

**REPORT**

**D.C. COMMISSION ON AGING 2018 RETREAT**

**HOUSING THEME**

**July 25, 2018**

*Submitted by:*

**Carolyn Dungee Nicholas, MPA**

**Chair**

**D.C. Commission on Aging**

**October 28, 2018**

# **REPORT**

## **D.C. COMMISSION ON AGING 2018 RETREAT**

The District of Columbia Commission on Aging held the Commission's 2018 RETREAT on July 25, 2018. The 2018 Retreat theme was Housing.

Enabling elderly D.C. residents to age in place i.e., to age in their community in decent, sustainable, affordable, safe, desirable dwelling places with the services that help them live as independently and safely as possible, is a focus of the D.C. Commission on Aging. The settings in the community in which one can age in place of course, include the individual's own home, but also include other community-based housing that best meet the individual's needs.

Speakers representing District of Columbia Government and private organizations that provide housing programs and housing services for elderly D.C. residents informed Commissioners and guests about housing legislation, programs and services in the District of Columbia that enable elderly D.C. residents to age in place; information that helped Commissioners draw some conclusions about the housing needs of elderly District of Columbia residents and make recommendations to City official for meeting those needs.

**For the record, the Commission on Aging holds to its oft-stated determination that a City-wide needs assessment be conducted to identify and determine the needs, including the housing needs, of elderly D.C. residents, i.e., to yield data and other information critical to identifying, planning, funding, and providing the services and resources needed, and budget accordingly annually. Incremental budgeting that is not based on the numbers of elderly D.C. residents who actually need services and the exact service and resource needs of those individuals is not sufficient.**

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Single Family Residential Rehabilitation Program

D.C. Department of Housing & Community Development

**Danilo Pelletiere** *14*

Senior Advisor for Policy and Legislative Affairs

D.C. Department of Housing and Community Development

**Ron McCoy**, Director *15-16*

Housing Choice Voucher Program

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## **OPENING REMARKS BY CAROLYN NICHOLAS, CHAIRWOMAN, D.C. COMMISSION ON AGING**

According to the DC Fiscal Policy Institute, the District is in an affordable housing crisis which poses significant long-term risks to the stability and well-being of the city's lowest income residents.

According to a March 2018 Kaiser Family Foundation Report, "How Many Seniors Are Living in Poverty?" National and State Estimates Under the Official and Supplemental Poverty Measures in 2016," at least 15% of people ages 65 and older lived in poverty in 10 states (CA, FL, GA, HI, IN, LA, NJ, NM, TX, and VA) plus Washington, D.C. in 2016; under the official poverty measure, only D.C. had a poverty rate above 15% for older adults in 2016.

In 2017 the Federal Poverty Level was \$12,060.00 for a one-person household. For a two-person household the Federal Poverty Level in 2017 was \$16,240.00.<sup>1</sup> In 2017, the median income for the District of Columbia was \$75,506.00. In 2018, the median income for the District of Columbia is \$82,372.00.

In 2018, the median price of homes selling in Washington, D.C. is \$533,100.00. In 2018, the median rent price is \$2,650.00. Clearly seniors at the Federal poverty level for a one-person household, or a two-person household have a difficult time affording the District's purchase and rent prices and thus have a difficult time obtaining a decent, sustainable, safe, desirable dwelling place in the District of Columbia.

For those lucky enough to own their own homes, the financial responsibility for habitational repairs, modifications for disabilities, property taxes, and now the skyrocketing water bills by hundreds, even thousands of dollars a month to fund the multi-billion dollar Clean Rivers Impervious Area Charge which D.C. Water is charging each of its customers to build a large underground tunnel to keep sewage and storm water from flooding our rivers is imperiling their continued home ownership.

The D.C. Fiscal Policy Institute recommends that the District substantially increase housing assistance for low-income residents to address the affordable housing crisis in the District of Columbia. This population of course, includes low-income elderly

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<sup>1</sup> The median income for the District of Columbia in 2016, according to the U.S. Census Bureau, was \$72,935.00.

residents of the District of Columbia, most of whom have paid D.C. income taxes throughout their lives, and if a homeowner at any time during their lives, paid D.C. property taxes while they owned their homes.

Low-income D.C. residents include also elderly D.C. residents who are homeless. However, at a recent Greater Washington Community Foundation President's Forum on Ending Homelessness in D.C., it was surprising to learn that none of the presenters and none of the attendees know how many of the District's homeless population are elderly.

According to Urban Institute, "Trends in Federal Housing Problems and Federal Housing Assistance," the beneficiaries served by HUD programs and thus D.C. Government housing programs are shifting away from families with children toward the elderly and disabled. The characteristics of beneficiary households in HUD's three deep-subsidy programs have many similarities, particularly with their focus on the lowest-income groups within the eligible population (although tenants in the privately subsidized programs are more white and elderly than in the other two programs). But all three face important and similar changes in their tenant base, with increases in the shares accounted for by the disabled and elderly and decreases in the shares for families with children."

According to Peter Struyck, author of "Current and Emerging Issues in Housing Environments for the Elderly," the dominant issue in the debate surrounding the housing environment of the elderly is how to construct public assistance to support the housing transitions that are necessary to allow community-based housing to become an active and integral element in the overall long-term care system and to hopefully prevent institutionalization.

In addition to subsidized apartments and rent vouchers, other alternatives that have been launched or at least seriously proposed as local programs have been accessory apartments<sup>2</sup>, granny flats<sup>3</sup>, house sharing implemented through "matching"

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<sup>2</sup> **Accessory apartments**, also known as **accessory** dwelling units or ADUs, are a hot topic in urban planning all over our region. ... An **accessory apartment** either creates a second unit within a single structure or adds a second detached housing unit to the same property.

<sup>3</sup> Designed for one or two persons, a granny flat is a self-contained living area usually located on the grounds of a single-family home. A granny flat can be detached, or it can be attached to the other dwelling. It is sometimes called a granny flat because it is a popular way for families to accommodate aging parents. In the building industry, the granny flat is most often known as an accessory apartment or accessory dwelling unit (ADU). Other terms include granny pod, mother-in-law unit, in-law apartment, bonus unit, casita, carriage unit and ohana unit (primarily in Hawaii).

programs<sup>4</sup>, small group homes (also known as board and care homes),<sup>5</sup> congregate housing<sup>6</sup>, revamped board-and-care facilities<sup>7</sup>, dwelling modifications, and home equity conversion mortgages<sup>8</sup> (also known as reverse annuity mortgages).

Equally important as public assistance that will help elderly D.C. residents make necessary housing transitions in such a way as to allow community-based housing to be an active and integral element in the overall long-term care system is the conduct of a city-wide needs assessment that yields data and other information critical to identifying, planning, funding, and providing the housing resources and services needed by low-income elderly residents in each Ward.

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<sup>4</sup> Home sharing is a living arrangement among two or more unrelated people. Home owners or renters (Home Providers) who have a residence with one or more bedrooms are matched with persons seeking housing (Home Seekers).<sup>5</sup> A residential care home provides care to small groups of adults over age 60. They're also commonly known as board and care homes. Residents can expect a single or double room (not an apartment), shared bathroom, meals, housekeeping, and personal care.

<sup>5</sup> A residential care home provides care to small groups of adults over age 60. They're also commonly known as board and care homes. Residents can expect a single or double room (not an apartment), shared bathroom, meals, housekeeping, and personal care.

<sup>6</sup> Congregate housing, or congregate living, offers independent living in separate apartments, and opportunities to share activities of daily living with other residents, as one chooses. They may be rental or ownership units or include a buy-in.

<sup>7</sup> Residential Care Facilities for the Elderly (RCFEs) — sometimes called “Assisted Living” (e.g., 16+ beds) or “Board and Care” (e.g., 4 to 6 beds) — are non-medical facilities that provide room, meals, housekeeping, supervision, storage and distribution of medication, and personal care assistance with basic activities.

<sup>8</sup> A home equity conversion mortgage (HECM) is a type of Federal Housing Administration (FHA) insured reverse mortgage. Home equity conversion mortgages allow seniors to convert the equity in their home to cash.

## **KEYNOTE SPEAKER**

### **AT-LARGE D.C. COUNCILMEMBER ANITA BONDS CHAIR, COMMITTEE ON HOUSING AND NEIGHBORHOOD REVITALIZATION AND OFFICE ON AGING**

- It is no secret that the District of Columbia, like most major American cities, is currently engulfed in a housing affordability crisis.

Everywhere we turn, so many of the buildings which we once lived-in, dined-in, and shopped-in, are being knocked down and replaced with newer and sometimes costlier structures.

And even while progress is good, and I know that many of you have taken great pride in our city's transformation, these new developments are driving up our cost of living, our rents, and our property taxes, at alarming rates!

But today, I have good news and a message of hope for you, that is, that displacement has no place in our city, and that any and every resident who wishes to remain in the District of Columbia will be able to do so!

Since joining the Council almost six years ago, I have made it my mission to spearhead and support legislation and other initiatives that help to make our city more affordable for people like you and me, people that have weathered the storm and seen the District of Columbia through her toughest times.

Today, I am proud to say that we have strong systems in place and they have worked for many residents and continue to do so.

- I have moved legislation to bring about initiatives like the "Safe-at-Home Program", which allows for older adults (60 years and older) and people with disabilities (18 to 59 years old) by providing up to \$6,000 for in-home accessibility adaptation to reduce the risk of falls and reduce barriers to mobility. To-date, more than 850 in-home adaptation projects have been completed.

- I have also been very instrumental in helping to combat elder abuse and financial exploitation. I have passed several pieces of legislation that work towards this goal and empower the Office of the Attorney General to prosecute the perpetrators of these heinous acts. I am extremely vigilant, and you all will live with dignity on my watch!
- Also, as many of you know, I have been very vocal about my desire to see property taxes eliminated for qualifying senior citizens and previously introduced the Senior Citizen Real Property Tax Relief Act which later became law but was ultimately changed to a property tax deferral program.

I was displeased with the result, but still came up with a way to assist our lowest-income residents by offsetting their property tax bills on a graduated scale.

- And while legislating is good, I want you all to know that we have put our money where our mouth is.

In the FY19 budget, we secured funding to support a reverse mortgage pilot program, which may be of benefit to some senior homeowners, and also increased funding to conduct targeted outreach to isolated seniors and have secured even more money to provide qualifying seniors with housing vouchers and assist those who do not currently receive rent subsidies.

We have also continued to invest more money into developing and preserving affordable housing units across the city. Thanks to tools like the Housing Production Trust Fund, to which the Mayor contributed the \$100 Million she promised, we are able to ensure that all residents in D.C. have an affordable but also safe and sanitary place to live.

In fact, the new senior affordable housing development at the Parks at Walter Reed in Ward 4 has recently closed and will produce and preserve housing for over 3,000 residents.

Please know that this is only the beginning and we are going to keep pushing for so much more

**Sarah Imhulse, Program Manager**  
**Single Family Residential Rehabilitation Program**  
**D.C. Department of Housing and Community Development**

Ms. Imhulse described the Single Family residential Rehabilitation Program (SFRRP) three service offerings (2 grants and 1 loan for up to \$75,000.00 total assistance):

1. Roof Replacement – up to \$15,000.00 to replace roof and gutters
2. HAIP – Up to \$30,000.00 to provide mobility assistance
3. Rehab – Up to \$50,000.00 to correct health and safety issues and items that are not up to code.

Ms. Imhulse shared photos of homes in Ward 5, 8, 6) that have been rehabilitated (roof replacement), Ward 4, 5, 1 (handicap assistance improvement), Ward 5 (egress improvement), and Ward 7 and Ward 7 (exterior code violations) under the SFRRP.

Eligibility requirements and where to apply for assistance, other D.C. Government agencies that assist seniors, and how to get connected to the DHCD were shared by Ms. Imhulse as well.

**Single-Family Residential Rehabilitation Program**

Many low income seniors find that they can manage normal expenses, but there is no money left to make habitational repairs or modifications for disabilities. DHCD offers home repair programs to assist eligible single family homeowners.

The Single Family Residential Rehabilitation Program is designed to help eligible low-income seniors finance home repairs that will address D.C. housing code violations and threats to health and safety.

Funding may be used for activities that include roof repairs and replacement, repairing walls and floors, replacing windows and repairing plumbing, electrical, and heating systems. Up to \$75,000.00 in loan financing is available for each project. The program also offers a separate grant of up to \$15,000.00 for roof replacement.

To be eligible applicants must: own and live in their homes as their primary residence; be current on all District of Columbia and Federal taxes; have an acceptable credit record; and meet household income eligibility requirements.

Senior citizens who are eligible for the program will have the first \$10,000.00 of loan financing deferred for as long as they own and live in the home. The Single-Family Rehabilitation Program also offers grant funding for lead-based paint hazard control as part of each rehabilitation project that disturbs lead-based paint.

Another program called Lead Safe Washington (LSW) provides grants of up to \$17,500.00 per housing unit to families with low to moderate incomes. Residents of the home must include pregnant women or children under the age of six who reside in the home. Low income families often have extended families living together in one home. Grandparents who are raising their children or grandchildren may be able to take advantage of this program.

The program also is open to investor-owners of buildings that were built prior to 1978. The U.S. Department of Housing and Urban Development, Office of Healthy Homes, and Lead Hazard Control provide funding for lead paint abatement.

## **Danilo Pelletiere, Senior Advisor for Policy and Legislative Affairs D.C. Department of Housing and Community Development**

The D.C. Department of Housing and Community Development (DCHCD), the housing agency for the District of Columbia, provides residents of Washington D.C with programs and services that help them find and obtain affordable housing opportunities at every income level. In addition to the programs and services that DCHCD directly provides, the Department has partnered with community based organizations that offer additional programs and services.

The DCHCD's mission is to create and preserve opportunities for affordable housing and economic development and to revitalize underserved communities in the District of Columbia.

The Department of Housing and Community Development focuses on three strategic objectives:

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1. Preserving and increasing the supply of quality affordable housing;
  2. Increasing homeownership opportunities;
  3. Revitalizing neighborhoods, promoting community development, and providing economic opportunities

The DCHCD provides counseling on housing, helps residents find low income housing, and helps residents understand their rights under the law.

The DCHCD programs and services that are designed to assist D.C. residents to obtain affordable housing are the Inclusionary Zoning Program (IZ), The Development Finance Division, the Home Purchase Assistance Program (HPAP) and the Single Family Rehabilitation Program (SFRRP).

The DCHCD position is: "Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficult affording necessities such as food, clothing, transportation and medical care." Thus some programs adjust rents based on an individual household's income (public housing, housing choice vouchers, etc.). Most DCHCD programs set rents at 30% of the maximum income eligible for the unit. Importantly, programs can be combined, for example, a voucher may help a tenant pay for an already below-market rent, also lowering the cost of the voucher.

## **Ron McCoy, Director, Housing Choice Voucher Program**

### **D.C. Housing Authority**

The mission of the District of Columbia Housing Authority (DCHA) is to provide quality affordable housing to extremely low- through moderate-income households, foster sustainable communities, and cultivate opportunities for residents to improve their lives throughout the eight wards of the District of Columbia.

DCHA provides assistance to help these families obtain safe, quality and affordable housing through three types of programs: Public Housing Program, Housing Choice Voucher Program and Moderate Rehabilitation Program.

The Housing Choice Voucher Program (formerly Section 8), the Federal Government's major rental assistance program, gives participants the option to live in the community of their choice.

The Housing Choice Voucher Tenant-Based Program provides rental assistance to eligible families or individuals who find their own housing (single-family homes, townhouses and apartments) as long it meets the requirements of the program. If participants want to move to another location, they simply apply to take their voucher with them to a new home, even out of state. Participants pay a portion of the rent that is based on a percentage of the family's income (on average about 30 percent), and DCHA pays the rest of the rent directly to the landlord.

In the Housing Choice Voucher Project-Based Program and the Moderate Rehabilitation Program, DCHA links the subsidy payments to specifically designated HCVP units at numerous apartment communities throughout D.C. The tenants cannot keep the voucher subsidy if they choose to move, unlike the tenant-based vouchers.

DCHA also administers a separate program, the District of Columbia Local Rent Subsidy Program (LRSP), which is modeled on the federal program but funded by the District of Columbia government. The program provides 700 tenant-based vouchers, but participants holding these vouchers cannot move out of the District.

More than 3,400 local landlords are providing housing through the voucher program and, in the last year alone, DCHA provided more than \$130 million in rent payments — helping to buoy the lives of city residents and contribute to the city's growing economy.

The Moderate Rehabilitation Program includes apartment communities throughout Washington, DC, that are owned by individual landlords or companies. The assistance provided is called “Project-Based” or “Unit-Based.” This means that tenants who move cannot take the subsidy with them.

For the HCVP and Moderate Rehabilitation programs, the lease is held in the participant’s name, and tenants pay 30 % of their household income for housing. DCHA pays the rest directly to the landlord — providing financial assistance that gives residents the edge they need to compete in the private housing market.

One of the District’s largest landlords, DCHA provides subsidized housing to approximately 50,000 residents, nearly one-tenth of the District’s population. The authority also supplies more than 13,000 housing vouchers to District residents, including some 800 Veterans Affairs Supportive Housing (VASH) vouchers, more than 2,000 Local Rent Subsidy Program (LRSP) vouchers, and thousands from the federal Housing Choice Voucher Program (HCVP), formerly known as Section 8.

DCHA owns or subsidizes more than 21,000 units of affordable housing for low to moderate-income households, including families with children, seniors, persons with disabilities, and veterans.

DCHA manages 56 public housing properties with more than 8000 public housing units located throughout the District that provide homes at reduced rents for very low-income families, seniors and persons with disabilities. Of those properties, 14 serve the elderly and disabled. DCHA maintains an occupancy rate of approximately 97 percent.

Tenants pay 30 percent of their adjusted income towards rent. The average rent paid by a public housing household is approximately \$250.00.

Public housing units provide very low-income families, seniors, and disabled persons the financial assistance they need to live in safe, well-maintained and affordable rental homes. There are income requirements for public housing and priority is given to those who are in greatest need.

## **William Kuennen**

### **Homeless Services Administration (HSA)**

#### **D.C. Department of Human Services (DHS)**

The D.C. Department of Human Services provides emergency and ongoing housing support and services to help individuals and families who are experiencing homelessness or are at risk of being homeless, transition into or maintain permanent affordable housing. Services include emergency shelter, emergency rental assistance, homeless services, hypothermia and hyperthermia watches, permanent supportive housing, resources, service providers, shelter monitoring, shelter ADA-compliance, temporary shelter, transitional shelter, veteran supportive housing, and youth services/shelters.

The D.C. homeless population in 2018 is 2700 male, 1000 female; 64% ages are 45+; 25% are ages 45-54; 22% are ages 55 – 61; 16% are ages 62+ <sup>9</sup>

The Homeless Services Administration (HSA) has initiated day program services for homeless persons to participate in during the day. The HSA also is operates a targeted affordable housing program which includes on-going case management to assist/enable them to be/remain independent. Homeless persons ages 60+ are targeted.

The HSA Permanent Supportive Housing Program (PHP) provides permanent housing and supportive services to individuals and families experiencing homelessness to ensure housing stabilization and maximum levels of self-sufficiency and an overall better quality of life.

The first phase of this program is to assess individuals and families experiencing homeless who are living on the streets, in shelters and other institutions. The second phase is to place individuals and families into long-term housing. The third phase is to provide effective case management to ensure that individuals and families are connected to needed support services and achieve the highest degree of stabilization and self-sufficiency possible.

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<sup>9</sup> Verification of these figures has been requested of the Homeless Services Administration, D.C. Department of Human Services.

Individuals and families in the District of Columbia experiencing homelessness with a disabling condition who have either been continuously homeless for a year or more or have had at least four episodes of homelessness in the past three years are eligible to apply for the PSHP Program.

## **Wendi Burkhardt, Co-founder Silver Nest – Home-sharing**

Silvernest enables homeowners to rent out a room or portion of their home to a qualified housemate (in other words, a renter) of their choosing.

The benefits of home-sharing include extra income, companionship, connection and the ability to stay in the home as the years go on, aka "aging in place". Homeowners can even choose to offer reduced rent in exchange for home maintenance, cleaning and other around-the-house help from their housemate. Silvernest is a great housing solution for those who want an alternative to senior living communities and assisted living homes.

Using a proprietary matching tool, Silvernest pairs homeowners or tenants with prospective housemates. Silvernest uses the criteria the homeowner or tenant establishes in his/her profile to find the just-right housemate. All of the homeowner or renter's information is kept private.

It's free to signup, create a profile, and browse potential housemates. Homeowners pay \$49.99 when they are ready to communicate with their matches which covers 60 days of unlimited communication, matching and background screening.

After the homeowner or tenant finds his/her perfect Housemate, there is the option to upgrade to Silvernest's Sharing or Comfort plans for a low monthly fee which gives the homeowner or tenant access to lease preparation/storage, automated rent payments, Homesharing Harmony services, legal concierge services, and easy relisting. Housemates pay a fee of \$29.99 when a homeowner or tenant requests a background check. The background check is valid for 3-months.

Silvernest is the only website designed specifically for empty nesters and baby boomers. Silvernest provides a seamless, end-to-end solution for finding the roommate of the homeowner or tenant's choice. Silvernest also offers all the tools to make the homeowner or tenant's experience as smooth and simple as possible—everything from lease agreement preparation to online rent collection.

Silvernest verifies a user's identity by sending a text message to the user's phone. The user simply enters the code in the Silvernest website to verify their identity.

## **Other D.C. Government Senior Housing Assistance**

The District of Columbia offers several programs to assist property owners and first time homebuyers. These include:

**Private Security Camera Voucher Program**, an expansion of the Private Security Camera Incentive Program. Through the program, D.C. residents who either rent or own a property and receive public assistance under the District of Columbia Public Assistance Act of 1982 will be eligible to receive a private security camera system without cost – *vouchers or reimbursement for purchased security cameras.*

The Mayor is currently working with the D.C. Council to expand eligibility for the program, and District seniors will be able to receive private security cameras through the Safe at Home program (currently part of Safer Stronger DC Program).

**Real Property Tax Relief and Tax Credits** - Once a D.C. resident reaches the age of 65, they can file an application for “disabled or senior citizen property tax relief.” If the adjusted gross income of the household is less than \$125,000.00, they will be eligible for significant tax relief. Specifically, the property tax owed will be reduced by 50 percent.

**Homestead Deduction** – this benefit reduces your real property’s assessed value by \$67,500.00 prior to computing the yearly tax liability – property must be occupied by the owner/applicant and contain no more than five dwelling units (including the unit occupied by the owner); and the property must be the principal residence (domicile)of the owner/applicant – properties will continue to receive the Homestead benefit and/or disabled or senior citizen tax relief as long as there is no change in eligibility, such as property ownership or owner-occupancy status.

**Individual Income Property Tax Credit** – The individual income tax credit reduces the D.C. individual income tax liability of eligible homeowners and renters by up to \$750.00.

**Lower income Home Ownership Tax Abatement** – Eligible homeowners, including non-profit organizations and shared equity investors, may receive a five-year tax abatement and be exempt from paying recordation and transfer taxes.

**Lower Income, Long-Term Homeowners Tax Credit** – The Lower Income, Long-Term Homeowners Credit eases the effect of rising assessments and taxes on low-income residents who have lived in their homes seven consecutive years or more (must have owned and occupied the property as your principal residence for at least the last seven (7) consecutive years; property must be receiving the Homestead Deduction; total household income of all household members of the residence must not exceed the Household Income Limit Table listed in Section D on Schedule L and application must be filed by December 31 of each year.

**Property Tax Deferral** – If your total household adjusted gross income (AGI) is \$50,000.00 or less, you may qualify for the low-income or low-income senior citizen property tax deferral. The Program allows you to defer payment of increases in your property tax, or if you are a senior citizen with household AGI of \$50,000.00 or less) to defer your entire annual tax bill. If you have lived in a Class 1 property for a year or more, and your tax is more than 10% higher than the previous year's tax, you may defer payment on the amount over the 10%. A Class 1 property is residential real property, including multi-family

**Safe at Home** – In an effort to allow seniors and residents living with disabilities to remain independent at home, the D.C. Department of Housing and Community Development (DHCD) and D.C. Office on Aging (DCOA) have partnered to create Safe at Home. This program focuses on providing housing modifications that greatly improve the safety and quality of life for these residents. Safe at Home provides home accessibility adaptation grants of up to \$6,000.00 to reduce the risk of falls and other barriers that limit mobility. Participants can acquire equipment that they would not be able to afford on their own, and allows those who have been confined the ability to get in and out of their home freely.

#### Eligibility for Safe-at-Home

- Seniors ages 60 and older
- Persons living with a disability ages 18-59
- Homeowners or renters with an annual household income at or below 80 % of Area Median Income (AMI)

#### Types of Modifications allowed under Safe-at-Home

- Home modifications could include: bed transfer handles, furniture risers, handrails, lamps, shower seats, stair lifts, or toilet handles.

## **Other Low-Income Senior Housing**

While the statistics are not trending well, residents of Washington D.C. may look to pool as many community, state, and federal resources as they can to help fund low income seniors who need help with housing.

### **Affordable Dwelling Units**

The high rate of poverty for Washington D.C. seniors has led to area housing reform. Adrian Fenty, the 2009 Mayor, wanted to revitalize underserved communities. As part of his plan, he granted DHCD the authority to monitor and enforce compliance with requirements to provide or maintain Affordable Dwelling Units (ADU's). The rules that qualify dwellings as an ADU are somewhat subjective and D.C. is taking steps to try to standardize the program. The current program includes homes that are for sale or for rent at below market rates. These units are restricted for low income households.

### **Housing Counseling Services**

Seniors with low incomes may be forced out of their homes if they cannot pay their rent or mortgages. DHCD uses a partner network of Community Based Organizations (CBO's) to provide counseling services and training to seniors who are tenants or homeowners. These agencies may be able to prevent foreclosures. The counseling services also offer credit counseling, home and budget management, assistance with applying for programs, and help with housing locating or relocating.

Housing counselors can also assist renters to understand their rights and responsibilities, which can help prevent displacement. Seniors can use the service to review a lease, get eviction counseling, and answer questions about apartment or lease management. Seniors can get a one-on-one appointment for individual matters or take a workshop to increase their general knowledge.

### **Housing Choices in the Community**

Some D.C. residents living in a long-term care institution may want to return to the community – and some are - but may not have a home or apartment of their own. Others may already live in the community and need assistance with the high cost of housing in the District. The District of Columbia is continuously striving to increase the number of affordable housing units throughout the City, especially recognizing that seniors and people living with

disabilities (most of whom are living on a fixed income) are two of the groups that are hit the hardest by the lack of affordable housing in our high-priced city.

### **Adding an Accessory Dwelling Unit (ADU)**

If you or a loved one owns a single-family home, adding an ADU (sometimes called an “in-law apartment,” an “accessory apartment,” or a “second unit”) may help you keep your independence or that of a family member as you age or if you become disabled. An ADU is a second living space within a home or on the same lot as a home. It has separate living and sleeping areas, a place to cook, and a bathroom.

Space such as an upper floor, basement, attic, or space over a garage may be turned into an ADU. Family members might be interested in living in an ADU in your home, or, you may want to build a separate living space at your family member’s home.

The cost for an ADU can vary widely depending on how big it is and how much it costs for building materials and workers. Note that you are required by law to obtain a construction permit in the District of Columbia for most new construction or improvements to existing buildings.

The Zoning Administrator, D.C. Department of Consumer and Regulatory Affairs (DCRA), should be contacted for questions concerning an ADU, potentially illegal construction, certificates of occupancy or code enforcement.

## **Independent Living, Assisted Living, Memory Care or Nursing Home Care**

Depending on individual needs and circumstances, Washington D.C.'s seniors have a plethora of living options to select from. They can choose between independent living, assisted living, memory care, or nursing home care.

### **Independent Living**

There are more than ten (10) independent living facilities in Washington D.C. Seniors who are active, healthy, and don't require extensive care are suitable for independent living. On average, it can cost anywhere from \$2,557.00 to \$4,735.00 a month to stay at an independent living facility in the District of Columbia. Active senior apartment communities are available as well, for the elderly aged 55+ or 65+ depending on the community. Some older people prefer apartment living and being able to take advantage of attractive amenities like pools and jacuzzis, walking trails, small gyms, meeting rooms, and more.

### **Assisted Living**

Washington D.C. is home to 20 assisted living facilities which provide the elderly with health care, access to local activities and social opportunities, and experienced caregivers to help them live life to the fullest. Assisted living facility residents can expect to get assistance with laundry, transportation, housekeeping, meal services, and 24-hour safety surveillance. On average, it can cost anywhere from \$4,650.00 to \$8,610.00 a month to stay at an assisted living facility in the District of Columbia.

### **Memory Care**

Seniors with dementia tend to do best in memory care facilities, where their unique care needs are met. Memory care facilities are designed to reduce incidences of seniors wandering and forgetting where they are, or being frustrated from forgetting how to do something basic. Staff is on hand at all times to help seniors with their daily tasks, and to guide them through the day so that they get their needed nutrition, medication, and personal grooming. Memory care facilities cost an average of \$119,877.00 a year in the District of Columbia, which is significantly higher than the national average.

## **Nursing Homes**

Nursing homes are available throughout District of Columbia for older people requiring round the clock supervision and care. The cost is anywhere from \$9,870.00 to \$10,570.00 a month depending on whether the individual chooses a semi-private or a fully private room. Nursing homes are perfect for seniors who are not really able to live or complete mundane tasks on their own, and do not have a designated caregiver to provide for them. Residents of nursing homes can expect to receive medication, therapy, and rehabilitation as necessary, as well as skilled nursing care and supervision.

## **Assisted Living Facilities**

Assisted living facility costs are quite high in D.C. Seniors requiring more help with executing their everyday tasks can expect to pay a hefty \$6,750.00 a month to receive health services and personal care at an assisted living facility. Assisted living is not an alternative to nursing home care. Rather, it is an intermediate level of long-term care.

## **Adult Daycare Centers**

There are five (5) adult daycare centers in Washington D.C. to help seniors get through the day, while their family is busy with other responsibilities. Adult daycare centers have staff to assist seniors with their day to day activities, and provide their meals. This form of care is best for healthy seniors who just need a supervised place to stay and socialize while their caregivers are busy tending to their other obligations during the day. Adult day care does not include skilled nursing care. The average cost of adult daycare facilities in Washington D.C. is around \$28,600.00 per year. The monthly costs can range from a low of \$2,460.00 a month up to \$3,300.00 a month.

## **Hospices**

The District of Columbia has five (5) hospices for terminally ill seniors. As with other states, hospice care can be covered by the senior's insurance, whether it is private, Medicare or Medicaid. Hospice care provides highly trained staff who administer medications whenever the senior is experiencing great pain due to their terminal illness. To calm emotional and mental pain,

seniors can take part in counseling sessions to constructively discuss their feelings and concerns during their remaining days.

## **Respite Care**

Respite care is also available in the District of Columbia, averaging \$107,128.00 a year. Costs can vary significantly though, depending on what exactly is needed and how often. Respite care can be arranged to be just a single day every now and again, or a few days weekly, or even for months with no set end time. Respite care is a great way for familial caretakers to get a break from the demanding duties of senior care. With that in mind, the level of care needed will also affect the cost of respite care, ranging from a low of \$8,700.00 a month up to \$17,444.00 a month.

## **Home Health Care Aides**

The average home health care costs are about \$3,813.00 per month in the District of Columbia. This fee allows elderly people to live comfortably in their own residences while receiving some assistance from service aides to keep the house clean, cook meals, and run everyday errands.

Home care providers must be licensed by the District of Columbia, Department of Health (DOH), and have the capacity to accept referrals, provide direct home-based chore aide services, home health aide services, personal care aide, nursing services and emergency chore aide services for vulnerable adults residing in the District

There are three ways to find a home health aide:

- agencies
- independently
- internet sites

One can contact senior care agencies that will assist family members in finding caregivers. They may also work with families to develop short and long-term plans of care. Agencies will usually contract with home health care aides that provide only personal care, such as bathing, dressing, cooking, cleaning, and transportation. They also contract with home care aides that have the skills and training to perform minor medical duties such as medication management, taking temperatures, blood pressure, pulse, and other vital signs. One important benefit to using an agency is that if the regular worker cannot provide care for some reason, the agency can send another worker out to fill in.

Family members may find a savings on care services of up to 20% - 30% by finding a home care aide on their own. This is a little risky as a lot of family members do not have the ability to do a background check. Families would have no assurance that the home care aide is insured or has experience caring for the elderly. Skilled care, or home health care aides, must be hired through a qualified home health agency.

The third way to find a qualified home health aide is by doing an internet search. Pulling up an internet search for in-home care on SeniorAdvisor.com provides thirteen (13) listings of in-home health providers. SeniorAdvisor.com offers one-stop shopping for caregivers that includes contact information, pricing, and client

reviews. They also have counselors available to help families navigate the site and answer frequently asked questions.

According to Genworth, the average annual cost of home health care, nationally, was just under \$45,000.00 per year in 2015. The average cost of home health care in Washington, D.C., was just slightly over \$45,000.00. Hourly rates for home health aides vary substantially between providers. Families will pay higher rates for home health aides that provide medical care in addition to personal care. Average rates for home health aides were about \$20.00 per hour in 2015.

Depending upon the rates for a particular home health aide, getting in-home care for Alzheimer's disease or dementia can be less costly than getting the same care in an assisted living home or a nursing home. Facilities often charge an extra monthly fee for dementia care; whereas many home health aides include dementia care in their regular fee.

## **DATA/STATISTICS**

703,608 DC residents in 2018; 75,127 are elderly

In 2017, the nation’s capital had a total population of 693,972, with 16.8% of that being seniors. That percentage is expected to keep growing significantly, reaching up to 1 in 5 residents being a senior by 2030.

According to a March 2018 Kaiser Family Foundation Report, “How Many Seniors Are Living in Poverty?” National and State Estimates Under the Official and Supplemental Poverty Measures in 2016,” at least 15% of people ages 65 and older lived in poverty in 10 states (CA, FL, GA, HI, IN, LA, NJ, NM, TX, and VA) plus Washington, D.C. in 2016; under the official poverty measure, only D.C. had a poverty rate above 15% for older adults in 2016.

In 2017, the Federal Poverty Level was \$12,060.00 for a one-person household. For a two-person household the Federal Poverty Level in 2017 was \$16,240.00.<sup>10</sup>

In 2016, the median income for the District of Columbia was \$72,935.00.

In 2017, the median income for the District of Columbia was \$75,506.00.

In 2018, the median income for the District of Columbia was \$82,372.00.

In 2018, the median price of homes selling in Washington, D.C. is \$533,100.00.

In 2018, the median rent price is \$2,650.00.

Seniors at the Federal poverty level for a one-person household, or a two-person household have a difficult time affording the District’s purchase and rent prices and thus obtaining a decent, sustainable, safe, desirable dwelling place in the District of Columbia.

More than 3,400 local landlords are providing housing through the voucher program and, in the last year alone, DCHA provided more than \$130 million in rent payments — helping to buoy the lives of city residents and contribute to the city’s growing economy.

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<sup>10</sup> The median income for the District of Columbia in 2016, according to the U.S. Census Bureau, was \$72,935.00.

One of the District’s largest landlords, DCHA provides subsidized housing to approximately 50,000 residents, nearly one-tenth of the District’s population, through traditional affordable housing, tenant- and project-based housing vouchers, and mixed-income properties. The population served includes 15,400 children, 6,200 seniors, 10,700 disabled, 1,034 veterans. Many ages 55+ are reporting disabling conditions.

The authority also supplies more than 13,000 housing vouchers to District residents, including some 800 Veterans Affairs Supportive Housing (VASH) vouchers, more than 2,000 Local Rent Subsidy Program (LRSP) vouchers, and thousands from the federal Housing Choice Voucher Program (HCVP), formerly known as Section 8.

There are more than 8000 units in 56 traditional public housing developments (conventionally owned public housing developments). Fourteen serve the elderly and disabled. DCHA maintains an occupancy rate of approximately 97 percent. Tenants pay 30 percent of their adjusted income towards rent. The average rent paid by a public housing household is approximately \$250.00.

The D.C. homeless population in 2018 is 2700 male, 1000 female; 64% ages 45-54; 22% are ages 55-61; 16% are ages 62+

The number of homeless D.C. persons in 2017 was 7,473.

The total number of homeless elderly D.C. residents is 2796.11

A Federal Government-mandated survey found 6,904 homeless people in the District in 2018. The figure represented a 7.6 percent drop from 2017 and a 17.3 percent drop from 2016. It remains slightly higher than the homeless population of 6,865 in 2013. <sup>11</sup>

- Single adults ages 55 – 61 = 22% = **1518.88**
- Adults in families ages 55 – 61 = 1.6% = **110.46**
- Single adults ages 62 and over = 16.6% = **1146.06**
- Adults in families ages 62 and over = 0.3% = **20.71**

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<sup>11</sup> Point-in-Time Count Of Persons Experiencing Homelessness in the District of Columbia, May 8, 2018

The number of elderly on D.C. Housing Choice Voucher/Section 8 Wait List is unknown.

Nearly 19,500 families receive support from DCHA; the majority of those families have black females as the head of household. About 70 percent of those families are voucher holders. Nearly eight percent of DCHA's clients are elderly and 18 percent are disabled.

DCHA operates a targeted affordable housing program which includes on-going case management to assist/enable participants to be/remain independent. Homeless persons ages 60+ are targeted.

DCHA is responsible for subsidized housing – Section 8 (Housing Choice Program) and public housing.

40.7% DC residents (all DC residents) own their homes in; 59.3% are renters. <sup>12</sup>

Local rent supplement program has vouchers dedicated to returning citizens, seniors, and LGBTQ

About 1000 vouchers are set aside for nursing home patients transitioning out

Many 55+ report disabling conditions

600 public housing units for seniors

In D.C. 42 percent of 65 or older live in a family household. Eight percent live in institutionalized care facilities such as nursing homes. Of D.C. residents ages 65 or older who are householders (i.e. live in a house, condo, co-op, or apartment), 61 percent own their home and 39 percent are renters. In 2013, housing costs constituted 53 percent of the average single senior renter's monthly expenses. <sup>13</sup>

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<sup>12</sup> District Of Columbia Population 2018

<sup>13</sup> Age-Friendly DC Plan

## **Analysis of Community-based Living Options**

*from* article by Raymond J. Struyk, Senior Fellow, Urban Institute

According to Raymond J. Struyk, “Current and Emerging Issues in Housing Environments for the Elderly,” current federal housing programs that assist the elderly can be divided into broad categories: (1) those that facilitate the operation of the private market and (2) those that provide some housing assistance, sometimes accompanied by support services but generally without them.

Federal help is provided to the elderly through a wide range of programmatic vehicles including those under which the development of housing projects have been sponsored, such as public housing, the Section 202 program<sup>14</sup>, and Section 8,<sup>15</sup> New Construction. Aid has also been provided to households through rental assistance programs, most notably Section 8, Existing, and the new housing voucher program.

Federal housing programs per se have been directed toward renters; yet elderly homeowners have received substantial one-time aid in repairing and rehabilitating their homes through locally operated programs funded under the federal community development block program (CDBP). CDBP has also been the funding source for many of the "house matching" programs and other innovative local efforts. In addition, elderly homeowners have been substantial beneficiaries of weatherization and fuel payment assistance programs.

The final area of federal activity is that combining assistance for housing with assistance for supportive services. These arrangements come in three forms; what they have in common is that they all involve subsidized housing projects.

The first type consists solely of projects that have been specially designed for use by the physically impaired. Even if no additional services are provided, such living environments may be instrumental in helping their occupants remain in the community, although there is no "hard" evidence on this point

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<sup>14</sup> Established in the Housing Act of 1959, Section 202\*: Supportive Housing for the Elderly, is a Housing and Urban Development (HUD) program that provides capital advances to private, nonprofit sponsors to finance the development of housing for elderly residents.

<sup>15</sup> The Section 8 Program allows private landlords to rent apartments and homes at fair market rates to qualified low-income tenants, with a rental subsidy administered by Home Forward. “Section 8” is a common name for the Housing Choice Voucher Program, funded by the U.S. Department of Housing and Urban Development.

The second type of program provides supportive services for those living in assisted housing, whether it has been specially designed or not. In this case the supportive services are not specifically part of the overall housing package; rather, local agencies—housing, social services, and health—identify the elderly who need these services and try to arrange to provide them.

The housing projects play an important role. Because they are occupied exclusively by the elderly, they are attractive to those who provide supportive and limited health services because they facilitate the identification of those requiring services and increase the efficiency with which the services are delivered.

The problem with them, of course, is the uncertainty about continued funding for these services and the pattern of managers of housing projects accepting the services that are available as opposed to being able to provide those that are most needed.

Finally, there is the small congregate housing services program (CHSP), which thus far has existed rather precariously as a demonstration program, although continued congressional support seems likely.

Participation is limited to those genuinely needing the services. The service bundle consists of a mandatory component of twice-a-day meals and options under which services are tailored to the needs of the individual. Possibly the most distinguishing characteristic of the program is that the funding for both housing assistance and supportive services comes from HUD, thus solving the often difficult problem of patching together funding for supportive services at the local level.

Overall, the earlier characterization of federal policy as being concentrated on dwelling-specific problems seems fair. Most service provision in federal projects comes through local initiatives.

The challenge is to design a programmatic response that is flexible enough to deal with the variety of need mixes and ability-to-pay circumstances that will be encountered. If the response is properly designed—that is, if better alternatives to institutional long- and short-term care are developed—such programs may well permit savings in the total public resources going to the elderly. In a number of instances, for example, in-home services have been found to defer institutionalization and to reduce the number and length of visits to acute-care hospitals.

Three principles should guide the design of the general federal policy response. First, cost-effectiveness is essential. The criterion here is that the new approach should be

no more costly and at least as effective as present programs. In this calculation, costs include assisting additional households beyond those to whom the assistance is actually directed; that is, serving those who otherwise would have received informal assistance is viewed as a cost. One issue in particular is the substitution of formal for informal supportive services.

Also, achieving cost-effectiveness may well require a degree of coordination among services that is far beyond what is now occurring, especially between housing and support services that are currently administered independently in most cases. A further dimension worth exploring is that financial costs can be lowered by the elderly making in-kind assistance contributions to others in some types of residential arrangements.

Second, to the maximum extent feasible, the programs should be constructed to permit a range of choice to the elderly in terms of the solution adopted to meet each individual's needs: whether a recipient remains a homeowner or shifts to rental quarters; whether he or she uses community-based versus institutionally based services. Of course, the recipient may have to pay a larger share of the cost of more expensive solutions, but the choice should still be present.

Third, the options should be structured so as to foster timely adjustments in the "housing bundle" selected, as the housing needs of the elderly can be highly dynamic.

Solutions that are offered in response to those needs ought to encourage timely changes in the elderly person's basic housing situation—for example, from living alone in a single-family home to living in an apartment in a congregate housing project. Because of the understandable resistance of the elderly to multiple moves, however, in-place changes through dwelling modifications and room use solutions must also be an integral part of the adjustment process.

The key idea behind the framework set forth here is that it is essential to tailor solutions to fit each of a range of housing-related needs. As needs change, alternative solutions should be available. To achieve this matching requires that one differentiate both among types of housing needs and among recipient populations.

Three household attributes seem to be most important: (1) economic resources (and hence the ability to pay for services); (2) mode of tenure (owner-occupancy versus renting), and (3) type of structure—single versus multiunit structures. The latter strongly affects the efficiency with which many support services can be provided,

and tenure affects the range of options available for coping with dwelling deficiencies and excessive housing expenditures.

### **Selected Interventions**

Since the late 1970s, discussion of housing policies for the elderly have been dominated by reports of innovative activities being undertaken first at the local level and then at the state level. Most of these initiatives grew out of the perceived absence of available alternatives to deal with the frail elderly in a community context.

Among the alternatives that have been launched or at least seriously proposed as local programs have been accessory apartments, granny flats, house sharing implemented through "matching" programs, small group homes, congregate housing, revamped board-and-care facilities, and home equity conversion mortgages (also known as reverse annuity mortgages).

Three programs have been selected for comment based on their meeting at least one of two criteria: (1) the appearance of the potential to play a substantial role in the evolving long-term care system and (2) the ability to illustrate the range of possibilities in public housing interventions for the elderly.

The alternatives that have been selected for discussion are congregate housing, the implementation of modifications to the dwelling to offset some of the effects of physical impairment, and small group homes.

Each program is described, what is known about the program's effectiveness in reducing institutionalization is inventoried, and what appear to be the next steps in developing the approach are outlined. In particular, the following question is considered:

### **Congregate Housing**

We may define a congregate housing facility as a rental housing complex in which households have separate units that include kitchens and bathrooms; the complex includes public spaces that can be used for social functions and for serving meals to residents on a regular basis (at least one meal per day). Housekeeping, chore performance, and personal services are available to the residents who need such assistance; the residents are frail, elderly persons who are capable of living quite independent lives but need limited assistance. The congregate facilities would be carefully targeted to this particular segment of the frail elderly who would otherwise

probably be institutionalized. As defined here, congregate housing would be an integral part of the long-term care system.

Congregate housing is seen as a vehicle of great potential for the elderly and as a cost-effective alternative to institutionalization; that is, it is viewed as a way to permit persons who would otherwise be in institutions to remain in a more stimulating and less expensive community setting. If such an approach can be proven to be cost effective, federal assistance for residences (in lieu of Medicare payments for institutional care) would certainly make sense. Early evidence on the cost of congregate housing versus long-term care facilities certainly looks promising.

Several states already have operating programs that incorporate at least some of the elements listed above, although they appear to differ significantly among themselves with regard to structure and the services they provide. These programs in general are expanding rapidly, and other states are seriously considering similar programs.

### **Dwelling Modifications**

The alteration of the features of a dwelling to make it easier for a person with a physical impairment to use is a logical response to the onset of activity limitations. Some have thought that the installation of appropriate modifications to dwellings occupied by elderly home-owning households that have an impaired member, through public programs if necessary, could be cost effective in terms of helping sustain the person in the community. The modifications could be directly effective by permitting the person to do more for himself around the unit; they could be indirectly effective by relieving those providing help to the impaired person of some of the burden of assistance.

The case for the cost-effectiveness of these modifications is bolstered by their modest one-time charge, compared with the costs of continuing service provision. Yet, while such cost-effectiveness may indeed be the case, as we shall see, there is really no evidence currently available to support this contention.

It may be worthwhile to note that modifications are only one of a series of adjustments that households can and do make to their housing without relocating. Three other adjustments include changing the use of rooms (often in response to the activity limitations of a household member); taking in a roomer or boarder to generate additional income or for the companionship and help they might provide; and changing (typically, lowering) the amount of repairs and improvements to the dwelling because of changes in the ability to make such repairs.

## **Group Homes**

The terms "house sharing" or "group home" usually refer to a single structure in which a number of unrelated people live. Many group homes are single-family homes that have been converted to provide private rooms as well as common space for residents. In these small group home arrangements, outside health or social services can be provided to individuals who need them, although they are seldom provided to all persons in the structure.

Arrangements of this type have been organized by individuals (sometimes an elderly person who wants to share his or her home in a particularly expansive way) and by local agencies. Our attention is on those that have been developed by local agencies. The central premise of such arrangements is that the occupants help each other and together take care of common tasks such as meal preparation. The occupants thereby substitute their own labor for that of others, which could lower considerably the cost of living in a relatively "service-rich" environment.

## **Impact of Such Arrangements**

What would be the effect of the widespread adoption of the kind of living arrangements just described, assuming that they were found to be effective in delaying the institutionalization of the frail elderly? To begin with, it seems quite evident that the life satisfaction of those who would have been placed in institutions otherwise will be significantly improved. Although the value of such improvements is difficult to quantify, it is nevertheless clearly important.

The possible savings to society in the resources that must be used could be substantial.

The foregoing suggests two things. First, the savings potential is large—in the billions of dollars—from the use of congregate and other arrangements that provide appropriate levels of supportive services as a substitute for those provided in long-term care facilities. Second, the realization of such savings depends critically on the effectiveness of such arrangements in preventing institutionalization and on the degree to which services can be targeted toward those genuinely at risk of being institutionalized.

## **Conclusions**

The central issue in federal housing policies for the elderly is the development of public assistance that will help them make necessary housing transitions in such a

way as to allow community-based housing to be an active and integral element in the overall long-term care system. Current housing policy for the elderly only gives passing attention to this issue. Consequently, the programs now in operation are poorly designed to address broad housing needs.

The development of public assistance that will help the elderly make necessary housing transitions in such a way as to allow community-based housing to be an active and integral element in the overall long-term care system should be the central issue in local housing policies as well.

## **D.C. Commission on Aging Recommendations**

1. The D.C. Commission on Aging (DC COA) recommends that the D.C. Office on Aging conduct a City-wide needs assessment to identify and determine the needs, including the housing needs, of elderly D.C. residents, i.e., yield data and other information critical to identifying, planning, funding, and providing the services and resources needed, and budget accordingly annually. Incremental budgeting that is not based on the numbers of elderly individuals who actually need services and the exact service and resource needs of those individuals is not sufficient.
2. The D.C. Commission on Aging recommends that the D.C. Government provide decent, sustainable, affordable, safe, desirable dwelling places in the community that meet the residential needs of elderly D.C. residents; along with the supportive services that enables each to live as independently and safely as possible, age in place and hopefully prevent institutionalization. The need should be determined by a City-wide needs assessment
3. The D.C. Commission on Aging recommends that the D.C. Government substantially increase financial assistance to address the affordable housing crisis as it impacts elderly residents of the District of Columbia. Most have paid D.C. income taxes throughout their lives, and if a homeowner at any time during their lives, paid D.C. property taxes while they owned their homes. The need for housing assistance for low-income must be determined by a Citywide needs assessment.
4. The D.C. Commission on Aging recommends that the D.C. Government pool as many community, state, and federal resources as it can to help fund low-income elderly D.C. residents who need help with housing.
5. The D.C. Commission on Aging recommends that the D.C. Government design a programmatic response to the housing needs of elderly D.C. residents that is flexible enough to deal with the variety of need mixes and ability-to-pay circumstances that will be encountered. If the response is properly designed—that is, if better alternatives to institutional long- and short-term care are developed—such programs may well permit savings in the total public resources going to the elderly. Three principles should guide the design of the policy response.

**First**, cost-effectiveness is essential. The criterion here is that the new approach should be no more costly, and at least as effective as present programs.

In this calculation, costs include assisting additional households beyond those to whom the assistance is actually directed; that is, serving those who otherwise would have received informal assistance is viewed as a cost. One issue in particular is the substitution of formal for informal supportive services.

Also, achieving cost-effectiveness may well require a degree of coordination among services that is far beyond what is now occurring, especially between housing and support services that are currently administered independently in most cases. A further dimension worth exploring is that financial costs can be lowered by the elderly making in-kind assistance contributions to others in some types of residential arrangements.

**Second**, to the maximum extent feasible, the programs should be constructed to permit a range of choice to the elderly in terms of the solution adopted to meet each individual's needs: whether a recipient remains a homeowner or shifts to rental quarters; whether he or she uses community-based versus institutionally based services. Of course, the recipient may have to pay a larger share of the cost of more expensive solutions, but the choice should still be present.

**Third**, the options should be structured so as to foster timely adjustments in the "housing bundle" selected, as the housing needs of the elderly can be highly dynamic.

6. The D.C. Commission on Aging recommends that the D.C. Government develop and provide for elderly D.C. residents, a sufficient number of housing programs and services that combine financial assistance for housing with financial assistance for supportive services.

**The first type of program** consists solely of projects that have been specially designed for use by the physically impaired.

**The second type of program** provides supportive services for those living in assisted housing, whether it has been specially designed or not. In this case the supportive services are not specifically part of the overall housing package; rather, local agencies—housing, social services, and health—identify the elderly who need these services and try to arrange to provide them.

The housing projects play an important role, because they are occupied exclusively by the elderly, they are attractive to those who provide supportive and limited health services because they facilitate the identification of those requiring services and increase the efficiency with which the services are delivered.

**The third type of program** is the small congregate housing services program (CHSP), which thus far has existed rather precariously as a demonstration program, although continued congressional support seems likely. Participation is limited to those genuinely needing the services.

The service bundle consists of a mandatory component of twice-a-day meals and options under which services are tailored to the needs of the individual. Possibly the most distinguishing characteristic of the program is that the funding for both housing assistance and supportive services comes from HUD, thus solving the often difficult problem of patching together funding for supportive services at the local level.

7. The D.C. Commission on Aging recommends that the D.C. Government develop solutions in response to the housing needs of elderly D.C. residents that encourage timely changes in the elderly person's basic housing situation—for example, from living alone in a single-family home to living in an apartment in a congregate housing project. Because of the understandable resistance of the elderly to multiple moves, in-place changes through dwelling modifications and room use solutions must also be an integral part of the adjustment process.

Three household attributes seem to be most important: (1) economic resources (and hence the ability to pay for services); (2) mode of tenure (owner-occupancy versus renting); (3) type of structure—single versus multiunit structures.

The type of structure strongly affects the efficiency with which many support services can be provided. Tenure affects the range of options available for coping with dwelling deficiencies and excessive housing expenditures.

8. The D.C. Commission on Aging recommends that the D.C. Government make public assistance the central issue in local housing policies that will help elderly D.C. residents make necessary housing transitions in such a way as to allow community-based housing to be an active and integral element in the overall long-term care system.

9. The D.C. Commission on Aging recommends that the D.C. Government develop and provide alternatives to traditional housing programs for low-income and elderly D.C. residents, including accessory apartments, granny flats, house sharing

implemented through "matching" programs, small group homes, congregate housing, and revamped board-and-care facilities.

10. The D.C. Commission on Aging recommends that the D.C. Government prioritize the development of congregate housing, dwelling modifications and group homes, because they appear to have the potential to play a substantial role in the evolving long-term care system, and, they illustrate the range of possibilities in public housing interventions for the elderly.

It seems quite evident that the life satisfaction of those who would have been placed in institutions otherwise will be significantly improved. In addition, the possible savings to society in the resources that must be used could be substantial.

**First**, the savings potential is large—in the billions of dollars—from the use of congregate and other arrangements that provide appropriate levels of supportive services as a substitute for those provided in long-term care facilities. **Second**, the realization of such savings depends critically on the effectiveness of such arrangements in preventing institutionalization and on the degree to which services can be targeted toward those genuinely at risk of being institutionalized.

11. D.C. Commission on Aging recommends that the D.C. Government consider home-sharing as a means of providing housing that enables elderly DC residents to remain in the community (e.g., Silvernest).

12. The D.C. Commission on Aging recommends that the D.C. Department of Housing and Community Development and the D.C. Office on Aging aggressively publicize DCHousingsearch.org, the free online search engine site that residents can use to find affordable housing listings. Listings include single family homes, condos, and apartments that are for sale or for rent. The site also helps residents find helpful resources such as renters' rights information and assistance programs. The site's affordability calculator is a quick way for families to find housing within their budgets.

13. The D.C. Commission on Aging recommends that the D.C. Housing Authority identify the number of elderly on the D.C. Housing Choice Voucher/Section 8 Wait List.

14. The D.C. Commission on Aging recommends that the D.C. Housing Authority determine the number of elderly who were unable to be included on the D.C. Housing Choice Voucher/Section 8 Wait List because the Wait List was closed.

15. The D.C. Commission on Aging recommends that the D.C. Housing Authority, Department of Human Services, seek additional Federal funding needed to provide housing vouchers through the Federal Section 8 Housing Voucher Program and the Local (D.C.) Housing Voucher Program for all elderly D.C. residents on the Housing Choice Voucher/Section 8 Wait List and those who were not able to be included on the Wait List before it closed. The identification of elderly D.C. residents who did not make it on the Housing Choice Voucher/Section 8 Wait List must be included in the City-wide needs assessment.

16. The D.C. Commission on Aging recommends that the D.C. Government provide more affordable housing for elderly D.C. residents at Walter Reed.

17. The D.C. Commission on Aging recommends that the D.C. Office on Aging include information describing D.C. Government, Federal Government, and privately operated housing programs and services available for elderly D.C. residents in its City-wide public information and education campaign, as many elderly D.C. residents not only know nothing about the D.C. Office on Aging, they many do not know about D.C. Government, Federal Government, and private programs and services that benefit elderly D.C. residents, including housing programs and services.

18. The D.C. Commission on Aging recommends that D.C. Department of Housing and Community Development and the D.C. Office on Aging identify the number of elderly homeowners who need one-time aid in repairing and rehabilitating their homes through locally operated programs funded under the Federal Community Development Block Program (CDBP) and provide them with the needed funding.

19. The D.C. Commission on Aging recommends that the D.C. Department of Housing and Community Development and the D.C. Office on Aging identify the number of elderly homeowners who need weatherization and fuel payment assistance and provide them with the needed funding.

20. The D.C. Commission on Aging recommends that the D.C. Department of Housing and Community Development and the D.C. Office on Aging aggressively advertise the availability of funds for elderly homeowners who need weatherization and fuel payment assistance and/or one-time aid in repairing and rehabilitating their homes through locally operated programs funded under the Federal Community Development Block Program (CDBP)

21. The D.C. Commission on Aging recommends that the D.C. Department of Human Services and the D.C. Department of Consumer and Regulatory Affairs alert families who are seeking skilled care, or home health care aides, that they should hire them through a qualified home health agency, because a lot of family members do not have the ability to do a background check and would have no assurance that the home care aide is insured or has experience caring for the elderly.

22. The D.C. Commission on Aging recommends that the D.C. Department of Health, the D.C. Office on Aging, and the Office of Health Care Finance require scheduled and impromptu monitoring of home health care aides for elderly and/or disabled patients, regardless of the financing source.

23. The D.C. Commission on Aging recommends that the D.C. Office on Aging provide case management services for all elderly D.C. residents who need assistance with the activities of daily living and basic routine care; such as assistance with eating, bathing, brushing teeth, medications, changing dressing, checking one's temperature and pulse rate, help with artificial limbs or walking aids, etc., regardless of whether s/he is upper-income or not. Upper-income persons in need of case management services shall be responsible for the costs of said care, based on a sliding-fee-scale.