

Unified Long Term Care Budget  
Balancing Work Group  
Access & Capacity  
**Housing with Supportive Services Sub-Group**  
*Gap Analysis & Recommendations*

**Home Maintenance, Repair & Accessibility Modifications**

**Home Maintenance** (routine or seasonal, e.g., storm windows, gutters) maintains existing housing stock and helps keep housing affordable, safe and functional.

Unmet Need/Gaps in Services

- Lack of resources to help low income older adults and people with disabilities who are homeowners maintain their homes.
- Medicaid waivers do not pay for home maintenance.

Recommendations to address need:

1. *The ULTCB Housing with Supports Subgroup supports the ULTCB Consumer Direction Work Group recommendation that consumer-directed programs **offer budgets or cost caps that allow consumers the flexibility to purchase other needed services** (i.e., home modifications, goods and services, etc.) with unused service dollars, during the authorized service period.*
2. ***Provide financial incentives** to encourage local governments to use a larger portion of their resources (including federal CDBG and HOME funds) for **home maintenance** programs for low income homeowners with disabilities.*

**Home Repair** (e.g. furnace, roof, wiring) maintains existing housing stock and helps keep housing affordable, safe and functional.

Unmet Need/Gaps in Services:

- The elderly and people with disabilities are more likely than other homeowners to be unable to carry out needed repairs to keep their homes safe and secure.
- There are insufficient community resources to assist low income homeowners with the cost of repairs to their home necessary to maintain health and safety.
- Medicaid waivers do not pay for home repairs that are of general utility.

Recommendations to address need:

3. *The ULTCB Housing with Supports Subgroup supports the ULTCB Consumer Direction Work Group recommendation that consumer-directed **programs offer budgets or cost caps that allow consumers the flexibility to purchase***

*other needed services (i.e., home modifications, goods and services, etc.) with unused service dollars, during the authorized service period.<sup>1</sup>*

*4. **Provide financial incentives** to encourage local governments to direct a larger portion of their resources, including federal housing funds, for **home repair** programs for low income homeowners with disabilities*

**Accessibility Modifications** (e.g. ramps, grab bars, railings, doors) enable people with disabilities to function more independently in their homes – **whether they own or rent** - and avoid costly care.

Unmet Need/Gaps in Services:

- Lack of resources for home modifications for low income **renters** not residing in federally funded units.
- Lack of resources for home modifications for low income **homeowners**
- Lack of resources for home modifications for homeowners in rural areas.
- Medicaid cost cap limits on the amount of modifications a person can receive.
- Lack of qualified waiver home modification providers.
- Lack of capacity – occupational/physical therapists to perform assessments of in-home accessibility needs.
- Medicaid State Plan does not pay for home modifications.

Recommendations to address need:

*5. **Streamline and standardize provider requirements** across all Medicaid Waivers to enable home modification providers to be certified to provide service across waiver systems and to make it easier to become a provider for multiple waivers.*

*6. The ULTCB Housing with Supports Subgroup supports the ULTCB Consumer Direction Work Group recommendation that consumer-directed **programs offer budgets or cost caps that allow consumers the flexibility to purchase other needed services (i.e., home modifications, goods and services, etc.) with unused service dollars, during the authorized service period.***

*7. **Revise Medicaid rules to provide the ability to reimburse providers for materials cost only** in situations where the labor is donated or funded by other sources (e.g. charitable or faith-based organizations or volunteer labor).*

*8. **Examine the reimbursement system for Medicaid Providers to expedite payment of claims** for providers who have excessive up front expenses from purchase of materials.*

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<sup>1</sup> This is the most current language used by the Consumer Direction workgroup

*9. **Provide financial incentives** to urge local governments to use a larger portion of their resources, including local funds *and federal housing funds*, for **home accessibility modifications**.*

*10. **Expand the provider pool; broaden rules language** to allow other qualified professional providers (in addition to occupational therapists and physical therapists) to provide **assessments** and prescribe specifications for home modifications to accommodate consumer accessibility needs.*

*11. Include accessibility modifications as part of the **discharge plan** for consumers leaving a NF; authorize waiver funds to enable home modifications to be completed prior to NF discharge.*

### **Accessibility, Visitability & Universal Design in Housing**

The physical design of a home or apartment directly and profoundly affects the ability of its residents to function independently, particularly for people with disabilities or anyone who hopes to “age in place”. A well-designed, user-friendly living environment reduces the need for personal assistance with activities of daily living, reduces the risk of accidents and injury, and reduces the future need for expensive structural modifications.

#### Unmet Need/Gaps in Services:

- The number of Ohioans with disabilities who will need accessible housing is expected to increase dramatically as the baby boomers age.
- There is a lack of accessible housing in all areas of the state.
- Nonprofit organizations and local government programs have waiting lists for their home modification services that enable people with disabilities to remain in their homes.
- Ohio taxpayers spend more than \$3 million annually in Medicaid funds and MRDD capital funds to modify entrances and bathrooms in existing homes for people with disabilities. That figure does not include local government funds, Ohio Housing Trust Funds, local property tax levy services, charitable donations, or the cost to families.
- The average cost (nationally) of including one zero-step entrance when constructing a new home is \$150<sup>2</sup>. Estimates of the average cost to Ohio taxpayers to add a ramp to an existing home ranges from \$2800 to \$5,000.

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<sup>2</sup> [www.concretechange.org](http://www.concretechange.org)

Recommendations to address need:

12. **Reduce the need for future taxpayer investment** in home modifications by adding a “visitability” requirement to the Ohio Residential Code for **all new construction** of 1,2 & 3 family homes. “Visitability” generally includes, at a minimum, a no step entrance into the home, and an accessible half bath on the first floor.

13. **Provide education and training on accessibility laws** and best practices in **visitability and universal design** to architecture students, builders, local plans examiners and code enforcement officials.

14. **Encourage state officials responsible for enforcement of accessible housing laws and codes** to increase their efforts. (Including Fair Housing laws, Americans with Disabilities Act Accessibility guidelines, HUD 504 requirements<sup>3</sup> and the Ohio Building Code).

Adult Care Facilities and Adult Foster HomesUnmet Need/Gaps in Services:

- **Many low income people who need housing with supervision and supports, particularly people with mental illness, have no place to go.**

Since Ohio closed its mental institutions, hundreds of people with chronic mental illness are living on the streets, in prisons, homeless shelters and nursing homes, at great public cost.

SSI recipients are at 18% of Area Median Income. Most affordable housing programs serve people from 40 to 60 percent of AMI.

SSI in Ohio is currently \$637 per month, which is inadequate to pay for the services required by consumers (and required by ACF licensure) - housing, utilities, meals, transportation, supervision, assistance with medications, personal care and other activities of daily living, socialization and other services that maintain a good quality of life.

The RSS program has a limited number of slots; currently there are 1,882 recipients and 442 eligible Ohioans on waiting lists.

- **There are few or no quality adult care facilities in many areas of the state.**

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<sup>3</sup> *Housing developers who receive public funding should be required to demonstrate their compliance with HUD 504 accessibility requirements. At least 5 percent of their units must be fully accessible.*

Group, family and foster homes have long been the only affordable option for many low income adults needing housing with supervision and supports.

ACFs and AFHs that provide a supportive, residential, family-like environment may be the preferred setting for some individuals who are unable or unwilling to live alone.

The quality of Ohio's 651 Adult Care Facilities ranges widely. Although a significant number offer good care to their residents, others provide very little in the way of supportive services.

For several decades, Ohio's government policies, funding and priorities have not supported the shared living model in general and group homes in particular.

The number of homes has declined. Since licensure began in November of 1990, 993 licensed facilities have closed.

- **ACF Residents' needs are unmet.**

ACF/AFH residents with SMD lack access to adequate mental health services due to a lack of resources and capacity within the mental health system. (e.g., insufficient # of case managers, huge case loads)

ACF/AFH residents lack access to community services that would improve their quality of life and that would provide support, assistance and respite to caregivers.

ACF/AFH residents are ineligible for food stamps.

ACF/AFH residents are unable to afford the Medicare D co-pay for prescription drugs.

The State does not have the capacity to adequately inspect and sanction those Adult Care Facilities that do not meet quality standards (e.g. supervision, care services).

- **ACF/AFH operators do not have adequate resources to meet resident needs.**

Operators lack sufficient income. Many cannot afford maintenance & repairs, decent furnishings and other basic needs. Many home operators are themselves low income, and operate close to bankruptcy.

Operators lack sufficient community supports that would help them as they struggle to maintain safe, healthy, clean environments for their clients.

RSS reimbursement for providers is inadequate to pay for the services required by consumers (and required by ACF licensure) - housing, utilities, meals, transportation, supervision, assistance with medications, personal care and other activities of daily living, socialization and other services that maintain a good quality of life.

RSS clients require a protective level of care. Medicaid waiver clients must be assessed at a NF level of care. Therefore, RSS clients are by definition not eligible for Medicaid waivers.

RSS provides financial support to only 20 percent of ACF residents.

- **Information Gaps**

ACF/AFH providers need better access to information that will support them in their work, including caregiving issues, access to public benefits and community services and opportunities to learn from their peers.

The public, including local and state officials, lack information about ACFs/AFH that would enable them to make good choices (e.g. accessibility)

The public, including local and state officials, lack understanding, respect and value for ACF/AFH, the care they provide to people, and the role they play in the long term care delivery system.

- **Fragmented system:**

ACFs are licensed by ODH, AFH are certified by AAAs, RSS funding comes from ODJFS, the RSS program is administered by Aging, ODMH administers the housing trust fund grant and the majority of placements come from the mental health system.

Recommendations to address need:

**15. Identify ways to increase funding** for those ACFs/AFHs that are able to meet quality standards. *Include a focus on leveraging federal funds.*

*15a. Determine necessary steps to operationalize the **Home First** initiative in 2009 for consumers leaving NF who wish to move to ACF/AFH. This may require prioritizing them on RSS wait lists and/or adding new RSS slots for them.*

*15b. Provide Medicaid services in ACFs/AFHs perhaps by **certifying ACF/AFH providers** as independent providers for personal care, or by creating an assisted living-type service.*

*15c. **Create a new state plan option** under the Deficit Reduction Act as a means to increase services/funding specifically for eligible residents of ACF/AFHs.*

*15d. **Eliminate regulatory barriers** that prevent residents of ACF/AFH from benefitting from other community services (e.g. Medicaid waivers, *local* levy services, *home energy assistance & accessibility modification programs*)*

*16. Expand the web-based Long Term Care Consumer Guide to display additional provider types, including Adult Care Facilities and certified Adult Foster Homes. Required information should include accessibility features and available supportive services.*

### **Assisted Living**

#### Unmet Need/Gaps in Services:

- Many low income individuals who need 24/7 supervision and/or assistance that cannot be scheduled in advance (e.g. PRN medications, toileting) have no place to go other than NF. This includes many frail elderly living in rent subsidized apartments with services.
- Many private pay residents of assisted living facilities are exhausting their financial resources and to date are unable to enroll in Ohio's AL waiver program.
- Personal Needs Allowance of \$50 is insufficient to cover a resident's costs of living, most notably their Medicare D (prescription drug) co-pay.
- The Assisted Living Waiver program currently has 400 qualified individuals on waiting lists. Approximately 140 in NFs, 125 in AL facilities, and 135 on other waiver programs.
- There are currently 88 facilities participating in the AL waiver (certified providers) – not enough beds to meet the needs of consumers; nor geographically situated to provide them with real options (e.g. in the town or county of their choosing).
- Although Residential Care Facility (RCF) licensure allows providers the flexibility to limit the extent and type of care they offer their residents, the AL Waiver requirements force facilities to have the capacity to provide a very extensive service package, including intermittent skilled nursing care.
- **Only** 279 of Ohio's 550 licensed Residential Care Facilities (RCFs) **are eligible** to participate in the AL Waiver due to the physical structure of their facilities.
- **Ohio's AL waiver program reimbursement rates** are flat and do not allow for regional cost variations. *(Note that Illinois AL waiver rates are based on 60 % of NF rates in that region).*

#### **Recommendations to address need:**

*17. Expand consumer eligibility for Ohio's Assisted Living waiver program to include people coming from community settings who meet the LOC and income eligibility requirements but who are not currently enrolled in a Medicaid waiver program or currently living in a NF or RCF. (INTERMEDIATE TERM)*

18. Explore strategies that will **eliminate financial barriers** to consumer participation in the AL waiver:

~~18a. Apply Home First enrollment to the **assisted living waiver**~~

18b. **Increase the Personal Needs Allowance** for AL Waiver consumers (ST)

18c. Provide Assisted Living waiver recipients access to the provisions for payment of the Medicare D **prescription drug co-pays** available to NF residents (ST)

18d. Allow **retroactive Medicaid eligibility** to be applied to assisted living waiver services just as it does in NF. (SHORT TERM)

18e. **Create a Room & Board subsidy** for couples and/or individuals not eligible for SSI. (INTERMEDIATE TERM)

19. **Expand capacity & increase the number of AL waiver providers.**

*Revise provider eligibility requirements in the waiver rules to allow a wider variety of facility types & giving consumers more choices. Options might include<sup>4</sup>:*

19a. Allow **older licensed RCFs** that do not have complete private bathrooms in every unit to participate in the waiver program so long as they meet all other qualifications.

19b. **Examine other states' models for delivery of Assisted Living or similar Supportive Living Medicaid waivers in subsidized housing for low income people and other living environments.** (INTERMEDIATE TERM)

19c. Explore the possibility of **applying more variability in rate settings** to the assisted living waiver.

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<sup>4</sup> The Housing With Supportive Services subgroup was not able to reach consensus on these recommendations.

## Service Coordination

### Unmet Need/Gaps in Services:

- Low income renters lack information and access to needed community services and supports for which they may be eligible, and that would help them continue to live independently and avoid eviction, homelessness or costly institutional care.
- Many Ohio rental properties that house low income tenants needing services and supports (particularly in rural areas) do not have service coordinators to provide information and access to services.
- There is a lack of understanding among some property owners and managers about the role of a Service Coordinator and the quantifiable benefits to management, tenants, families and the community.
- The required budget of \$100/year/unit for housing tax credit properties serving special needs populations is an insufficient resource.

### Recommendations to address need:

#### ***20. Support service coordination as an efficient, cost effective, cross-disability model linking housing with supportive services, one that:***

- *Provides low income renters **information and access** to services and supports;*
- *Helps tenants **maintain their independence**, diverting them from more costly institutional settings;*
- ***Leverages** a multitude of public and private community resources;*
- ***Dramatically reduces** calls to local fire, police and emergency services;*
- ***Serves all ULTCB target populations** (Medicaid, non-Medicaid, MRDD, SMD, chronically homeless)*
- *Fits well in a **No Wrong Door** system, linking low income people with the appropriate local service network.*

#### ***21. Use ULTCB resources to fund service coordinators in public and private subsidized housing and tax credit properties that do not have access sufficient other resources. Design programs so that they provide Medicaid match to leverage **state housing funds**.***

## Affordability

### Unmet Need/Gaps in Services:

- Federal funding for affordable housing (including public housing, private housing with project-based rent subsidies, and housing voucher programs) is insufficient to meet the growing need.
- The income source for many people with disabilities is SSI, which is approximately 18 % of area median income (AMI). The Housing Tax Credit program, which is the primary producer of affordable rental housing, serves people at 35% to 60% of AMI.

### Recommendations to address need:

22. *Change Medicaid financial eligibility requirements to allow persons entering a NF or ICF-MR who expect to return home within 9 months **to keep a larger portion of their income** in order to maintain their permanent residence (e.g. rent, mortgage, utility payments).*

23. *Change Medicaid financial eligibility requirements **to allow Home Choice (MFP) participants, prior to relocation from institutions, to keep a larger portion of their income** in order to save for housing expenses (e.g. rent, security and utility deposits, moving costs, etc.)*

24. *Propose a **tenant-based rental assistance program** for HOME Choice participants during the FY 10-11 budget development process.*

25. ***Develop State interagency collaborations and funding mechanisms in which ULTCB funds, including federal Medicaid funds, can leverage state housing resources** to provide more affordable housing with supportive services..*

26. *Enlist the Governor's Washington office to **urge Congress to fully fund vital federal** subsidized housing programs, including public housing, private project-based subsidized housing, and housing voucher programs.*

27. *Examine model programs for **local collaboration** like the Gateway project in Cleveland, where human service agencies assume the burden of intake and other administrative tasks for the housing authority, which sets aside housing vouchers for people with disabilities.*