Government owned; managed by local public housing authorities; often 100% of units have rental assistance. Some properties have elderly designated units.

HUD Multifamily Programs (Section 8, 221, 223, 202, 811)- Privately owned; most units covered by “project based” rental assistance contract with HUD; may also be HUD mortgaged or insured. HUD 202 program is elderly only.

USDA 515 Direct Loan/538 Guarantee Loan Programs - Privately owned; loans with very low interest rate & favorable terms; many units, especially in the 515 program, are covered by annually renewing rental assistance contract (Section 521). Some elderly designated units/properties.

HOME - The HOME Investment Partnerships Program offers a formula grant to states and localities (entitlement communities), who often partner with nonprofits, to fund building, acquisition and/or rehab of affordable housing for rent or homeownership.

Low Income Housing Tax Credit - Both a 9% “competitive” credit, and a 4% “non-competitive” credit that is often coupled with multifamily bond authority; no direct rental subsidy, but the maximum gross rent is limited to less than 30 percent of imputed household income based upon HUD’s area median income (AMI) at 50 or 60 percent levels.

THDA (state) Housing Trust Fund & National Housing Trust Fund – Trust fund programs, especially state and locally funded, have fewer regulations and may allow for more innovative housing solutions for very low income, at risk populations. THDA’s Trust Fund may be used for the creation of affordable rental housing; repair or modification of owned or rental units.

V. The Growing Need for Affordable Housing Among the Older Adult Population

The rapidly growing need for affordable housing for low income seniors is well documented in both academic and mainstream literature. Almost twenty years ago, in 1999, Congress created a bipartisan commission to study the housing needs of the aging population. At that time, the study estimated the need for an additional 730,000 units of rent subsidized housing nationally by 2020²³.

Fast forward to recent reports that show grossly inadequate progress in creating affordable housing opportunities for older adults, particularly those linked directly with supportive services or with accessibility features. In late 2014, Harvard’s Joint Center for Housing Studies (JCHS) published a report documenting the nation’s continuing...“lack of affordable, physically-accessible and well-located homes for America’s aging population- especially those with low incomes²⁴.” In May 2016, the Bipartisan Policy Center’s Senior Health and Housing Task force, which includes two former HUD secretaries, released a report with policy recommendations urging action for greater collaboration between housing and health care providers and calling this collaboration an “urgent national priority.” This report noted that housing options for low income seniors are “woefully inadequate” across the nation, and with the senior population increasing, that shortage is likely to worsen²⁵.

23 Commission on Affordable Housing & Health, June 30, 2002

24 JCHS, Harvard, 2014

25 Bipartisan Policy Center, May 2016

A. Affordable Rental Housing Development & Subsidies

Affordable rental properties are developed using sponsored loans, federal, state or locally funded grants, government bond proceeds, federal tax credits; or often a combination of more than one of these sources. These funds help subsidize development costs and allow for lower rents. Most affordable rental development programs also have contracts or restricted covenants that require the housing to remain affordable for fifteen to thirty years (or longer). Affordable housing developments built with government funding mechanisms are often paired with rental assistance to reach the lowest income tenants (typically 50 percent AMI or lower) either through project based contracts or tenant based vouchers (explained in greater detail in the inset).

The vast majority of affordable rental properties with deep rental subsidies were built between 1960 and 2000 through several federally funded programs. The public housing program was the first and created hundreds of thousands of government owned, rental units affordable to very low income households across the country before it fell out of favor in the 1960s. HUD also offered a variety of loan programs from the 1960s to the 1980s to spur private affordable multifamily rental housing development (HUD Multifamily Programs). In addition to loans with favorable terms, HUD provided long term Housing Assistance Payments (HAP) contracts (20-40 years) for rental subsidies to make the units affordable to the lowest income families (30 percent or less AMI)—termed project based rental assistance (PBRA).

Like HUD, the United States Department of Agriculture (USDA) first offered direct low interest loans to private developers in the 1960s (USDA 515 Direct Loan) then moved to guaranteeing the loans of private lenders in the 1990s (USDA 538 Multifamily Housing Guaranteed). Both programs promote the development of rental housing for moderate to very low income households living in rural communities²⁶. The Section 538 program also may be used to preserve existing multifamily properties, such as aging HUD Section 8 or USDA 515 multifamily properties. Also similar to HUD programs, USDA offers project based rental assistance (Section 521) to eligible very low income renters.

Rental Subsidy Programs

Federally Funded Tenant Based Rental Assistance

Subsidy provided to the tenant and is “mobile”- meaning the household may use the subsidy in a unit of their choice and move from year to year. Programs include the Housing Choice Voucher (HCV); the Veterans Administration Supportive Housing Program (VASH), both funded by HUD and passed through to states and local public housing authorities (PHAs) for administration. Subsidies may be used in housing developed with federal tax credits or in privately owned units without other subsidy.

Federally Funded Project Based Rental Assistance

Subsidy attached to a particular unit/property (HUD & USDA) and is not mobile. The HUD and USDA PBRA programs and the HUD public housing program are examples of project based subsidies.

Sponsor Funded, Project Based Rental Subsidies

The rents in developments owned or leased by a “sponsor organization”- typically a non-profit- are subsidized or reduced based upon sponsor funding or fundraising (typically from a variety of sources) that allows the development and operational costs to be lower.

²⁶ For a detailed summary of the USDA Rural Rental Housing Loan programs, see National Low Income Housing Coalition’s 2016 Advocate’s Guide.

While Congress has continued to provide renewal funding (1, 3 or 5 year increments) for rental assistance HAP contracts associated with HUD Multifamily properties, the funding for building new units through the Section 8 (and some other multifamily programs) ended in the 1980s. A rising concern related to the availability of affordable housing, including that designated for seniors, is the loss of older, HUD and USDA project based rental developments. The properties are being lost to market rate conversion when the HUD or USDA mortgage is paid off, or when an owner decides not to renew their expiring PBRA contract. Older affordable rental properties may also be lost to physical decline²⁷.

Today, due to funding reductions or eliminations of many federal housing programs, the Low Income Housing Tax Credit (LIHTC) program along with state and locally funded programs, such as housing trust funds, have become the only consistent funding mechanism for both new development and preservation of affordable rental housing. LIHTC is a federal tax credit administered by state agencies. THDA has managed Tennessee's LIHTC program since its launch in 1987, and in recent years, has allocated \$14 to \$15 million in 10 year credit authority each year. There are many competing demands for tax credit equity. LIHTC applications in Tennessee consistently exceed credit authority available.

Rents under the LIHTC program are affordable at the 50-60 percent of AMI levels but not affordable to the lowest income households without additional subsidies (such as a voucher). LIHTC and proceeds from government bonds often fund the replacement of aging public housing units (both through the Hope VI Program and more recently through HUD's Rental Assistance Demonstration program²⁸), as well as new development in USDA's 538 program and preservation of aging HUD and USDA multifamily developments.

As other federal funds for affordable housing development have declined, Tennessee's Housing Trust Fund (HTF) has become a vital resource in the creation or rehabilitation of affordable rental units, particularly innovative projects. The HTF, launched by THDA in 2007 has provided, on average, \$6.5 million in annual funding for housing activities, with a special focus on households residing in rural areas, seniors and persons with disabilities or special needs (such as youth aging out of foster youth programs). In 2015, the HTF Competitive Grants Program awarded \$3.8 million to 16 non-profit organizations to develop affordable rental housing across Tennessee. In 2016, Congress appropriated funds to a National Housing Trust Fund, which targets extremely low income households (30 percent or less of AMI). THDA allocates these funds in Tennessee using competitive criteria similar to the state trust fund. Localities may also establish housing trust funds. The most notable local housing trust fund in Tennessee is the Barnes Affordable Housing Fund in Nashville/Davidson County²⁹.

27 For more information on the age and need for preservation of Tennessee affordable rental properties, see THDA's 2015 Aging Affordable Housing report on the THDA website: <https://s3.amazonaws.com/thda.org/Documents/Research-Planning/Preservation-Report-FINAL.pdf>

28 For more information on the Rental Assistance Demonstration (RAD) program, visit HUD's website at: <http://portal.hud.gov/hudportal/HUD?src=/RAD>

29 For more information on the Barnes Fund for Affordable Housing, see <http://www.nashville.gov/Mayors-Office/Economic-Opportunity-and-Empowerment/Affordable-Housing/Barnes-Fund.aspx>

B. Affordable Rental Programs & the Older Adult Population in Tennessee

Thirty-four percent of the 5.1 million households served by HUD housing programs are elderly (62 and older) households, and at least 60 percent of renters served by USDA housing programs, which largely serve rural communities, are seniors and/or persons with disabilities³⁰. Despite those numbers, nationally, millions of senior households, who are income eligible, do not receive project or tenant based rental assistance. HUD estimates that their housing assistance programs are able to reach only one in three seniors who need the assistance³¹. Most HUD and USDA funded rental properties provide housing for all age groups, but may preference or set aside a certain percentage of units for elderly or disabled persons. Many existing properties; however, lack full accessibility. Only one HUD Multifamily program, the Section 202 Supportive Housing for the Elderly program, provides housing exclusively for elderly persons. However, Congress has not appropriated funds for new housing development under the 202 program since 2011.

To determine the location and availability of affordable rental units targeted or designated for elderly households³² in Tennessee, reports were collected from HUD, USDA, directly from local Tennessee PHAs through a survey and from publicly available reports on the HUD website. This data was compared with the most recent HUD estimate on the number of very low income elderly renters in Tennessee³³, which is the income eligible population for most project and tenant based rental assistance programs. As Figure 13 shows, a considerable gap is estimated between the number of very low income senior renters in Tennessee and the number of elderly designated subsidized units in every region of Tennessee.

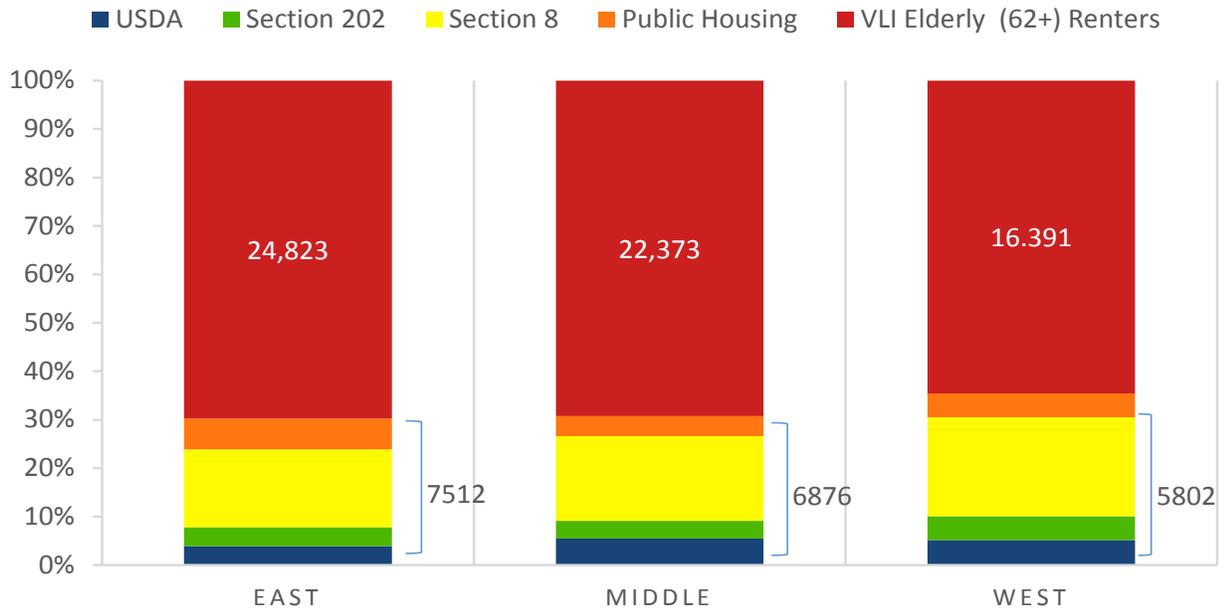
30 Bipartisan Housing Commission, May 2016

31 HUD, Housing for the Elderly, 2017

32 A May 2016 report was obtained from HUD through a Freedom of Information (FOIA) request to determine the number of elderly designated units within the Tennessee Multifamily portfolio. The number of elderly designated units was missing for some properties; some properties were classified as “wholly elderly”; some were classified “partially” elderly. For wholly elderly, it was assumed that 100 percent of the total units were elderly occupied. Since it was not possible to determine the number of elderly designated units in partially elderly properties, any property where elderly designated units was not populated are not included in the estimates or figures. Due to this limitation, the number of elderly designated HUD Multifamily units may be slightly underrepresented. Currently, HUD reports track elderly designated units in public housing developments only when the PHA has a “designated housing plan.” PHAs often reserved certain developments or portions of developments for elderly and disabled families when the building was first built and have retained that designation over time without a designated plan. Tennessee PHAs were surveyed to determine the units not under a designated housing plan but still reserved for elderly households. “Mixed” units, which are reserved for elderly or disabled, are not included.

33 HUD CHAS 2009-2013 dataset, which is the most recent, was used to calculate the estimate for very low income elderly renters.

Figure 13: HUD & USDA Designated Elderly Units as a Percent of the Very Low Income Elderly Renter Population in Tennessee

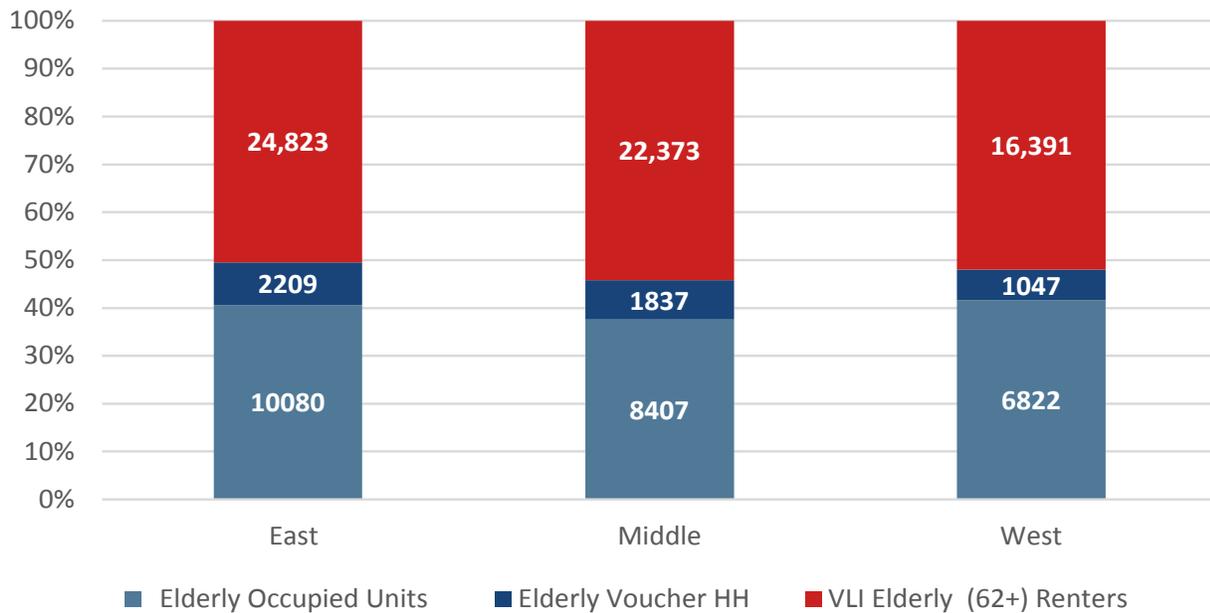


Sources: HUD Elderly Multifamily Survey Report (Section 8 & Section 202 units); HUD Public Housing Elderly Designated Housing Plan Report (2016); THDA PHA Survey; USDA Elderly Multifamily Report (2016); HUD CHAS 2009-2013

Elderly households may lease a subsidized unit through HUD or USDA that is not necessarily designated for persons 62 and over when the unit size is appropriate. Thus, a number of elderly households occupy non-designated project based units. Elderly households also occupy tenant-based vouchers, which are rental subsidies that may be used in privately owned housing. When comparing the most recent data on elderly households with a project or tenant based rental subsidy³⁴ with the most recent estimate of very low income elderly renter households in Tennessee, the analysis shows that slightly less than half (47 percent) of eligible elderly renter households in Tennessee benefit from rental assistance (see Figure 14 below for a regional illustration).

34 The most recent Public Housing Characteristics report (December 2015) was used to determine HUD subsidized elderly renters for public housing, HUD Multifamily (Section 8 & 202) and the Housing Choice Voucher (including Veterans Administration Supportive Housing (VASH)) programs. This report includes data for households where the head of household is designated elderly (62+). Therefore, elderly persons residing as an “other” member in a HUD-funded unit or voucher household and not classified as the head, spouse or co-head may be excluded from the count. The USDA Elderly Multifamily report (obtained via a FOIA request) was used to determine rental subsidies for their housing programs.

Figure 14: Elderly Occupied Subsidized Units & Elderly Occupied Vouchers as a Percent of Very Low Income Elderly Renter Households by Region in Tennessee



Sources: HUD Public Housing Characteristics Report (Dec 2015); USDA Elderly Housing Report (2016); HUD CHAS, 2009-2013

Federal funding for both rental development and rental subsidy programs has declined over the past 15 years. Assuming the average income level of seniors remains relatively constant, the shortage of rental housing affordable to very low income seniors will likely expand over time unless significant increases occur in both affordable rental housing development and rental subsidies targeted to seniors. Figure 15 shows projected growth in the very low income elderly renter population over time and compares that growth projection to the current number of elderly designated subsidized rental units and elderly occupied vouchers in Tennessee. The graph illustrates a projected gap in designated rental subsidies and the eligible very low income elderly renter population over time, assuming that the number of vouchers and rent subsidized units dedicated to elderly households in Tennessee remains static³⁵.

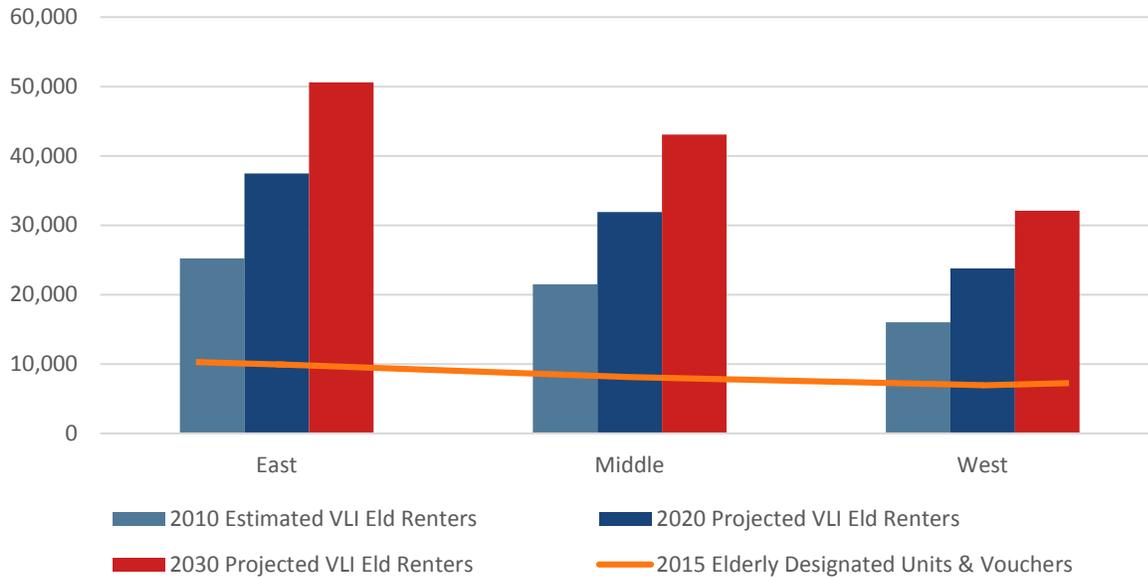
The estimate does not include participants in Tennessee’s Money Follows the Person (MFP) program³⁶, which moves persons (seniors and disabled) residing in institutional settings into the community. Institutionalized persons are not counted among the very low income renter population presented here. While a relatively small population, MFP senior participants are very low income, and many will need affordable or subsidized rental units to relocate successfully into the community. A 2014 Kaiser Foundation report on the MFP program notes that the

35 The 2008-2012 CHAS dataset was used as a proxy for 2010 Very Low Income population. Elderly designated units only include project based or public housing subsidized units. Other affordable, but not necessarily subsidized, rental housing, such as LIHTC, Housing Trust Fund or HOME units are not represented unless the property also has a HAP Contract with HUD; is a public housing unit; or a voucher holder occupies the unit. Earlier footnotes detailing HUD data considerations apply here also.

36 The MFP program allows persons to receive LTSS in the community with Medicaid match funding. However, the Medicaid match may not be used to cover rent or housing costs in the community (match funds may only be used for institutional room and board). For more information on the Money Follows the Person program in Tennessee, visit the Bureau of TennCare website: <https://www.tn.gov/tenncare/topic/money-follows-the-person>

“lack of affordable, accessible housing options remains a challenge for MFP participants and for nursing facility residents who desire to transition to the community³⁷.”

Figure 15: Very Low Income Elderly Renters; Projected Growth & Elderly Designated Subsidized Units/Occupied Vouchers in Tennessee



Sources: HUD Elderly Multifamily Survey Report (Section 8 & Section 202 units); HUD Public Housing Elderly Designated Housing Plan Report (2016); THDA PHA Survey; USDA Elderly Multifamily Report (2016); HUD Public Housing Characteristics Report (vouchers); THDA projections using HUD CHAS 2008-2012 for 2010 & UTK, CBER Population Projections

VI. The Need for Accessible Housing & Support Services Among Older Adults

Ensuring that seniors have an affordable place to live is only one part of enabling them to age in place. While the individual needs of seniors vary and change over time, most seniors need some degree of assistance with personal care and mobility or “activities of daily living (ADLs)” either routinely or intermittently, and also eventually require housing that is at least moderately accessible. Aging in place or in an existing residence (owned or rented) becomes more difficult over time as individual competency for different ADLs declines. Nationally, one in four older adults has a cognitive, hearing, mobility or vision difficulty and would benefit from modification to their home³⁸.

The graph below illustrates the increase in the incidence of disability³⁹ as people age in Tennessee with 14 percent of persons under the age of 65 experiencing a disability compared with 55 percent of those 75 and older.

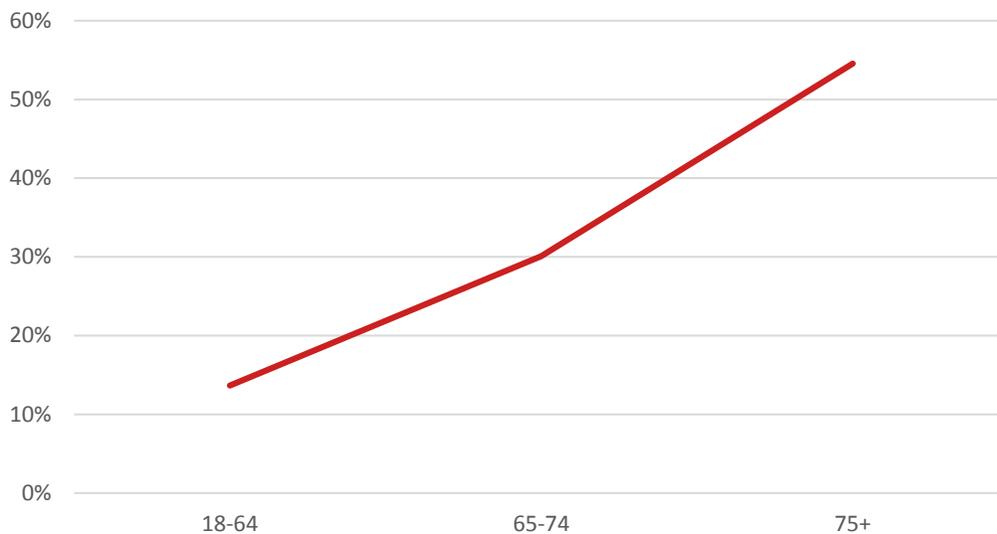
Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Eating
- Using the toilet
- Transferring (e.g., getting out of bed)
- Continence (bladder/bowel control)

Instrumental Activities of Daily Living (IADLs)

- Grocery shopping
- Laundry
- Preparing meals
- Housework
- Managing Medication
- Transportation

Figure 16: Persons with Disabilities by Age Group, Tennessee



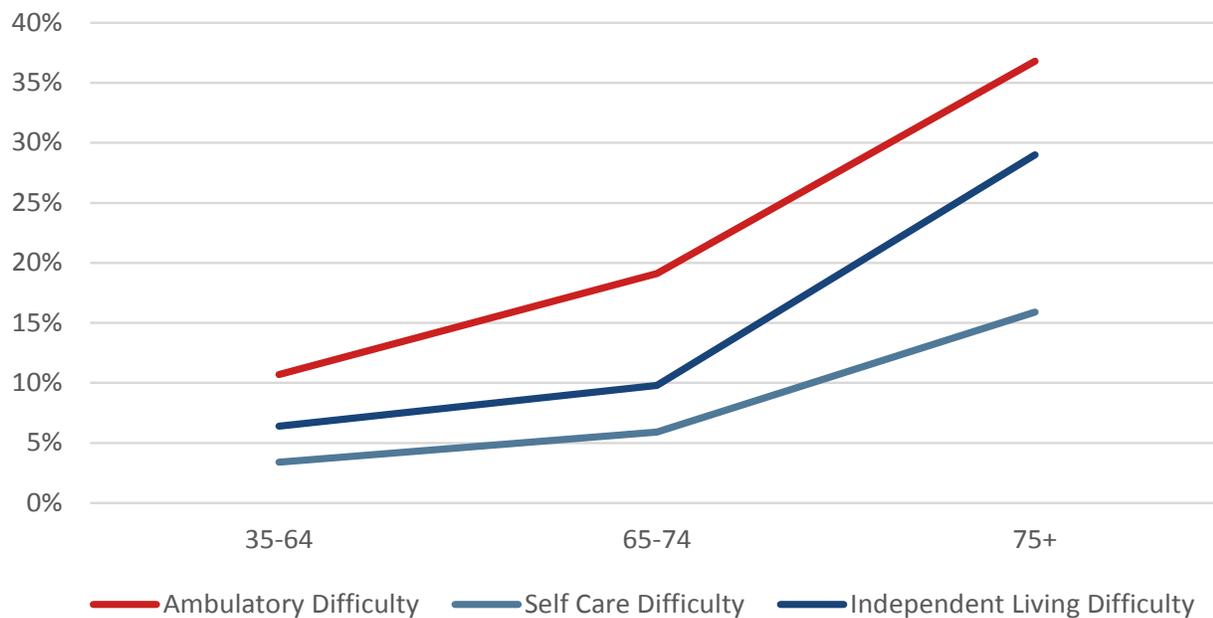
Source: American Community Survey, 2015, 5 year estimate

38 CBPP, September 2015

39 The current census includes questions on six disability types: hearing difficulty (deaf or having serious difficulty hearing), vision difficulty (blind or serious difficulty seeing even with glasses), cognitive difficulty (remembering, concentrating or making decisions), ambulatory difficulty (serious difficulty walking or climbing stairs), self-care difficulty (difficulty bathing, dressing or getting around inside the home), independent living difficulty (difficulty doing errands alone, such as visiting doctor's office or shopping). Respondents who report any one of the six disability types is considered to have a disability.

ADL decline is one indicator of long term care eligibility⁴⁰. While data on ADL decline among Tennesseans is limited, the U.S. Census offers data on ambulatory (walking or climbing stairs), self-care (bathing or dressing) and independent living (completing errands outside the home) difficulties. Looking at these potential indicators of ADL decline among Tennessee seniors offers some insight into potential long term care need. In Tennessee, 26 percent of non-institutionalized adults age 65 and older report an ambulatory difficulty; 10 percent report a self-care limitation and 18 percent have an independent living difficulty (overlap in these categories is likely). The figure below shows the increase in ADL decline as people age.

Figure 17: Tennessee Non-institutionalized Adults by Age Group and ADL Decline



Source: American Community Survey, 2015, 5 year estimate

Using census variables identified in an earlier report⁴¹ as those that may be the greatest predictor of need for HCBS (poverty, disability, living alone, and older age (at least 75)), a general estimate of the number of seniors who potentially need services in Tennessee was derived. A relatively small number of Tennessee seniors (65+) are disabled and living under the poverty threshold (6 percent)⁴², but a much higher percentage of seniors report two or more disabilities (23 percent). Most notable is the percentage of renter and owner householders age 75 or older who live alone (52 percent)⁴³. Overlap in the variables is possible.

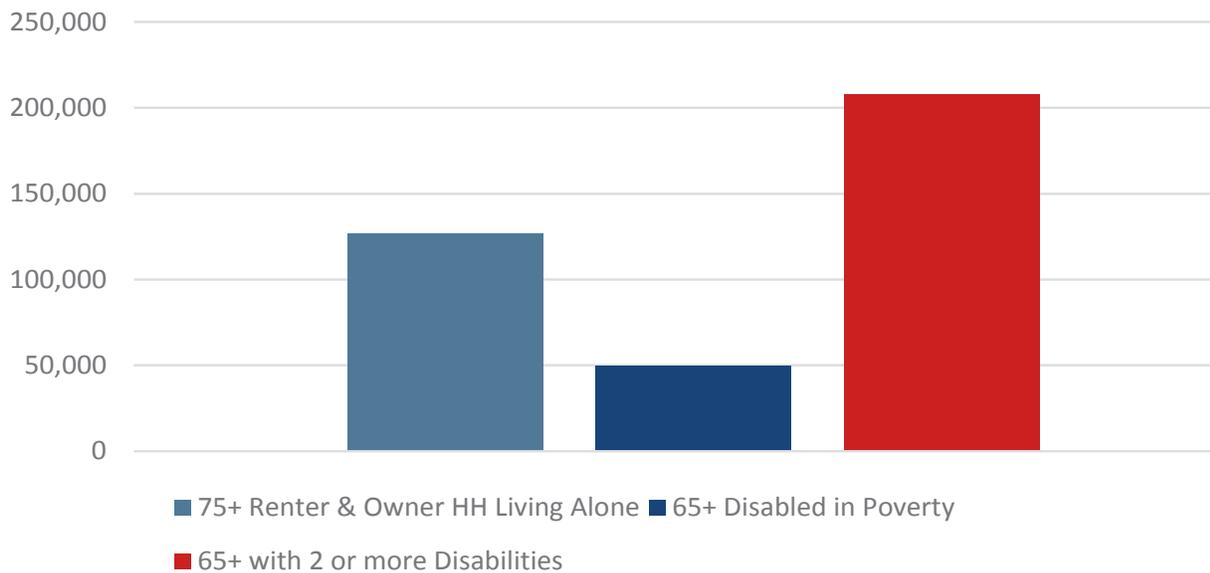
40 For a detailed analysis that estimates the long term care needs in the U.S. , see Kaye, Harrington, LaPlante

41 A 2004 Florida International University report used census variables and local level data to estimate the unmet need for support services in Miami-Dade County. The same evaluation is not possible here because the necessary local level data is not available.

42 As stated in the income section of this paper, the poverty threshold often understates actual poverty among seniors.

43 Data for living alone in the census is restricted to 65 and older. Therefore, reports for one person renter and owner households was used to determine the number of renters and owners living alone. This number excludes persons living in institutional settings or within a household where the senior is not the householder.

Figure 18: Potential Older Adult Long Term Support Service Population in Tennessee



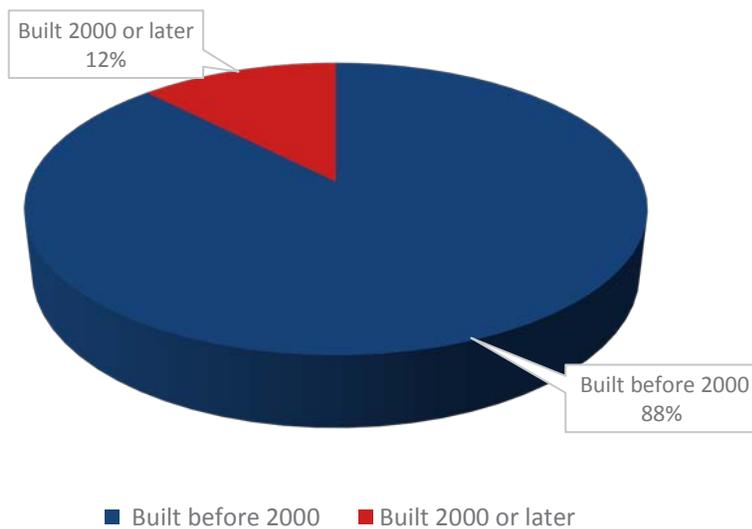
American Community Survey, 2013, 3 Year Estimate.

As the senior population grows and becomes older, the number of seniors with disabilities and physical limitations will increase. Considering more than 200,000 older Tennesseans currently experience two or more disabilities and a large percentage of older senior renters and homeowners live alone, consideration needs to be given to developing strategies that link seniors to home based services and to improving the accessibility of the existing housing stock (owned and rented).

VII. The Need for Home Modification

Surveys of older adults show that the vast majority want or intend to age in place in their home or community for as long as possible⁴⁴. Considering the higher incidence of disability among the senior population, the need for accessible housing is significant. Older housing is less likely to have accessibility features. Units built after the year 2000 are five times more likely to have some accessibility features, such as lever handles or no step entries⁴⁵. Large, multifamily rental complexes, especially newer complexes, are the most likely to include accessibility features. The majority of senior owners and renters in Tennessee live in housing built before 1980 (Figure 19). There is minimal difference in the age of housing whether a senior rents or owns their home.

Figure 19: Age of Housing Units Occupied by Senior Owner & Renter Households, Tennessee



American Community Survey, 2010-2014, 5 year estimate

Reliable local or state level data measuring the percent of homes with accessibility features is not available, but national level reports show that only a small percentage of homes in the U.S., mostly newer homes or rental units, have full (wheelchair) accessibility. A HUD analysis of the 2011 American Housing Survey (AHS) shows that nationally, one third of housing units are “potentially modifiable,” less than five percent are accessible to individuals with moderate mobility difficulties,” and less than one percent of units are wheelchair accessible⁴⁶.

44 AARP, 2012

45 JCHS, Harvard, 2014

46 Bo’sher et al, March 2015. The analysis defines “potentially modifiable” as a home with a stepless entry from the exterior, at least one bathroom and bedroom on the entry level or presence of elevator in the unit but that would need modification for full accessibility. A home that is accessible to a person with “moderate mobility difficulties” would meet all the criteria of a potentially modifiable home and also have no steps between rooms or rails/grab bars along steps and an accessible bathroom with grab bars.

Accessible Design

Typically means wheelchair accessibility &/or housing that meets the standards of the Americans with Disabilities Act, Fair Housing accessibility guidelines.

Universal Design - Housing (& other environments) designed so that it may be accessed to the greatest extent possible without the need for adaptation or modification by persons of any ability or disability. More feasible in new construction.

Adaptable Design

Changes that may be made quickly/ less expensively without redesign of the home or changing essential fixtures.

Visitability - Housing designed in such a way that it can be lived in or visited by people who have trouble with steps or who use wheelchairs or walkers (e.g. zero step entry; first floor bathroom with accessibility features; doorways-32 inch wide passage).

Specific to one area in Tennessee, a Plough Foundation report using responses from a 2012 AdvantAge survey of Shelby County seniors found that 23 percent of older adults (65+) need accommodations for easier access into or within their home (i.e. ramp), and 48 percent need bathroom safety modifications for mobility (grab bars, handrails, etc.). The survey also found an estimated 7,900 households with an older adult in Memphis are in need of home modification or repair to facilitate aging in place⁴⁷.

Certain elements of home modification or adaptation may reduce the risk of injuries at home that result in hospitalization or the need for home health care. The completion of just five “universal design⁴⁸” features may allow a home to be safer for seniors: No-step entries; single-floor living or eliminating the need to use stairs; switches and outlets reached at any height; extra-wide hallways and doors and lever-style door and faucet handles⁴⁹.

According to the Center for Disease Controls (CDC), falls are the leading cause of fatal and nonfatal injuries among older adults age 65 and older, costing \$32 billion in 2015 and projected to grow to \$67 billion by 2020⁵⁰. In Tennessee, the average estimated medical cost of a fall-related hospitalization is over \$47,000⁵¹. Home or environmental risk factors (such as clutter and tripping hazards, poor lighting, lack of stair railings, lack of grab bars near tub/shower) contribute to about half of all falls⁵². During 2014, there were at least 64,364 emergency department visits, 14,238 hospitalizations, and 567 deaths attributed to falls among Tennessee seniors⁵³.

Injury from falling is preventable. The cost of completing the home modifications that are most effective for preventing falls is reasonable, and at least one 2014 study⁵⁴ verified the impact. The study, conducted over three years, showed that a reasonable package of modifications costing \$875 per home reduced fall-related injuries requiring medical treatment by 26 percent. These findings suggest that home modification has the potential to reduce medical and long term care expenses while improving the ability of older adults to age in place.

47 Plough Foundation, 2015

48 See the Center for Universal Design's complete guidelines here: <https://www.humancentereddesign.org/resources/universal-design-housing>

49 CBPP, 2015; JCHS, Harvard, 2014

50 Maciag, Mike, November 21, 2016

51 NCOA Falls Free® Initiative. <https://www.ncoa.org/wp-content/uploads/Tennessee-Falls-Prevention-Data-Profile.pdf>

52 CDC, 2015

53 Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics

54 Keall, Michael, MD, January 17, 2015

The tables below show the different types of home modifications often cited as being most effective in reducing injuries among seniors living at home⁵⁵.

Table 1: Low Cost Home Modifications

Kitchen	Bathroom	Other
Easy to grasp handles (lever style instead of knobs) on cabinets & drawers	Easy to grasp handles (lever style instead of knobs) on cabinets & drawers	Remove Door thresholds
Lazy Susan in corner cabinets	Handheld or adjustable shower head	Secure or remove loose floor coverings
Surface where person can work seated	Higher toilet seat or toilet seat riser	Install handrails on interior & exterior stairwells
Task lighting for sink & stove	Install non slip treading/mat in shower/bathroom & sturdy shower chair	Install non-slip treading or surface on interior/exterior stairs
	Install night lights	

Table 2: Moderate to High Cost Home Modifications

Kitchen	Bathroom	Other
Easy to use handles on faucet (lever style)	Easy to use handles on faucet (lever style)	Install ramps to entry for those using walkers/wheelchair
Pull out cabinetry beneath counters	Shower with no step entry	Install chair lift for stairs
Pull down shelving to facilitate safe access to upper cabinets	Grab bars installed on reinforced wall by shower and adjacent to toilet	Widen doors for walker & wheelchair access
Dishwasher on raised platform to reduce bending		Convert existing home layout to add bedroom/bathroom to first floor of home
		Move light switches/outlets for accessibility

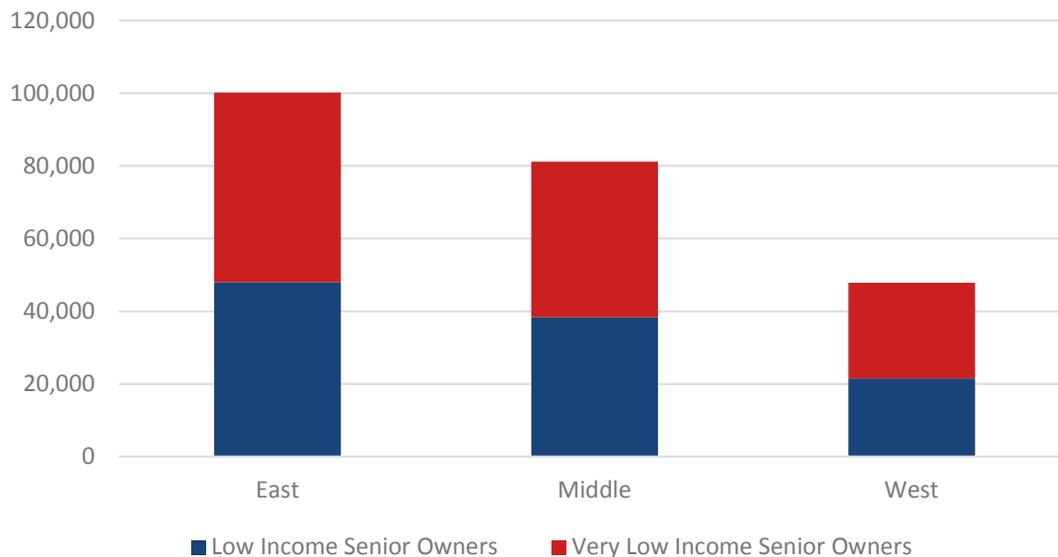
55 Fall Prevention Center for Excellence. <http://www.homemods.org/resources/pages/hudmarket.shtml>; AARP, October 2016; JCHS, Harvard, 2014

VIII. Funding Home Modification/Adaptation for Low Income Older Adults

The cost of modifying a home varies significantly dependent upon what is needed and the type of structure. It may range from a few hundred dollars for handrails and bathroom grab bars to several thousand dollars for a roll-in shower or a stair lift. However, even the lowest cost modifications may not be feasible on a very low income. Medicare and most other private insurances typically do not pay for the cost of home modifications. The National Association of Home Builders and AARP both report that approximately 80 percent of home modifications and retrofits are paid out-of-pocket by the residents⁵⁶.

Almost 230,000 senior owner households in Tennessee are low income (see Figure 20 below). Considering most senior homeowners live in older, single family homes, likely without accessibility features, local, state and federally funded grant programs are an important tool to help low income senior homeowners, who may not have the income to make repairs to their home, afford home modification and home repair.

Figure 20: Low and Very Low Income Owner Occupied Households by Region



Source: HUD CHAS, 2009-2013

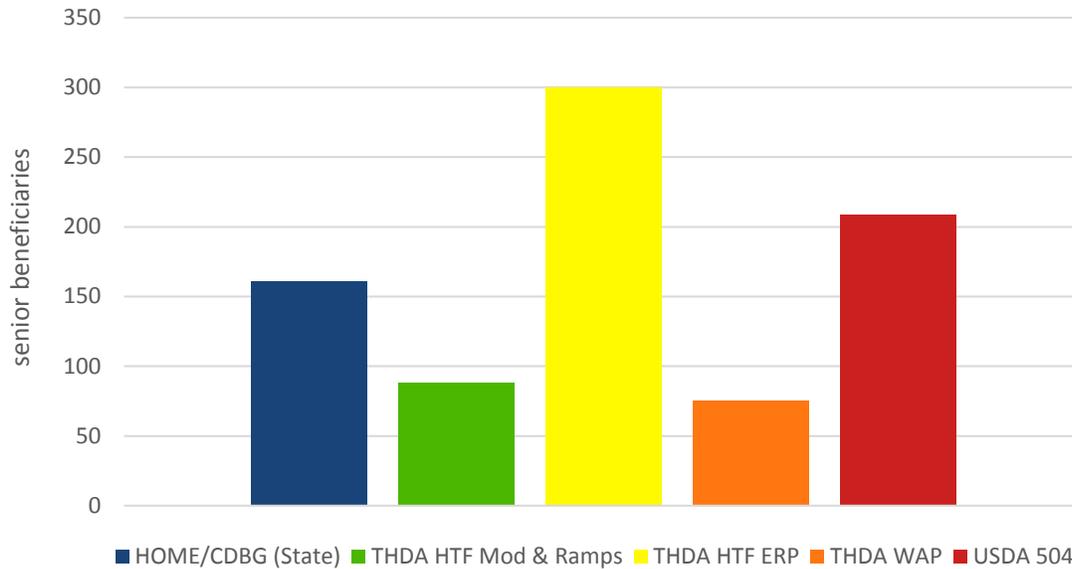
A. Grant Programs for Home Modification & Repair in Tennessee

At least six state or federally funded programs provide grants that may be used for home modification or repairs. Most are limited to very low or low income populations. While these programs typically receive annual allocations (federal or state), the funding, and subsequently the number of homes modified or repaired in Tennessee, is modest. Some grant programs offer comprehensive home rehabilitation (HOME & USDA 504 Programs), while others offer targeted assistance for specific repairs/improvements (Emergency Repair, Weatherization, Housing Modification and Ramps Programs).

⁵⁶ Lipman, et al. 2012

As Figure 22 below illustrates, for the most recent funding year, less than 1,000 senior households were estimated to benefit from home modification or repair grants/loans, not including local grant programs⁵⁷, privately funded grants or volunteer programs.

Figure 22: Estimated Annual Home Modification and Repair Grants for Tennessee Senior Beneficiaries



Source: THDA Internal Reports & USDA Rural Development Nashville Office

Descriptions of the various programs that help fund home repair/modification for low income seniors are in the inset below, but this does not necessarily represent all of the possible home modification funding sources in a given year. For example, the Plough Foundation selected Shelby County for participation in a targeted aging initiative in 2011. As part of this initiative, Habitat of Greater Memphis was awarded a \$3.89 million dollar grant for their Elder Home Rehab Initiative, which launched in 2015. The grant funds are estimated to cover renovation or repair costs in 380 homes occupied by seniors over a multi-year period⁵⁸. Additionally, eligible participants in the state administered Options and Choices programs (explained in greater detail later in the report) may choose to use funds for home modification.

⁵⁷ The number of seniors who received home modification or repair grants was difficult to estimate. Some programs are not required to track or report age demographics of participants. The information presented here is the best estimate determined from available program reports and interviews with administering staff/agencies. Statistics for the entitlement communities’ HOME and CDBG grants was not available for this report. Therefore, this estimate may underreport home modification and repair for senior households funded by grants in those areas. Entitlement cities in Tennessee are: Bristol, Chattanooga, Clarksville, Cleveland, Franklin, Jackson, Johnson City, Kingsport, Knoxville, Memphis, Morristown, Murfreesboro, Nashville-Davidson County, Oak Ridge. Entitlement counties: Knox & Shelby.

⁵⁸ THDA Leadership Academy interview with Habitat of Greater Memphis, 2016

B. Utilizing Home Equity for Home Modification/Repair

For homeowners 62 and older, who own their home outright or have paid a considerable amount of the total debt, a Home Equity Conversion Mortgage (HECM) may be a viable method of securing the funds needed to modify a home or pay for necessary support services. The HECM is the Federal Housing Agency's (FHA) reverse mortgage program and allows eligible seniors to withdraw a portion of their home equity to pay for other expenses⁵⁹. Reverse mortgages have a long list of pros and cons, but the risks may be reduced through well-executed homebuyer education. Homebuyer education informs senior homeowners of the risks and rewards of a HECM and may help determine if a reverse mortgage is the best strategy to pay for home modifications or HCBS.

Although it is a small percentage of senior homeowners, more than 1,000 Tennessee seniors secured a HECM in 2015⁶⁰. The requirements for securing a HECM include participation in a consumer information session by a HUD-approved HECM counselor. Currently, only three agencies in Tennessee provide the homebuyer education required for a HECM, which may limit participation.

⁵⁹ For more information or to access a list of reverse mortgage lenders or counselors, go to: https://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/hecm/hecmhome

⁶⁰ HUD.gov Home and Conversion Equity Mortgage (HECM) snapshot data

Grant Programs for Home Modification & Repair

HOME Investment Partnership - HUD funded program administered by THDA for non-entitlement jurisdictions for production, preservation and rehabilitation of housing for low income households.

Community Development Block Grant (CDBG) - HUD funded program administered by Tennessee Department of Economic and Community Development for non-entitlement jurisdictions to ensure decent affordable housing, to provide services to the most vulnerable persons, and to create jobs through the expansion and retention of businesses. State administered funds in Tennessee primarily target public facility (water/sewer) improvements.

Weatherization Assistance Program - Federally funded program administered by THDA that assists with weatherization repairs (e.g. insulation, storm windows, caulking, etc.) for households at or below 200 percent of federal poverty level.

USDA 504 Program - Federally funded low interest home modification/ repair loan program, which may be converted to a grant for seniors who cannot afford to repay.

Housing Trust Fund (HTF) Emergency Repair Program - State funded program administered by THDA that funds repair or replacement of an essential system and/or structural problem to stabilize the home for very low income elderly and disabled households.

HTF Housing Modification & Ramps - State funded program administered by THDA that provides funds to make homes accessible for very low income disabled (including elderly) households.

IX. Supportive Service Programs Along the Continuum

While the older adult population is living longer and healthier and the majority want to stay in their home for as long as possible, the physical challenges many face gradually compound and may make it difficult to live independently, at home, without support. As the senior population grows, an increasing number of adults will need Long Term Support Services (LTSS). The CDC projects that the number of people receiving support services, both at home and in facility settings, will increase from 15 million in 2000 to 27 million in 2050⁶¹.

The level of assistance or care needed by older adults is highly individualized; evolves over time and ebbs and flows with the onset of short term illnesses or injuries. HHS defines long-term care as the range of services and supports needed to meet individual health or personal needs over a long period of time. This range is often referred to as a “continuum.” Individuals travel back and forth along the continuum as they age, which complicates the delivery of care at home. There is no standard definition for the different levels of the continuum, but the graph below offers an example of the most common level of care associated with certain housing types. The lowest level of care is at the left end of the spectrum (independent housing with no formal care) and the highest level of care (skilled care in institutional setting) is at the right.



The cost of support services fluctuates based upon where the care is delivered- at home or in a facility setting— and the level of care needed. Whether LTSS are covered by insurance or paid out of pocket also varies. One study reports that almost \$208 billion dollars was spent on long term care in fiscal year 2010. The largest payer source was Medicaid, but more than 21 percent of the costs were paid privately⁶². Medicare, the insurance program that covers most seniors, provides limited nursing facility and home health care coverage (e.g. services needed to recover from illness/injury)⁶³.

61 JCHS, Harvard, 2014.

62 The SCAN Foundation, Fact Sheet, 2014

63 All 65+ persons who receive or qualify for Social Security retirement cash benefits are eligible for Medicare, which is a federally funded insurance program. Most Medicare recipients receive Medicare Part A cost free (dependent upon how long the person has paid Medicare taxes). Medicare Part A is “hospital insurance,” which typically covers care in the hospital setting as well as, short term nursing facility stays and short term home health. Each person must pay a monthly premium for Part B, which is preventative care (doctor’s visits, etc.) and medically necessary services (services or supplies to diagnose or treat a medical condition) and Part D, Prescriptions. If a person’s income is below the Medicaid eligibility levels, s/he may receive a supplement to pay for parts B & D (paid through Medicaid funding).

In 2009, AARP reported that 43 percent of survey respondents over the age of 45 reported feeling “not at all or not very prepared” financially to afford the costs of long-term care if they suddenly needed it for an indefinite period of time⁶⁴. Nationally, just 11 percent of seniors have private pay long term health insurance⁶⁵. While most individuals qualify for long term care when reaching a certain medical threshold, access to support services along the continuum is often dependent upon individual ability to pay. Thus, until the insurance thresholds for long term care are met, many seniors rely on an uncoordinated network of support to stay in their home -- caregiver help from family and friends, local non-profit or volunteer support, and their own savings when available. A 2010 national study found that 92 percent of seniors receiving care or assistance in the community received unpaid help⁶⁶.

Seniors who receive long term care paid by Medicaid must meet financial and functional (level of care) criteria. The share of Medicaid spending that states use for HCBS ranges widely from 15 percent to 65 percent⁶⁷.

CHOICES is Tennessee’s Medicaid Waiver program for disabled adults (21+) and “frail” seniors (65+)⁶⁸. The Bureau of TennCare administers the program through contracts with Managed Care Organizations (MCOs), who coordinate all covered physical, behavioral and LTSS. CHOICES services include care in a nursing home and HCBS for qualifying members. If a CHOICES member selects HCBS, the cost must be “neutral,” which means the cost of care in the home and community cannot exceed the average cost that would be paid if the member were institutionalized⁶⁹.

64 Barrett, AARP Bulletin Poll, 2009

65 JCHS, Harvard, 2014

66 Kaye, Harrington and LaPlante, January 2010

67 Reinhard et al. 2014.

68 Medicaid expenses are shared by the federal government and states, with around two thirds (Tennessee’s Federal Medical Assistance Percentage is around 65 percent for past 3 years) of Medicaid costs funded federally. The state covers the remainder.

69 For more detailed information on Choices and eligibility, see the Bureau of TennCare, Long Term Supports Services Guide to Pre-Admission Evaluation. 2014; or visit the Bureau of TennCare website: <http://www.tn.gov/tenncare/topic/choices> or contact a local Area Agency on Aging and Disability: <http://www.tn.gov/aging/article/aaad-map1>.

Medicare

- Up to 100 days of skilled nursing care in a certified skilled nursing facility after a qualifying hospital stay – not a long term support services program.
- Copays begin after 20 days of Home Health Services (short term)

CHOICES- Medicaid

TennCare CHOICES in Long-Term Services and Supports covers long-term nursing facility care as well as home and community based services (HCBS) for seniors 65 and older and adults 21 and older with a physical disability. There are three qualifying CHOICES groups:

- CHOICES Group 1 is for people of all ages who receive nursing home care. For more information about nursing home care.
- CHOICES Group 2 is for adults (age 21 and older) with a physical disability and seniors (age 65 and older) who qualify to receive nursing home care, but choose to receive home care services instead.
- CHOICES Group 3 is for adults (age 21 and older) with a disability and seniors (age 65 and older) who do not qualify for nursing home care, but need a more moderate package of home care services to delay or prevent the need for nursing home care.

According to an April 2017 report from the Tennessee Comptroller of the Treasury, just under 3 percent of Tennessee seniors participated in CHOICES LTSS during 2015-2016. As of May 31, 2016, 21,559 seniors (persons 65 and older) were CHOICES members, with around 7,500 participating in CHOICES HCBS⁷⁰.

OPTIONS for Community Living is a state funded program serving seniors (65+) and disabled adults. The program is managed by the Tennessee Commission on Aging and Disability (TCAD) through the Area Agencies on Aging and Disability (AAADs). This program helped 2,883 seniors with HCBS and home modification in the most recent year⁷¹.

TCAD also manages the Older Americans Act (OAA) funding and passes funds through to the district AAADs for a multitude of programs including: Nutrition and transportation programs, information and referral program for services and public benefits, caregiver support, legal assistance and Senior Centers.

Tennessee's nine AAADs serve as a single point of entry for LTSS, helping seniors and persons with disabilities navigate the options available to them. The map on the next page shows the regional territories of the AAAD offices.

Veterans and their spouses may be eligible for financial assistance with home based care and other needs through the Veterans Administration Aid & Attendance or Housebound Pension benefits⁷². The number of Tennessee seniors receiving an increased VA pension benefit to pay for home based care was not available at the time of this report. However, considering almost 50,000 Tennessee seniors (65+) received VA compensation or pension benefits in 2015⁷³, it may be an important potential resource for qualifying senior veterans and their spouses to pay for HCBS.

OPTIONS for Community Living

- State funded program
- No income eligibility requirement. However, there is a sliding fee scale based on income.
- Must meet Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) limitation requirements.
- The services provided are based on availability and level of need and include:
 - Homemaker services
 - Personal care
 - Home delivered meals

70 Information provided by Bureau of TennCare Housing Specialist, June 2016. TennCare classifies anyone over 65 as elderly, even if they also have a physical disability. Therefore, the elderly category includes people who are over 65 and with a physical disability.

71 As of May 2016. For more information on the Options Program, visit the Tennessee Commission on Aging and Disability website: <http://www.tn.gov/aging/> or contact a local Area Agency on Aging and Disability: <http://www.tn.gov/aging/article/aaad-map1>

72 For more information on the VA programs for eldercare, visit their website at: http://benefits.va.gov/pension/aid_attendance_housebound.asp; <http://www.va.gov/geriatrics/Guide/LongTermCare/index.asp>

73 Veterans Administration Compensation and Pension Benefits by County report, 2015

AAAD Districts in Tennessee

Northwest Area Agency
on Aging and Disability
(NW AAAD)
731-587-4023

Greater Nashville Area Agency
on Aging and Disability
(GNRC AAAD)
615-255-1010

Upper Cumberland Area
Agency on Aging and
Disability (UC AAAD)
931-432-6170

East Tennessee Area
Agency on Aging and
Disability (ET AAAD)
865-251-4897

First Tennessee Area
Agency on Aging and
Disability (FT AAAD)
423-928-3258



Aging Commission of the Mid-
South Area Agency on Aging
and Disability (ACMS AAAD)
901-222-4111

Southwest Tennessee Area
Agency on Aging and
Disability (SW AAAD)
731-668-6967

South Central Tennessee Area
Agency on Aging and
Disability (SC AAAD)
931-379-2929

Southeast Area Agency on Aging
and Disability (SE AAAD)
423-424-4256

The need for long term care will double over the next 40 years according to HHS projections, and at least some portion of that care will need to be delivered at home. One 2010 study estimated nursing home costs at five times more (per person) than when receiving care in a community setting⁷⁴. To delay or eliminate the need for institutional care and ultimately reduce public spending, seniors, who already live in affordable housing, need to be connected with services and health care in or near their home and with programs that ensure their home is accessible or free of hazards that commonly cause injury.

⁷⁴ Kaye, Harrington and LaPlante, January 2010

X. Linking Affordable Housing & Supportive Services

The use of affordable housing as a central location or platform for coordinating support services is one method of improving low income seniors access to or knowledge about health and supportive services. Since the 1990s, HUD has offered service coordinator grant funding to owners of HUD insured and assisted multifamily properties with at least 25 percent of residents considered frail elderly, at risk elderly or disabled non-elderly. The service coordinator provides intake, education and refers residents to service providers in the community, but does not provide direct health care. The coordinator is familiar with the individual's housing and with available health services in the community and may connect residents to the individual services⁷⁵ that help them avoid critical health events or injury in their home.

In 2015, HUD announced funding for an Enhanced Service Coordinator demonstration (“Section 202 Supportive Service Demonstration for Elderly Households”), which offers three-year grants to eligible owners of HUD-assisted senior housing developments. The new grant is based both on the existing HUD Service Coordinator model and the Support and Services at Home (SASH) program in Vermont, which is embedded in affordable housing properties (and discussed in further detail later in this report). The HUD Enhanced Service Coordinator program, like SASH, provides funding for a full time service coordinator and a part time wellness nurse for each site. The program expands the services offered at the affordable housing site to include both the social and medical needs of residents. HUD received 756 applications in response to the first NOFA. Properties in seven states received grants, but no properties in Tennessee received an award.

Public housing agencies may fund service coordination for seniors and persons with disabilities living in public housing units through the HUD Resident Opportunities and Self Sufficiency (ROSS) grant program. However, unlike the HUD Multifamily Service Coordinator grant, ROSS funds are not exclusively provided to coordinate services for elderly and disabled persons. The grants are also used to help connect other adult residents with self-sufficiency programs, such as job training.

Another public housing program that may help connect vulnerable seniors living in HUD public and assisted housing sites with health or support services is the Public Housing Primary Care Program (PHPC). The program uses the health care clinic model. Historically, community health centers have provided care to underserved populations. Where available, community clinics offer comprehensive primary and preventative health care services. Clinics may be on site at public housing development or located in an area near the targeted assisted housing. Only three Tennessee cities have clinics that receive PHPC grants: Knoxville, Nashville and Murfreesboro⁷⁶.

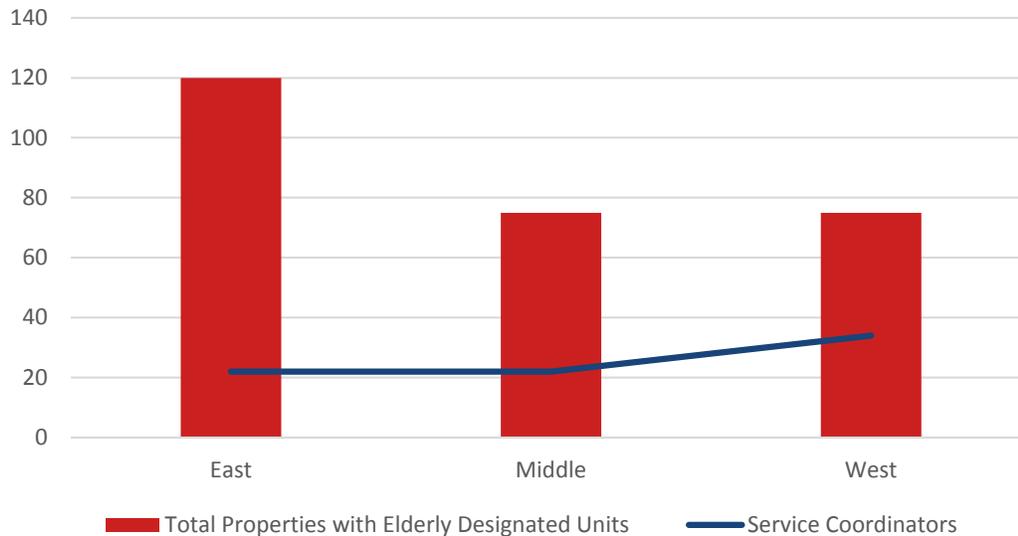
⁷⁵ These social services may include meals-on-wheels, transportation, home health aides, homemakers, financial assistance, counseling, preventative health screening, and other needed services

⁷⁶ For more information, go to the National Center for Health in Public Housing website: <http://www.nchph.org/>

A. Affordable Housing & Service Coordination in Tennessee

In Tennessee, 78 HUD elderly designated multifamily rental properties had a HUD service coordinator grant in 2015⁷⁷. Figure 22 shows the HUD service coordinator grants and the total elderly designated HUD multifamily properties in the different regions of Tennessee. A map of the location of the HUD Service Coordinators, along with elderly designated affordable multifamily properties is located in the Appendix.

Figure 22: Tennessee HUD Multifamily Elderly Properties with a HUD Service Coordinator Grant⁷⁸



Source: American Association of Service Coordinators; HUD Elderly Multifamily Housing report

The graph above illustrates that West Tennessee has a larger share of affordable elderly properties with a service coordinator than other regions. This is in large part due to the Wesley Living and Housing Corporation's participation in the grant program. Wesley operates nine senior housing complexes in Memphis and 16 in other West Tennessee cities. Many of the properties have public housing or Section 8/202 rental subsidies. Fourteen of the Wesley managed properties reportedly had a HUD service coordinator grant as of 2015⁷⁹. Wesley has over 40 years of experience working with seniors to manage affordable housing, non-profit assisted living and in home personal care. Their experience in providing both housing and health services specific to the senior population likely contributes to their success with creating a service enriched environment in their affordable housing properties⁸⁰.

⁷⁷ This is the most recent information available on HUD service coordinator grants. The report was obtained through the American Association of Service Coordinators which received a report of HUD Service Coordinator grants in 2015 from HUD headquarters. Service coordinator grants are renewed annually so it is possible not all of these properties retain a service coordinator grant or have a service coordinator on site at present.

⁷⁸ A property may have more than one service coordinator.

⁷⁹ American Association of Service Coordinators

⁸⁰ For more information about Wesley Living and Housing Corporation, visit their website: <http://wesleyliving.com/>

B. Non-Profit Housing and Service Integration in Tennessee

HomeSource East Tennessee, which is a Neighborworks organization, has built three affordable senior properties with 90 affordable units in the Knoxville area using funding or low interest loans from a variety of sources including: CDBG, HOME, LIHTC and state housing trust funds, loans from Federal Home Loan Bank and private funding.

The HomeSource senior properties are independent living. Few if any of the senior residents receive in home care. However, the properties share a service/care coordinator, who organizes community and recreational activities and connects seniors to services in the community. A Neighborworks© grant⁸¹ covered the cost of establishing the care coordination program, and the position is funded through a variety of sources annually including private fundraising (churches, businesses), excess rental income, and grants (local CDBG). The care coordinator is essential to the viability of their senior properties; however, the lack of ongoing service coordination funding is a source of concern for long term sustainability⁸².

United Housing Inc. (UHI) of Memphis, another Neighborworks organization, has partnered with Meritan Inc. and Shelby Residential and Vocational Services (SRVS) to build 17 “medical-residential” homes⁸³. The homes are single family in design, and three adults with disabilities live together and receive supportive services in the unit. The partnership with SRVS has focused on very low income persons with intellectual and developmental disabilities, which is SVRS’ target service population, while the partnership with Meritan focuses on seniors. So far, four “Med-Res” homes have been built for seniors.

81 See, <http://fahe.org/blog/sash-grant/> for information FAHE’s “SASH in Appalachia” grant

82 Information obtained from interviews with HomeSource East Tennessee staff. For more information on HomeSource properties, visit their website at: <http://homesourcetn.org/>

83 Bolding, et al. Winter 2015-2016



In most cases, the residents are Medicaid-eligible and qualify for LTSS through the CHOICES program. All residents require direct skilled nursing services as well as rehabilitative services and supports. The first seven “Medical-Residential” homes completed by United were funded by a Neighborhood Stabilization Program grant. Due to the success of the initial medical-residential builds, UHI is researching additional funding mechanisms or methods to successfully move persons with disabilities (including seniors) from nursing facilities to an affordable, service-enriched unit in the community. A Vanderbilt University report commissioned by UHI on the subject is forthcoming.

C. Public Housing Conversion to or Revitalization of Senior Housing in Tennessee

A number of Tennessee PHAs are developing high quality, accessible and affordable senior rental properties through HUD’s Rental Assistance Demonstration (RAD) conversion program and other public housing revitalization efforts, often paired with other funding mechanisms, such as LIHTC and/or state housing trust funds. Two such properties, Reddick Senior Residences in Franklin and Residences at Eastport in Knoxville are examples (pictured). PHAs that build senior properties (and those who operate older senior properties) often connect residents to services, such as on-site health screenings, and to nearby community health centers through ROSS coordinator or other funding. Some PHAs organize activities in their community rooms, and newer PHA-owned properties often provide wellness features.

In most cases, PHA staff are not able to ensure their senior residents have access to home based care in their unit. This means that seniors may not be able to age in place in these affordable units if they become frail or their health deteriorates to a point that assistance with daily living is required. During coalition meetings and in outside forums, a number of Tennessee public housing agencies (PHAs) have expressed interest in converting older public housing buildings targeted or occupied primarily by seniors to licensed Assisted Living Facilities (ALF) or to Service Enriched Housing (SHE). Due to the level of funding needed for physical conversion, PHA developments that are in good repair and would not face prohibitive renovation or rebuilding costs are the best candidates for ALF conversion. Public housing senior properties that already have basic accessibility features may be able to enhance the services connected to their properties by engaging with the state health agency to create a Supportive Services Plan (see next section).



XI. Affordable Housing & Service Coordination/Integration in Other States

Other states have received federal resources to develop innovative housing opportunities for seniors that integrate or incorporate direct services or service coordination. The support services or coordination linked with the affordable housing sites is often at least partially funded through the state's Medicaid waiver program. In some cases, states have provided state level funds to combine or supplement federal resources. Evaluations of these housing and service integration models are ongoing, but early studies suggest that some level of health cost savings is achieved when support services are integrated with affordable, accessible housing. Thus, it is worth exploring these efforts to serve as potential models for service enriched housing in our state.

A. Public Housing & HUD Multifamily Assisted Living/Service Enriched Housing Conversion

HUD Multifamily rental properties targeted to seniors (Section 8, 202, 221 and 236) may receive grant funds to physically convert units to assisted living or service enriched housing (SEH) under the HUD Multifamily Assisted Living Facility Conversion (ALFC) program when funding is appropriated. Public housing agencies may achieve similar conversion through HUD's RAD program. Under the RAD program, the subsidy is converted, but physical conversion must be funded separately, often through a combination of private debt and equity from 9 percent or 4 percent tax credits and government bonds. ALF or SEH conversion also requires the housing provider (owner or PHA) to coordinate with the state health agency for a Supportive Services Plan (SSP). While ALF conversion requires facility licensure through the appropriate state agency, Service Enriched Housing does not require facility licensure as long as service providers are licensed or certified.

HUD provided around \$20- \$25 million a year for multifamily physical conversion grants until 2013. No appropriations for ALF conversion have been available since that time⁸⁴. More than 100 senior HUD Multifamily properties have received conversion grants; although none located in Tennessee. Mid-western and northeastern states have taken advantage of this housing opportunity for seniors much more frequently than southern states. Florida has the most ALFC grants among the southern states.

ALF/SEH conversion is dependent upon HUD appropriations and other funding mechanisms for physical conversion along with successful coordination with the state health agency for the required Supportive Service Plan to ensure residents can pay or have insurance coverage for support services when needed. Many states with successful ALF/SHE conversions have optional supplementary state funds to help pay for the cost of the services required to be provided in a licensed ALF setting. This may be an additional obstacle to ALF conversion in Tennessee because similar funding streams are not currently available.

84 HUD.gov, ALCP page; Congressional Research Service, March 7, 2016

Helen Sawyer Plaza, a 104-unit complex in Miami, Florida operated by the Miami-Dade Housing Agency (MDHA) was the first public housing assisted living facility conversion in the U.S. Originally built in 1976, the senior building was in need of repair. Residents frequently moved from their housing unit to a nursing facility because they could not receive the health or support services needed with health declines. Occupancy rates were low despite the need for affordable housing for seniors.

Forty percent of the residents initially moving into the renovated property came from nursing homes. Thus, the transition provided substantial health cost savings. Subsequent analysis of the ALF conversions in Florida have found savings in the per capita long-term care costs of their residents (with costs less than one-half of a nursing home). As a result of the success, MDHA built a second continuum of care center with 95 units for seniors using HUD HOPE VI public housing revitalization grant funds, Ward Towers.

Three funding streams are essential to the success of public housing assisted living conversions in Florida – HUD conversion funding for remodeling and ongoing rental subsidies; optional state supplementary funds along with Medicaid waivers to cover the cost of services.

In 2017, HUD proposed legislation that would allow Section 202 Project Rental Assistance Contracts (PRAC) to convert to Section 8 contracts through the RAD program. Because the Section 202 PRACS are annually renewed, property owners are sometimes not able to leverage private debt and equity to improve the properties or address long-term capital needs⁸⁵. If this legislation is successful, the RAD program may become the avenue for both HUD Multifamily owners and PHAs to redevelop service enriched properties for seniors. An example of successful public housing ALF conversion, which pre-dates the RAD conversion program, is the Helen Sawyer Plaza in Miami, Florida⁸⁶ -- the first public housing building converted to assisted living in 1999 (featured in the inset above).

B. Center for Medicaid and Medicare Services (CMS) Demonstration Innovation Funded Programs in Vermont & Maryland

1. Vermont's SASH Program

The non-profit, Cathedral Square Corporation⁸⁷, which develops and operates affordable housing for seniors and persons with special needs in Vermont, began developing the Support and Service at Home (SASH) program in 2008 to address the frail elderly households living in their properties who did not have access to the support services needed. Their goal was to create systemic change supported by ongoing funding streams, rather than to create a solution that only served the residents in their own properties.

Through SASH, affordable housing sites provide a central location or platform for care coordination for persons age 65 and older and/or with disabilities. At each SASH housing site, a care coordinator connects participants to a network of community based support services. Each site also has a part time wellness nurse. SASH also includes an education component that teaches seniors to self-manage their care⁸⁸.

85 HUD, Housing for the Elderly (Section 202): 2017 Summary Statement and Initiatives

86 For more information on Helen Sawyer Plaza, visit the MIA Senior Living Solutions website: <http://miaseniorliving.com/PressBooklet.pdf> or the Miami-Dade.gov site at: <http://www.miamidade.gov/housing/helen-sawyer-alf.asp>

87 For more information on Cathedral Square Corporation, visit their website: <https://cathedralsquare.org/>

88 ASPE, SASH Evaluation, January 1, 2016

SASH initially received support from the Governor and three years funding from the Vermont legislature (along with securing required match funds from the Vermont Health Foundation). In 2011, SASH became part of the Blueprint for Health, Vermont's statewide health care reform initiative with funding through the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration. Although the SASH program was developed for residents of affordable rental housing, participation in MAPCP allows all Medicare beneficiaries in Vermont to participate in the services. By 2016, the program had grown to 5,000 senior households and was available in every county through 138 affordable housing sites.⁸⁹

In addition to costs paid through MAPCP, other program costs are covered through a variety of sources, including Medicaid, the Department of Aging and Independent Living, the Department of Vermont Health Access (DVHA), the Department of Health, and various foundations and grants. SASH funds care coordination and services offered by the wellness nurse but does not fund the actual health or long term support services accessed by participants. Those costs are paid by Medicare or other individual insurance plans⁹⁰.

Rigorous multi-year evaluations are being conducted by RTI International and LeadingAge (contracted by HUD and HHS) on the outcomes of the SASH program. The evaluations compare claims data for Medicare beneficiaries who participated in SASH with those who did not participate. A number of key findings from the first and second reports were published. In addition to finding that the SASH program has led to successful linkages among different community organizations that serve older adults, the research also shows that the SASH program reduced the rate of growth in total Medicare expenditures for the early panel cohorts who began receiving SASH services before April 2012 (or those receiving services for about 3 years) by \$128 per-beneficiary per-month, or about \$1,536 annually. SASH participants also showed statistically significant lower growth in expenditures for emergency room visits, hospital outpatient department visits and primary care/specialist physician visits⁹¹.

2. Maryland's CAPABLE Program

With similar goals to SASH and funded through a similar innovation demonstration grant through the Center for Medicare and Medicaid Services, the School of Nursing at Johns Hopkins created the "Capable" program—Community Aging in Place through Better Living Program in Baltimore. The program was operated as a clinical trial from 2012 to 2015 and used "health care dollars to invest in housing" to save health care costs. The CAPABLE model employs a nurse, occupational therapist and handyman to visit low income elderly (200 percent or less of federal poverty level) households. The team follows a patient centered approach by first completing a questionnaire with the household. The team then checks common health indicators and mobility factors, then corrects home mobility concerns like tripping hazards and handrail installation.

The nurse practitioner who designed the program originally calculated that the total costs would be \$3,300 per participant for four months, which included \$1,200 in home modification/repair. Long term cost savings to Medicaid and Medicare through reduced hospitalization and nursing home stays were predicted to cover this expense per household⁹². A recent study, which included 234 participants in the program over a five month period, found the average cost of delivering the services was \$2,825 per participant, which included clinician visits, mileage, care coordination, supervision, home modification and repairs and assistive devices. Seventy-five percent of CAPABLE participants reported improvements in their basic ADLs, such as dressing or bathing. Hazards in the home were also reduced from 3.3 to one.

89 SASH website: <http://sashvt.org/learn/>

90 ASPE, SASH Evaluation, January 1, 2016

91 ASPE, SASH Evaluation, January 1, 2016

92 Watts, Lisa, Summer 2014; Szanton et al, May 2014.

XII. Summary & Recommendations

The surge in senior population growth over the next 15-20 years creates a sense of urgency to develop innovative programs and policies in Tennessee that allow seniors to stay in their homes as they age, healthy and injury free. Almost all seniors want to remain in their pre-retirement homes and in their community for as long as possible. When considering that during fiscal year 2015-2016, theTennCare CHOICES program spent \$39,829 per senior residing in a nursing facility, and \$16,938 per senior CHOICES member who chose HCBS services, helping seniors remain at home may equate to considerable health savings over time⁹³.

A 2014 joint report from HHS and HUD found that the disconnects among Medicare, Medicaid, health care providers, affordable housing programs, aging programs, and long-term care services may lead to lower-quality care, premature institutionalization, and higher costs to insurance programs⁹⁴. Like most states, Tennessee has separate agencies managing housing, health and human service programs (and VA programs), which complicates integrating health care and services in affordable housing.

Improving the ability of seniors to age in place requires a multifaceted approach to meet the continuum of need as individual seniors' age. In Tennessee (and many other states), finding help with paying for supportive services in an existing housing setting and/or for home modifications requires understanding complex rules and regulations that span across different federal and state funding agencies, non-profit and for-profit partners, and knowing what agency provides what resources in a particular locality(ies). While local AAADs serve as single points of entry, seniors and their caregivers may find this complex web of options hard to understand and navigate.

Tennessee has many examples of affordable housing and grant providers using innovation to create additional housing opportunities for seniors and providing home modification grants. In some cases, affordable housing providers are already working with health agencies to coordinate housing with health services. Unfortunately, the funding for both housing programs and service coordination often falls short of need or is not permanent (e.g. one time grants, demonstration funds or multiple annual grants from different organizations pieced together). Drawing on the success of housing and health integration examples within Tennessee and from other states and developing a coordinated approach among organizations that serve seniors will allow limited funds to be targeted most creatively and efficiently.

A recent Harvard study on housing the growing senior population suggested the following priorities: Increase accessible and expand housing options; assist older owners with housing cost burdens; increase subsidies to older renters; strengthen ties between health care and housing. Additionally, the report noted the need to educate persons nearing retirement and younger persons about the importance of paying down debt, especially housing debt, pre-retirement⁹⁵. The following recommendations encompass all of those priorities.

93 Tennessee Comptroller of the Treasury, 2017. *Note: A CHOICES member must qualify for nursing facility level care to be eligible for CHOICES HCBS.

94 JCHS, Harvard, 2014

95 JCHS, Harvard, 2014

1. Create a State of Tennessee Interagency Task Force on Housing & Health Integration

Formal coordination between the many different housing and service providers is essential to improve housing/service integration across the state and foster innovation. Task forces that target issues related to aging or older adults already exist, but most are limited to a particular area of concern, such as the recently launched, Coordinated Community Response for Vulnerable Adults task force⁹⁶. However, Tennessee lacks a statewide task force that focuses on innovation programs to integrate health and housing for the older adult population. While any task force would likely need to be led by the core state agencies serving older adults, the inclusion of federal agencies, local housing and service providers, service coordinators, AAAD staff, MCO staff, and beneficiaries would allow for the most appropriate goals to be established and for outcomes to be tracked.

Partnerships between health and housing providers are key to making progress in all of the following recommendations or potential solutions.

2. Improve Data Availability & Analysis

The compilation of data for this report was complex and time consuming, often requiring Freedom of Information Act (FOIA) requests from multiple federal agencies; searching for and accessing multiple, sometimes dated, Web based reports and making assumptions where data was incomplete. Federal, state and local grant programs are not required in some cases to track the age of recipients or to track seniors as a demographic, allowing only estimates of the number of seniors assisted through home modification grant programs. Only limited data or reports on the number of seniors receiving HCBS were available. The data collected also may be quickly outdated as seniors move into and out of assisted housing and health services programs, and as affordable housing developments are built or opt out of affordability requirements.

Better information, updated on a regular basis, is needed to understand where we face service gaps in housing and health programs for seniors and to improve service coordination. It is especially important as new partnerships are fostered between housing and health service agencies that the outcomes are tracked to pinpoint positive housing and health outcomes and to determine where collaboration results in the most effective health and housing outcomes and generates cost savings.

3. Improve Public Knowledge of Affordable Housing & Health Services Opportunities

In addition to improving data collection and evaluation, Tennessee seniors and their caregivers need user-friendly methods of finding resources and services available in their local community. The AAADs offer a single point of service for seniors seeking LTSS, and TCAD maintains a hotline and an online search engine for housing, transportation, community and health services for seniors and persons with disabilities. THDA also manages an affordable housing search engine, TNHousingSearch.org. Online search engines need to be improved or connected to allow seniors and caregivers to link housing programs with the most appropriate health service. The 2014 Governor's Task Force on Aging included a recommendation for a central portal of information. Ideally, a single system or portal would be developed that includes all public services (housing and health) by service area.

⁹⁶ Seventeen agencies are part of this task force created to enhance Tennessee Adult Protective Services.

4. Integrate Health and Supportive Services with Housing

Considering the success of the HUD Service Coordinator, SASH and Capable programs, the role of service coordination needs to be further explored and potentially expanded in Tennessee, particularly in areas with multiple subsidized housing properties and areas with a naturally occurring dense senior population. HUD multifamily owners in Tennessee should be encouraged and assisted with applying for future HUD grants. However, service coordination needs to expand beyond the residents within HUD properties to the larger senior community. Ideally, a formal link to the network of service coordinators serving disabled and older adults would be established with core state and local health and housing agencies. This could be achieved through a housing/health interagency task force.

As a result of the informal coalition and findings of this report, TCAD is developing a Service Coordination Pilot with USDA as a partner agency. The goal is to expand the scope of service coordination among low income seniors in Tennessee. The Pilot will focus on integrating health services into affordable housing such as preventive services, care coordination and other support services. Combining services, resources, and housing through on-site service coordinator and medical services will empower individuals to best utilize their village of support to live independently as long as possible.

5. Expand Affordable & Accessible Senior Rental Housing Opportunities

While it may be difficult to create or successfully advocate for more rental subsidies given budget constraints, additional affordable and accessible rental housing stock must be added each year to meet the rising demand among seniors. Additional low income units may be achieved by using LITHC, Multifamily Bonds or Housing Trust Funds, but because the need for affordable housing among all very low income households exceeds the funding mechanisms, funds should be targeted thoughtfully—and leveraged with private resources as often as possible. Several strategies for increasing affordable rental housing are below.

- (a) Intergenerational or mixed population housing encourages community building where members help one other, which may lower support service costs. THDA's Housing Trust Fund has awarded \$1 million (in two separate funding rounds in 2015 and 2016) to Keystone Development Corporation (non-profit subsidiary of the Johnson City Housing Authority) to create two properties that will target both homeless youth/ youth aging out of foster care and seniors. When finished, the development will include nine units targeted to youth and 12 units targeted to seniors. This type of housing offers a no cost method of creating a new potential source of support for seniors (and youth) living alone.
- (b) Over time, the gap between the number of affordable rental units targeted to seniors and the very low income senior population may be narrowed if each newly created affordable housing development includes a percentage of one bedroom units (with a residency preference for very low income seniors/persons with disabilities) that also include accessibility features that help prevent falls or improve health outcomes (in particular, the five universal design features cited earlier in this report). Multifamily developments (with more than four units) are already subject to Fair Housing Act construction and design requirements in ground floor units that improve accessibility (wider doorways, walls that support grab bars in bathrooms, outlets and switches that are accessible, kitchens/baths designed where person in a wheelchair can maneuver).

- (c) Any development built exclusively for seniors or persons with disabilities should further comply with HCBS Settings Rule⁹⁷ to ensure that a senior may successfully remain in the housing and receive HCBS through a Medicaid waiver program when eligible/if needed. The THDA Housing Trust Fund has incorporated these standards into the requirements for special needs housing.
- (d) A preference in development programs for properties that commit to an on-site service coordinator and/or are in close proximity to services such as healthcare facilities, nutrition, and transportation may help to increase the availability of service enriched senior housing options.
- (e) Because organizations, particularly non-profits, with health services and housing experience may be more successful in creating affordable housing with integrated services or affordable assisted living, it may be beneficial to consider preferences in development programs when the development entity or property management company has such experience, especially in special needs set asides or priorities.

6. Preserve Existing Affordable Housing Targeted to Seniors and Create Opportunities to Convert or Update Existing Affordable Housing Units to Supportive Living Environments

With the growing gap in the availability of affordable housing units and the number of very low income seniors, Tennessee cannot afford to lose any of the existing affordable or subsidized units designated for seniors. Programs like the LIHTC and the Multifamily Bond Program offer a funding mechanism for rehabilitation and preservation of existing affordable senior housing developments (HUD, USDA, non-profit) and may be paired with other grants or resources, such as HUD ALF conversion grants or RAD to preserve/create additional service enriched housing opportunities for very low income seniors. Affordable properties located in higher cost cities with rising land values are at the greatest risk for conversion to market and loss of affordability. It would be valuable for cities to create an inventory of “at-risk” affordable senior properties and advocate to preserve their affordability.

7. Assist Senior Homeowners with Home Modification and Housing Cost Burdens

- (a) Reliable, low cost home repair/modification programs and programs that reduce utility costs through either efficiency improvements or subsidies are vital for low income senior homeowners to age in place successfully. There are many agencies who already do this work in Tennessee, but funding is inadequate to meet the current and growing need among our aging population. A more in depth analysis of all grant programs in Tennessee (state, local and non-profit agencies) and the number of senior beneficiaries is needed to determine where gaps exist and where to best target limited resources.

⁹⁷ In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

- (b) THDA recently launched the Appalachian Renovation Loan Program (ARLP) in cooperation with the Appalachian Regional Commission (ARC). While the program is not targeted to seniors, it may be a resource for eligible seniors, who need to repair or modify their home and are living in an “at risk” or “distressed” county as defined by ARC⁹⁸. For those living in distressed counties, the loan is forgivable, and may be combined with the USDA 504 loan when the cost of repairs exceed the USDA 504 limit of \$7,500.
- (c) Utilizing home equity may be an important tool for seniors, who own their home outright, to pay for home modifications and/or home based care, but for the program to be most effectively utilized, Tennessee needs more counselors and better education and outreach.
- (d) The state of Tennessee offers tax relief (not tax exemption) for primary residences in the form of a reimbursement for part or all property taxes paid for low income senior households. Additionally, the Tax Freeze Act of 2007 permits local governments to implement a tax freeze for certain seniors (over age 65) at low to moderate income levels. As of August 2016, 23 cities and 30 (of 95) counties had adopted a tax freeze program for seniors⁹⁹. Williamson County goes further and offers “broad base” tax relief for low income seniors to include property and other taxes, such as wheel taxes. Tax relief and tax freezes reduce housing cost burdens and may be an important tool for helping seniors age in place without housing and other cost burdens. However, these programs are limited in their benefit and consideration should be given to whether more significant relief is feasible for low income senior homeowners. For example, a Tennessee Advisory Commission on Intergovernmental Relations (TACIR) report¹⁰⁰ evaluating tax relief in 2007-2008 showed that the average benefit of the state’s tax relief program statewide was \$142. The benefit for Nashville, one of the most costly cities, was \$293.
- (e) THDA launched a new mortgage principal reduction program, the PRRPLE (Principal Reduction Program with Recast and Lien Extinguishment) program¹⁰¹ in March 2017. The program is designed to serve homeowners, including seniors, who own their home but are experiencing an eligible hardship, including but not limited to homeowners who are living on Social Security, long-term disability or other fixed income source that makes the payment a financial burden. Participants may either lower monthly mortgage payments to affordable levels through a reduction in the principal balance of their first mortgage loan, combined with a loan recast or modification, or may qualify for principal reduction which results in a full lien extinguishment (when their mortgage balance is less than \$40,000).

Seniors must know a program or funding is available to apply for or utilize it. Thus, ongoing outreach to seniors and support agencies on programs or resources is critical.

98 As of the publication date of this report, the following counties were targeted: Bledsoe, Campbell, Carter, Claiborne, Clay, Cocke, Fentress, Grainger, Greene, Grundy, Hancock, Jackson, Jefferson, Johnson, Lawrence, Lewis, Macon, McMinn, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Rhea, Scott, Sevier, Unicoi, Union, Van Buren, Warren and White. For more information on the program, see: <https://thda.org/homeowners/arlpl>

99 See Tennessee Comptroller’s Office website: <https://www.comptroller.tn.gov/pa/pdf/20161107TaxFreezeJurisdictionsListing.pdf>

100 Chervin, undated

101 For more information, see: <http://www.keepmytnhome.org/>

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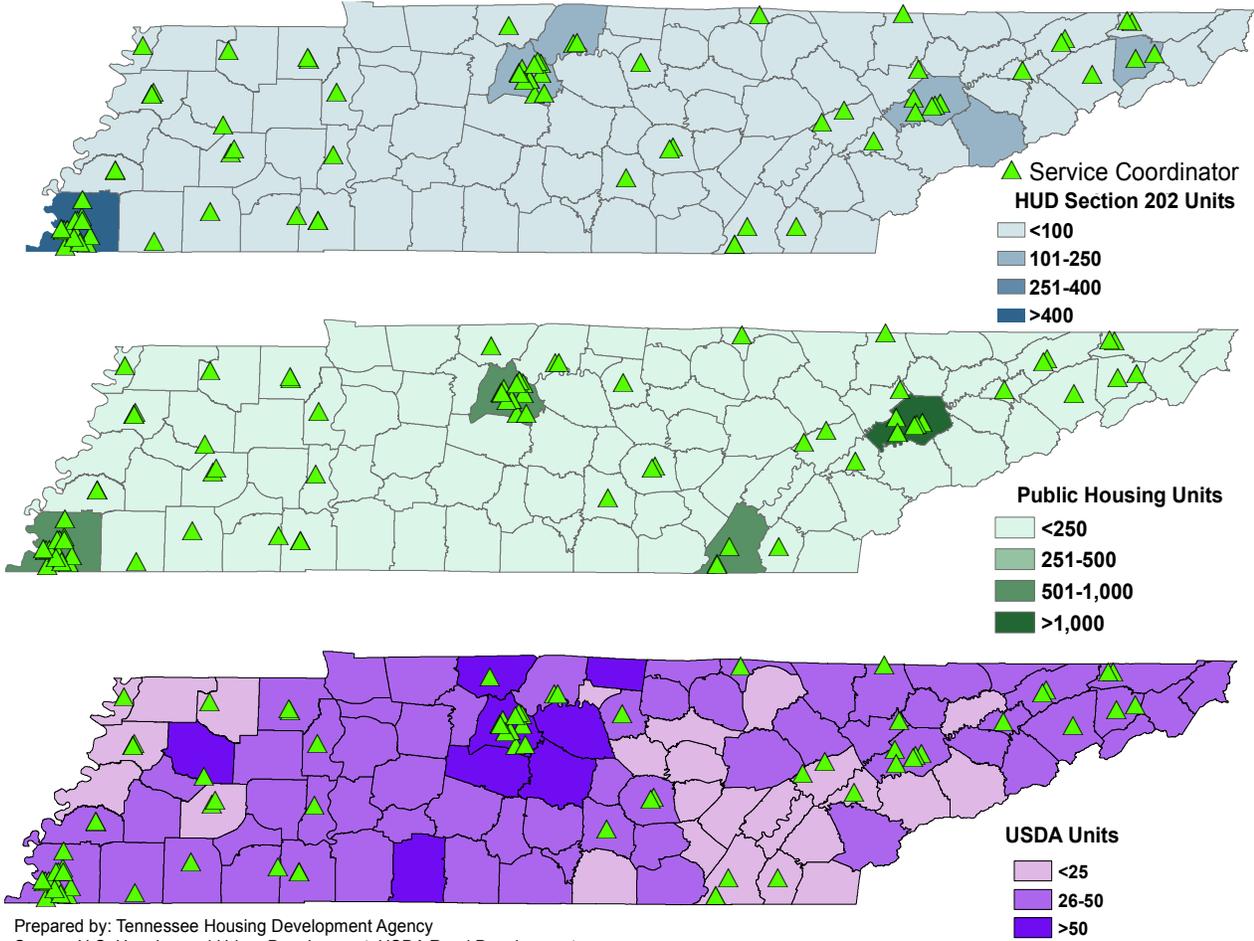
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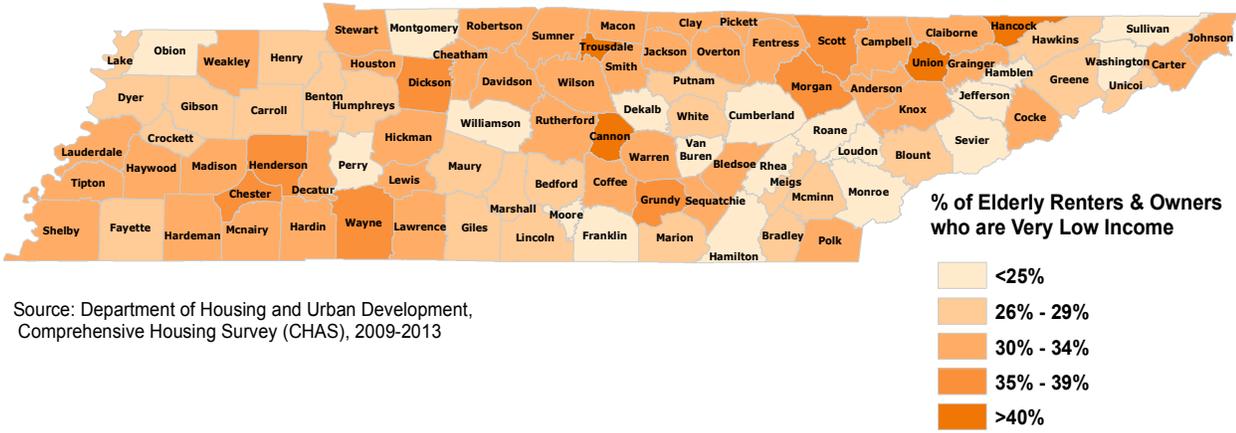
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Elderly Designated Project Based Developments & HUD Service Coordinators



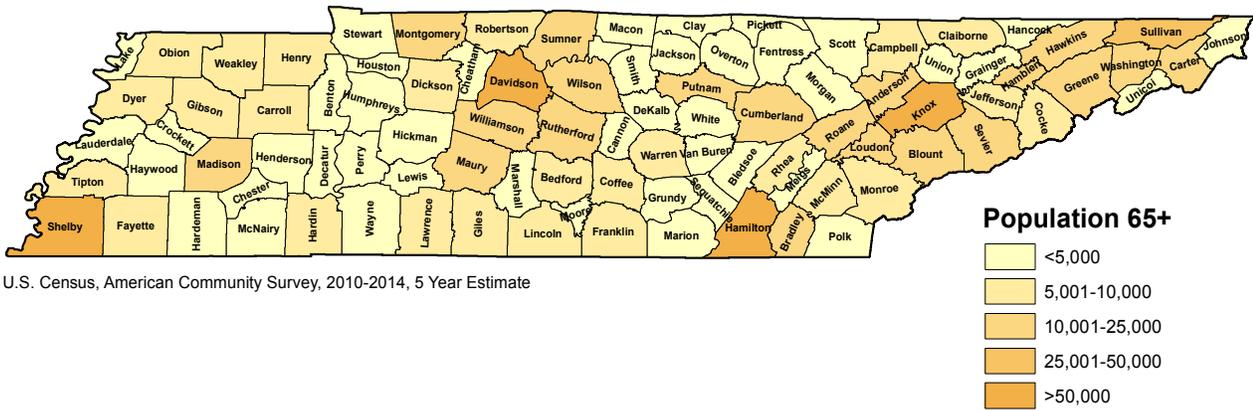
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 Source: U.S. Housing and Urban Development, USDA Rural Development.
 American Association of Service Coordinators

Maps

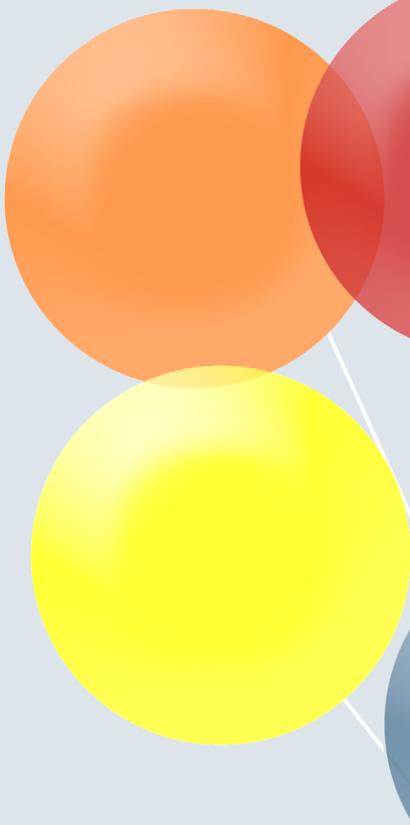


Source: Department of Housing and Urban Development, Comprehensive Housing Survey (CHAS), 2009-2013

Tennessee Older Adult Population (65+) by County



U.S. Census, American Community Survey, 2010-2014, 5 Year Estimate



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