

Affordable Independent Senior Housing Resident Assistance Program

PROPOSAL:

Invest \$10 million over five years in State funding to support Resident Assistance in subsidized and income-restricted independent rental housing for low-income older adults. Many of the older New Yorkers living in these apartments are income-eligible for Medicaid, but are likely to have difficulty navigating the network of health and social supports that could help them stay healthy and age in place. Through this program, older adults would be provided on-site, on-request assistance in affordable housing buildings, including help accessing services, benefits, and preventative programming; obtaining transportation or using technology for telehealth and social engagement; and arranging for on-site social and wellness programs to combat isolation and strengthen healthy living habits such as exercise and good nutrition.

By addressing the social determinants of health for these low-income older adults, the Resident Assistance program would allow them to age in place and would provide a significant return on investment by delaying or preventing utilization of higher-cost, Medicaid-funded long-term care services. Furthermore, as the population of low-income older adults continues to grow, this model of concentrated early intervention in buildings that serve large numbers of low-income older adults will be critical in offsetting workforce shortages across the health care and long-term care sectors.

BACKGROUND:

- The State's Master Plan for Aging emphasizes the importance of [community housing models](#) that help older adults age safely at home while controlling health care and long-term care costs, and estimates high feasibility and high impact for these proposals, including the creation of a Resident Assistance pilot program.
- There are approximately 693 properties in New York State funded by the U.S. Department of Housing and Urban Development (HUD) to serve low-income older adults, and, while it is difficult to estimate the number of State-financed senior housing units, \$425 million has been committed to developing affordable housing for low-income older adults in recent five-year spending plans for Homes and Community Renewal.
 - These State- and federally subsidized housing properties are designed to support independent living and aging in the community, even as residents may require more assistance over time.
 - If the Resident Assistance proposal were to be funded in New York, existing, age-friendly properties could *immediately* begin to seek Resident Assistants, resulting in real-time return on investment and better outcomes for low-income older New Yorkers.
- Some HUD-assisted senior housing buildings receive funding to participate in the [Service Coordination Program](#), which supports social service staff persons in multifamily housing buildings designed for older adults and those with disabilities.
 - Service Coordinators link residents with community-based services and agencies, provide advocacy on behalf of residents and their families, and help residents maintain strong and positive social connections to support healthy aging in place.
 - Throughout the COVID-19 pandemic, Service Coordinators in HUD-financed senior housing offered assistance with obtaining COVID vaccines, COVID tests, and masks, as well as social connections when residents were most isolated.
 - However, the program is drastically underfunded, and only approximately one-third of HUD senior housing buildings in New York State receive funding for Service Coordinators.

- Similarly, some providers rely on a patchwork of resources to offer social work services to support the health and wellness of residents aging in their apartments, such as the [Selfhelp Active Services for Aging Model \(SHASAM\)](#).
 - A rigorous study of the SHASAM program, featured in *Health Affairs*, found that the average Medicaid payment per person, per hospitalization was \$3,937 less for Selfhelp residents as compared to older adults living in the same Queens ZIP codes without services, and Selfhelp residents were 68% less likely to be hospitalized.¹
 - Furthermore, with the SHASAM Resident Assistance model in place, [less than 2%](#) of Selfhelp's residents are transferred to a nursing home in any given year.

ISSUES:

There are few funding opportunities for programs like Service Coordination and SHASAM in the state, even though these models have proven effective at promoting housing stability and general wellness for the older adults they serve, and many providers have little or no avenue outside of charitable donations to implement a Resident Assistant position. Without State operational support, the thousands of aging New Yorkers living in these communities may never benefit from this successful model, which has been proven to limit avoidable emergency room usage and reduce reliance on high-cost long-term care for low-income older adults.

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

Conversely, the Resident Assistance initiative is intended to connect older adults living in subsidized and income-restricted housing with the community resources they need to age safely in place by virtue of their age and income alone, and to do so *before* an ACF or higher level of long-term care becomes necessary. This approach takes into consideration the statutory and regulatory framework of ACFs and assisted living in New York and overcomes the limitations of supportive housing and other State programs as they relate to connecting low-income older adults with community supports that foster healthy aging.

FISCAL IMPACT:

We recommend allocating \$10 million in State funds over five years to support Resident Assistants in at least 16 affordable senior housing buildings of up to 100 units, which would provide up to \$125,000 per building, per year to support at least one full-time Resident Assistant. We estimate that this would serve 1,600 or more low-income older adults and generate a State-share Medicaid savings of at least \$6.5 million per year, with net State-share Medicaid savings (after the \$2 million annual investment) of at least \$4.5 million annually.

QUESTIONS:

Please contact Diane Darbyshire at 518-867-8383 or ddarbyshire@leadingagency.org with any questions.

¹ Gusmano, MK. Medicare Beneficiaries Living in Housing with Supportive Services Experienced Lower Hospital Use Than Others. *Health Affairs*. October 2018.