

Connecting Existing Homes with Social Services

Many older adults do not need around-the-clock assistance, but could safely and comfortably remain in their own home with access to some supports. Arrangements that coordinate the delivery of social services to existing homes respond to many older adults' preference to "age in place."

Introduction

Older adults who may not need or choose care provided at a nursing facility, but seek some type of assistance to fully meet their needs, can select from a broadening array of housing models. Some arrangements, including assisted living residences and coordinated care retirement communities, offer service-enriched supportive housing. Models vary in size, cost, and other characteristics, but in general have been specifically designed to offer supportive services in a residential setting that meets the needs and preferences of older adults as they age.

An alternative approach, which is the subject of this fact sheet, provides opportunities for older adults to access services while remaining in their homes. This arrangement allows older adults to age in place while receiving the assistance they need.

Programs that coordinate the delivery of social services with existing homes may bring service providers to residential developments or arrange access to services provided off-site. Residents decide to participate in available services. This approach keeps the locus of control with residents and may also promote cost-effectiveness, as residents use only those services they need.¹

Programs may be resident-initiated and led, provided directly by property owners or

managers, or arranged by a housing provider through contractual agreements or "purposeful partnerships" with outside organizations. Many developments with large populations of older adults employ a service coordinator to facilitate this process.

What Services Are Offered?

Depending on the community and resident preferences, a wide range of services can be made available to older adults who choose to remain in their own homes. Some arrangements may focus on health-related consultations or assistance with a set of instrumental activities of daily living, a term for activities such as mobility and preparing meals that allow an individual to live independently. Other arrangements provide in-home personal care services, such as assistance with bathing and dressing. The following box provides an overview of some commonly offered services.

Selected Services Offered

- Transportation assistance
- Group recreation and enrichment, including field trips, educational and cultural programs, and social events
- Medical clinics and consultations, including dental care, foot care, nutrition and mental health consultations, and hearing aid clinics

Selected Services Offered (cont.)

- Health education and preventative screenings
- Housekeeping assistance, including meal preparation, cleaning, and handyman services
- Educational and other services, including money management, form completion, religious services, and exercise classes
- Personal care, including assistance with activities such as bathing and dressing

How Are Services Delivered to Existing Homes?

Among older adults who choose to receive services in their homes, some can afford to hire caregivers to provide individualized in-home support that can range from companionship and light hospitality to more intensive services and medical care. However, by offering communal services in or near developments where large numbers of older adults already live, providers may be able to lower per-person costs and serve the community more affordably.

While less efficient than services provided in supportive housing, these economies of scale may be achieved in a variety of settings. Many of the development types discussed below use service coordinators to connect older adults in the development and surrounding community with appropriate services. Service coordinators work with residents to identify their needs, line up providers to meet those needs, and build awareness of available supports and activities. In some cases, public programs such as Area Agencies on Aging make service coordinators available; in others, building management employs service coordinators directly.²

Residential models that present a natural venue for delivering services important for older adults include the following:

Federally subsidized rental housing.

Estimates indicate that older adults occupy more than half of all federally subsidized private rental units. To provide older residents with essential services, roughly 3,700 subsidized properties employed service coordinators in 2007. For slightly fewer than half, funding for that position was provided by the U.S. Department of Housing and Urban Development (HUD) through a variety of grant programs. The remainder of the subsidized properties funded the position through their operating budgets and excess revenues.³

Naturally occurring retirement communities.

Naturally occurring retirement communities, or NORCs, are housing developments or neighborhoods in which older adults make up a large share of the residents. Most NORCs were not initially developed to serve an older population, but as residents have aged in place or other older adults have moved in, a “community” has developed. NORCs can include publicly subsidized housing, market-rate rental communities, and owner-occupied developments.

With their concentration of older adults, NORCs present a natural venue for the efficient delivery of services. In some communities, residents and property managers collaborate with nearby service providers to develop programs that address the health-related or service needs of aging residents.⁴ Other communities may bring in service coordinators to arrange care.

Cohousing. Cohousing is a form of residential development that fosters community interaction and active “neighboring” through collaborative ownership and management of the community. Individual residences may be clustered around shared facilities, creating an ideal site for delivery of jointly

purchased or managed services. Additionally, suites in a common house can be offered to individuals willing to provide on-site services for older residents.⁵

Co-locating housing and services. Co-locating housing and services allows residential developments that lack the required staff expertise or resources to provide social services on-site or close by. Service providers may choose to locate near certain residential developments because they recognize a demand for their services; co-location may also occur through purposeful outreach by residents or property managers. Services often co-located with housing include meal programs and health and wellness centers.⁶

The “village.” The “village” approach to coordinating housing and the delivery of social services incorporates attributes of each of these models. In an increasing number of communities across the United States, village members pay an annual fee to gain access to services that allow them to age in place. Volunteers and small staffs coordinate the services, although members oversee management of the village organization.

An example of this model is Beacon Hill Village, which was founded in 2001 and provides services for members age 50+ in several Boston neighborhoods. Participating households may arrange for concierge-style assistance, health and wellness services, and a host of cultural and social programs.⁷

Challenges and Solutions

Organization and implementation of a service delivery program does not come without challenges, particularly with regard to ensuring the affordability of, and access to, services for all members of the community.

Reducing the Cost Burden for Older Adults

In general, residents pay for social services out-of-pocket or with assistance from

family members.⁸ Older adults may be unable or disinclined to spend their retirement savings on the types of services that can be delivered to their home, regardless of the benefits.⁹

One solution is to expand federal- and state-level resources for coordinated care programs. Virtually all states allocate a portion of Medicaid funds to Home and Community-Based Services (HCBS) waiver programs, which provide services in residential settings. However, the bulk of Medicaid funding subsidizes the cost of care in nursing homes, and current regulations associated with HCBS waivers make it difficult for those with less intense needs to benefit from this assistance. Efforts to increase the level of Medicaid funding that states allocate to HCBS waiver programs would make services more affordable for older adults with low incomes. Changes to federal law that would allow states to loosen eligibility requirements on HCBS waiver programs should also be investigated.

The Congregate Housing Services Program (CHSP), another federal program that could be expanded to serve low-income older adults, provides grants to federally subsidized housing to fund services for aging residents. Residents are responsible for a small portion of the cost, while CHSP dollars and matching funds raised from other sources pay the balance. The program, operated by HUD, continues to provide support for existing participants but is not currently accepting new grantees.¹⁰

Another way to lower the cost of services is to develop formal partnerships between housing owners and nonprofit or other mission-driven service providers that can bring their own resources to bear. Similarly, collaboration with academic health clinics and other educational institutions can make quality care available at an affordable rate.¹¹

Reaching All Older Adults

With a concentration of older adults, NORCs and other housing arrangements

discussed above provide a natural venue for the delivery of social services. However, many older adults with similar needs live in single-family homes in suburban or rural areas. Efficiently and affordably providing social services to these dispersed households can present challenges.

One potential solution is to provide an array of services in a centralized location such as a church or community center. While less convenient than offering care on-site, this approach can still reduce travel time, especially for residents in suburban or rural areas, and allow access to a variety of supportive options at once.¹²

A second potential solution is a “house call” program. For many older adults in areas with limited public transit options, safety and travel concerns limit access to services provided outside the home. Some service providers have implemented a home visit program through which participating doctors, nurses, and other service providers visit the homes of those who need care. While lacking the efficiencies associated with providing care in a more centralized setting, this strategy can increase access to services among older adults who cannot easily travel.

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¹ Wilden, Robert, and Donald L. Redfoot. *Adding Assisted Living Services to Subsidized Housing: Serving Frail Older Persons with Low Incomes*. Washington, DC: AARP Public Policy Institute, 2002.

² Kochera, Andrew. *Developing Appropriate Rental Housing for Low-Income Older Persons: A Survey of Section 202 and LIHTC Property Managers*. Washington, DC: AARP Public Policy Institute, 2006.

³ Direct communication with Judy Chavis, executive director, American Association of Service Coordinators, November 20, 2009. More on grant funding for service coordinators in subsidized housing is available on HUD’s “Service Coordinator Program” page, at www.hud.gov/offices/hsg/mfh/scp/scphome.cfm.

⁴ American Association of Homes & Services for the Aging and the Institute for the Future of Aging Services. *Inventory of Affordable Housing Plus Services Strategies*. Washington, DC: 2006.

⁵ Durrett, Charles. *Senior Cohousing: A Community Approach to Independent Living—The Handbook*. Berkeley, CA: Habitat Press, 2005.

⁶ American Association of Homes & Services for the Aging and the Institute for the Future of Aging Services. *Inventory of Affordable Housing Plus Services Strategies*.

⁷ Beacon Hill Village. Retrieved Sept. 23, 2009, from www.beaconhillvillage.org.

⁸ Stone, Robyn I., and Susan C. Reinhard. “The Place of Assisted Living in Long-Term Care and Related Service Systems.” *The Gerontologist* 47, no. 3 (2007): 23–32.

⁹ Wright, Bernadette. *In Brief: An Overview of Assisted Living: 2004*. Washington, DC: AARP Public Policy Institute, 2004.

¹⁰ U.S. Department of Housing and Urban Development. Retrieved Sept. 29, 2009, from www.hud.gov/offices/hsg/mfh/progdsc/chsp.cfm.

¹¹ Institute for the Future of Aging Services. *Affordable Senior Housing Communities and Health-Related Services*. Washington, DC: 2009.

¹² Ibid.