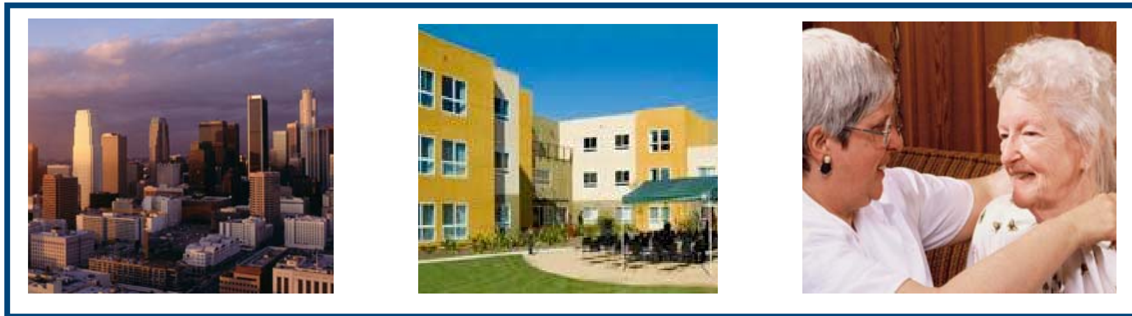
A Housing Provider's Guide to the California Assisted Living Waiver



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LACDC Guide to the California Assisted Living Waiver
Shelter Partnership, Inc

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I. INTRODUCTION

In recent years, federal agencies such as the Centers for Medicare & Medicaid Services (CMS), the Department of Housing and Urban Development (HUD), and the Department of Health and Human Services (DHHS) have supported innovative initiatives to integrate assisted living services into publicly-funded housing. The California Department of Health Care Services created the Assisted Living Waiver Pilot Program (ALWPP) to bring assisted living services to eligible residents in two different settings, Residential Care Facilities for the Elderly (RCFE) and publicly-funded housing.

Shelter Partnership prepared this manual at the request of the Los Angeles County Community Development Commission (CDC). As the Housing Authority of the County of Los Angeles (HACoLA), the CDC provides clean, safe and decent affordable housing for low-income families, seniors, and disabled persons. The CDC preserves and produces affordable and special needs housing throughout the County and within the City of Los Angeles. Shelter Partnership is a non-profit organization dedicated to alleviating, preventing and ending homelessness by assisting in the development of transitional housing programs, permanent affordable housing, and supportive services for the homeless and potentially homeless throughout Los Angeles County. Shelter Partnership is also responsible for the *Homeless Older Adult Strategic Plan*, a report that details characteristics unique to homeless older adults and recommends service-enriched housing as the most appropriate model to meet their needs.

When slots for the ALWPP were first introduced to Los Angeles County, the CDC decided to implement the ALW, but found minimal guidance for providers of affordable housing. Unfamiliar with the process of merging a Medi-Cal waiver with affordable housing, the CDC coordinated meetings to clarify program details and work toward implementing the ALWPP in Southbay Gardens, a public housing site in south Los Angeles. It took tremendous effort to successfully launch the ALWPP in Southbay Gardens. These early efforts laid the groundwork for future expansion. Informed by the progress in Southbay Gardens, this manual is a tool for replicating the CDC's accomplishment in publicly- funded and publicly-subsidized housing throughout the County.

This manual is for housing providers operating projects for seniors, and/or persons with disabilities, and receiving funds from the HUD Section 202 Program, the Low Income Housing Tax Credit Program, and the locally operated Affordable Multifamily Rental Housing Program that includes City of Industry funds and HOME Program funds. Providers of affordable senior housing who are operating existing buildings, or proposing new developments, and who are interested in mobilizing services for eligible residents should use the manual as a guide and introduction to key agencies in Los Angeles County. Recommendations are included to help bridge the gap between understanding program guidelines and understanding feasibility issues critical to implementation.

Together, the CDC and Shelter Partnership recognize the value of a waiver program designed to bring in-home assisted living services to low-income seniors. California's Assisted Living Waiver (ALW) serves a growing population of frail seniors who, without access to appropriate services, cannot meet their long-term care needs. The ALW is an opportunity to refine the process of leveraging quality housing with health and human services.

II. BACKGROUND

The business of housing seniors is inextricably linked to challenges associated with aging in place. Residents' ability to age in place relies heavily on formal and informal supports for long-term care. Long-term care includes a range of health and social services delivered over an extended period of time to assist individuals in maintaining a high quality of life. Medicaid is the predominant financer of long-term care. Medicaid has historically been considered a funding stream biased toward nursing home and institutional reimbursement. The Olmstead decision of 1999, a U.S. Supreme Court decision, provided the impetus to reverse institutional bias in long-term care by mandating that individuals be cared for in the least restrictive, most integrated setting possible. Federal and state legislation have since been enacted to rebalance long-term care and increase access to community-based services. Home and community-based services (HCBS) offered through Medicaid 1915 (c) waivers provide an alternative to receiving care in traditionally restrictive and expensive institutions.

California is one of only five states to spend more than 50 percent of its Medi-Cal[1] budget for long-term care on HCBS. This allocation of funds signifies California's commitment to building the infrastructure necessary to shift away from institutions and toward community-based care.

The California legislature's approval of Assembly Bill 499 in 2000 directed the Department of Health Care Services (DHCS) to create a waiver program to test the efficacy of providing assisted living services as a Medi-Cal benefit in two settings: Residential Care Facilities for the Elderly (RCFE) and publicly-funded senior housing. This manual describes the publicly-funded or subsidized senior housing model.

In 2005, the CMS approved California's application for the Assisted Living Waiver Pilot Program (ALWPP). The three-year ALWPP allowed 1000 participants in three counties: San Joaquin, Sacramento, and Los Angeles. The first ALWPP participants were enrolled in the Spring of 2006 and by July 2008 the pilot program had reached its maximum capacity. However, only 1% (9 out of 1000) of the ALWPP slots had been used in publicly-funded housing. The majority of ALWPP slots had gone to residents in RCFEs because these facilities were accustomed to providing care and navigating the Medi-Cal billing system.

As of August 2009, two publicly-funded housing sites were located in Los Angeles County and serving 40 ALWWP participants. While reviewing the pilot project's success in California, CMS representatives praised the publicly-funded housing model and its embodiment of as the spirit of HCBS. In March 2009 the CMS granted California a five-year renewal. The ALWPP graduated from its status as a pilot program and became known as the Assisted Living Waiver (ALW).

Under the current waiver agreement, DHCS has the authority to expand the ALW to two new counties annually. In addition to county expansion, each county (new and old) is allocated 60 new slots annually, beginning in 2009 and lasting through 2013. However, as of Fall 2009, the state administration is not approving the release of slots under the CMS authorized expansion plan. California's financial health is negatively influencing the operating status of the ALW.

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[1] Medi-Cal is California's state Medicaid program.

III. ASSISTED LIVING WAIVER (ALW) PROGRAM SPECIFICS

1. What is the Assisted Living Waiver?

The Assisted Living Waiver (ALW) allows for the provision of assisted care services in an individual's own living environment, minimizing the need for relocation in order to receive services. The ALW enables Medi-Cal-eligible seniors and persons with disabilities who require a nursing facility level of care, but can safely occupy an independent unit, to remain at home. The intent of the ALW is to move seniors from nursing facilities to independent units and/or to prevent the premature institutionalization of frail seniors. The ALW is designed to utilize affordable senior housing as a platform for the delivery of long-term care services.

Waiver benefits include care coordination; interpretation and translation; consumer education; environmental modifications; and a bundle of assisted care services delivered by a Medi-Cal-licensed Home Health Agency (HHA). The HHA operates a branch office at the housing site and delivers services directly to the waiver-enrolled residents. Payments made by Medi-Cal for assisted care services cannot be used to pay rent or purchase food.

2. How does a housing provider get started?

To begin the process of bringing the waiver into a publicly-subsidized housing site, a housing provider must partner with a local Medi-Cal-licensed HHA. The housing provider and the HHA develop a space use agreement and the HHA obtains a license for a new branch office to be located within the housing site. Housing staff and HHA staff refer potential waiver-eligible residents to the care coordinating agency (CCA) in their area. The CCA screens referrals and determines whether or not they meet the eligibility criteria. Upon verification of eligibility, the CCA conducts a formal assessment and develops an individualized service plan (ISP). The CCA then submits the individual's assessment form and ISP to the Department of Health Care Services (DHCS) for approval. DHCS is responsible for the final decision to grant the individual a waiver slot. Once an individual is approved, the HHA can begin billing Medi-Cal for the services they provide to the participant.

3. What does a housing provider have to do?

1) Partner with a HHA.
2) Introduce the HHA director and the ALW to the board of directors for approval.
3) Develop a space use agreement with the HHA.
4) Provide physical space to the HHA in compliance with the ALW physical site requirements.
5) Wait for the HHA to obtain a license for a branch office.
6) Refer potential waiver-eligible residents to the CCA with the assistance of the HHA staff.
7) Monitor residents' waiver status and maintain quality housing.
8) Link residents denied a waiver slot to other appropriate community services.
9) Maintain a healthy relationship with the HHA staff and encourage cooperation between building/property management staff and HHA operations.

4. **Which tenants are eligible?**

- Age 21 or older
- Enrolled in the Medi-Cal program[2]
- Require a nursing home level of care
- Capable of safely occupying an independent apartment unit (Advanced medical conditions requiring specialized treatment or equipment may preclude an individual from participation. Please see Appendix A. for a list of prohibited health conditions.)

The Care Coordination Agency conducts the assessment using the ALW Assessment Tool. The Tool determines the individual's level of care or tier assignment. There are four tier levels. Tier one applies to individuals with the lowest level of support need. Tier four services reflect the needs of individuals with the most requirements for assistance. Participants assigned to the tier two or three category have service needs that are less intense than tier four participants but more significant than tier one. Home Health Agencies bill Medi-Cal based on each participant's assigned tier level.

Tier 1 -- $52/participant/day
Tier 2 -- $62/participant/day
Tier 3 -- $71/participant/day
Tier 4 -- $82/participant/day

5. **What are the Assisted Living Waiver Services?**

- Care coordination
- Community transition benefit
- Assisted care services
- Environmental accessibility adaptations
- Consumer education
- Interpretation and translation

Care Coordination

Care coordination refers to the assessment, enrollment, care planning, and monitoring services of the waiver benefit. For more information on the responsibilities of the care coordination agencies please see Section 6.C.

Community Transition (CT) Benefit

The Community Transition (CT) benefit is offered during the ALW intake process and is available only for participants transferring out of a skilled nursing facility into an ALW site. CT funds can be used for the cost of furnishing a residence with essential items such as a bed, table, chairs, window blinds, eating utensils, and food preparation items. The CT benefit can also be used to pay for a security deposit and utility set-up fees. A participant can access a maximum of $2,500 under the CT benefit.

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[2] Persons receiving SSI/SSP, over the age of 65, and/or receiving care from an In-Home Supportive Service (IHSS) worker are automatically eligible for Medi-Cal.

Assisted Care Services

The Home Health Agency is responsible for the coordination and delivery of assisted care services to waiver-enrolled residents. Residents' service packages will reflect their required levels of care (tier level assignments) identified by initial assessments and care plans and can include a combination of these services:

- Personal care and assistance with activities of daily living
- Washing, drying and folding laundry
- Housekeeping
- Communal meals
- Skilled nursing services (intermittently provided as needed)
- Medication management
- Transportation coordination
- Social and recreational activities
- Emergency response system

Environmental Accessibility Adaptations

If the individualized service plan determines that adaptations are necessary to ensure a participant's health, safety, and functional independence, the CCA can contract with an outside vendor to provide the modifications. To fund the necessary improvements, the CCA can access a maximum of $1,500 per participant. Acceptable adaptations include, but are not limited to:

- Ramps (in a resident's unit or common areas)
- Grab bars
- Widening of doorways
- Modification of bathroom facilities
- Installation of special electrical or plumbing systems to accommodate medical equipment

Consumer Education

ALW participants receive training on their rights and how to negotiate with their care coordinator to have services provided in a manner that meets their needs. Participants can access up to ten hours of consumer education during their first year of enrollment. The care coordination agency is responsible for coordinating with a third party organization, such as a Center for Independent Living that can provide these educational services as needed.

Interpretation and Translation

Non-English speaking participants may receive up to four hours of interpretation and translation services each year. These services should be used to facilitate participants' assessments and re-assessments.

6. What agencies are involved in the implementation of the ALW?

Letters correspond to the Assisted Living Waiver Organizational Diagram on page 9.

A. The Centers for Medicare & Medicaid Services (CMS)

The CMS is the federal agency responsible for approving California's application for the 1915(c) Medicaid waiver. When DHCS program staff refer to the current waiver agreement, they are referring to the waiver approved by the CMS in March 2009. It would be unlikely that an owner or operator of publicly-subsidized senior housing would interact with the CMS.

B. The California Department of Health Care Services (DHCS)

Within the Department of Health Care Services, the Long-Term Care Division is responsible for administration of California's ALW. The Long-Term Care Division conducts program oversight and program expansion. Their staff assists providers with technical questions and inquiries concerning the availability of ALW slots. Their office also publishes reports to the State legislature and prepares renewal applications for submission to the CMS. Staff at the DHCS review ALW applications received from the Care Coordination Agencies and make the final determination regarding applicants' eligibility to receive ALW slots. In this sense, the DHCS is the "gatekeeper of the slots."

The staff managing the ALW in Sacramento are committed to its success and work with interested providers to answer questions and offer guidance. They determine the availability of waiver slots. As an owner or operator of publicly-subsidized senior housing, it is important to develop a good working relationship with the staff of the Long-Term Care Division and utilize them as a resource for references and referrals to experienced providers. For detailed contact information please refer to Section IV of this manual.

C. Care Coordination Agency (CCA)

In addition to receiving all referrals, the Care Coordination Agency administers the screening, eligibility verification, and assessment processes. The CCA uses a standardized ALW Assessment Tool to determine applicants' levels of care, also known as tier level assignments. The CCA develops an individualized service plan (ISP) for each waiver-eligible applicant. ISPs identify waiver-eligible applicants' areas of difficulty and specifies interventions to mitigate problems and achieve goals as outlined by the participants and the provider. The ISP is valid for 6 months, at which time the CCA is required to conduct a reassessment. Reassessments also occur if waiver recipients experience significant changes to their functional status. Copies of the ISP are given to the HHA delivering services and family members or guardians as appropriate.

The CCA is responsible for coordinating a waiver recipient's entire care package including consumer education, accessibility adaptations, translation services, and the community transition benefit. Contact with the CCA will be necessary during the start-up process. However, once the ALW is operational, most communication will occur between the HHA and the CCA.

All participating CCAs must meet the requirements laid out in the *Provider Handbook*, which is available at: www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx under the "Care Coordinator Manual" link.

For detailed contact information of CCAs serving Los Angeles County please refer to Section IV of this manual.

D. Community Care Licensing: Los Angeles County Department of Public Health (DPH)

Under contract with the California Community Care Licensing Division, the Los Angeles County Department of Public Health inspects HHAs applying for a branch office license. DPH surveyors administer a two-hour survey of the HHA's branch office to review employment records, agency policies and procedures, and verify that the building and office are in compliance with the physical site requirements (e.g., lockable office doors and secure file cabinets).

While the typical timeline is 90-120 days, the responsiveness of the DPH can significantly influence the ALW start-up process. DPH surveyors prioritize their workload in order of nursing home complaints, nursing home survey inspections, other complaints, and HHA renewal surveys. These activities rank higher in priority than initial applications for HHA licensing. During times of heavy workload and understaffing, the licensing process could delay approval of a branch office.

E. Home Health Agency (HHA)

HHAs are responsible for the $5,000 licensing fee during the process of licensing a new branch office in each housing site. The HHA cannot bill Medi-Cal for costs incurred during pre-ALW screenings and start-up activities. The HHA and housing provider must work together to identify resources to subsidize start-up costs. HHA staff refer potential waiver-eligible residents to the CCA to fill vacant ALW slots. HHA staff may make referrals in excess of the slots granted them and the CCA will work with the State to enroll eligible individuals. Due to the unique nature of the publicly-funded and publicly-subsidized sites, enrollment will be allowed to expand to meet necessary threshold requirements.

The HHA develops a care plan for each waiver-enrolled resident and delivers the assisted care services agreed upon in the care plan.

All participating HHAs must meet the requirements laid out in the *Provider Handbook*, which is available at: www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx under the "Home Health Agency Manual" link.

For detailed contact information of HHAs serving Los Angeles County please refer to Section IV of this manual.

F. Publicly-Subsidized Housing Provider

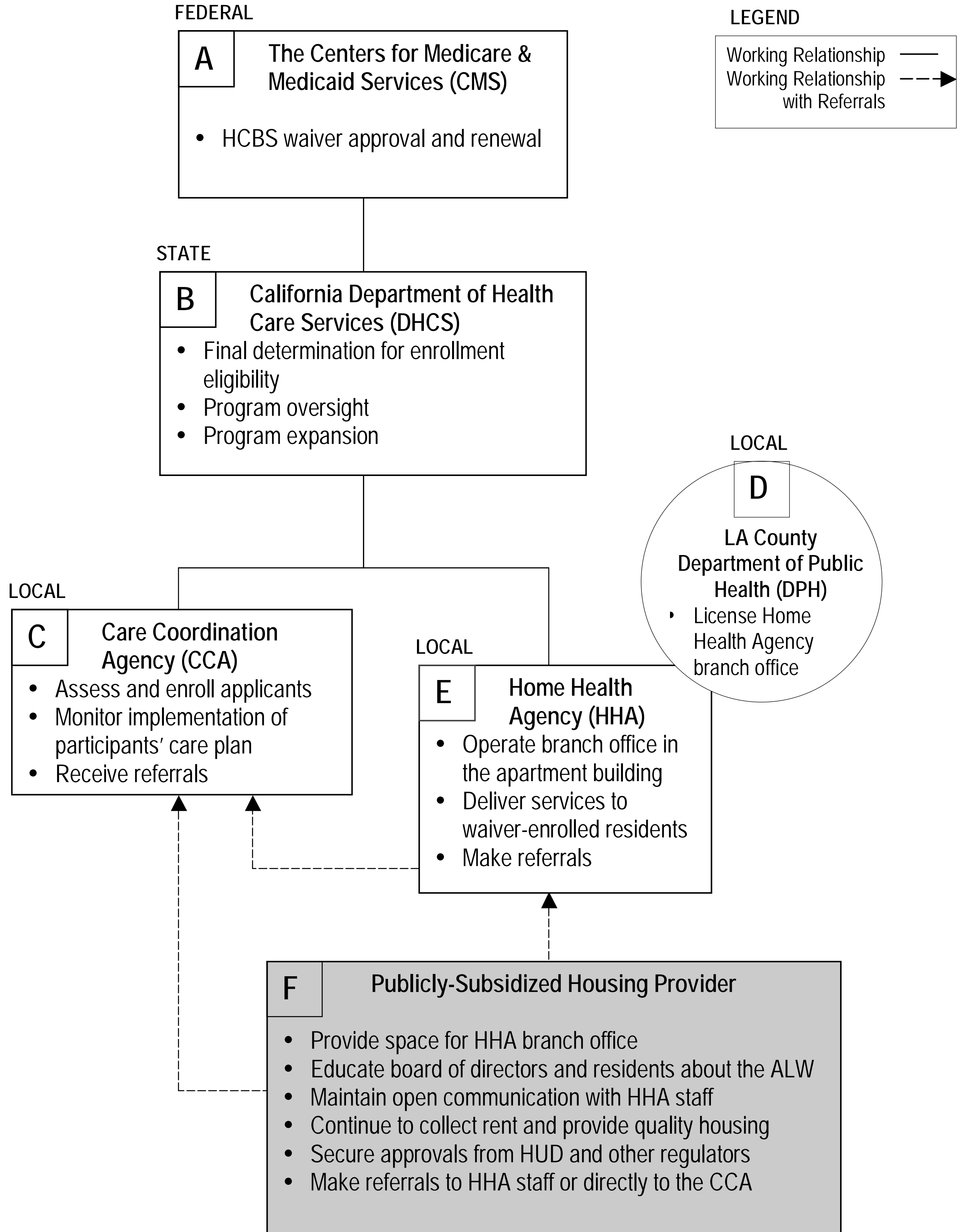
The housing provider can become involved with the ALW in one of two ways. In the first scenario the housing provider learns of the ALW and initiates outreach to partner with a local HHA. In a second scenario, the housing provider is approached by a HHA interested in serving residents of the housing site. Regardless of the scenario, the housing provider assumes certain responsibilities during the implementation and ongoing operation of the ALW.

A housing provider should be familiar with the unmet needs of a building's population. In early discussions, the housing provider should work with the HHA to determine the likelihood of reaching the threshold of 12-15 waiver-eligible residents willing to participate. If fewer than 15 residents are enrolled in a building, the program cannot achieve economies of scale and the HHA loses money. A housing provider is also responsible for presenting the ALW to its board of directors for discussion and approval. Building owners should work with the building staff and the HHA to educate residents and families about ALW guidelines, and the realistic expectations of the waiver's services.

In most instances, the service coordinator will have relationships with the tenants and understand their unmet needs, thereby making him or her a valuable ally to the new HHA staff. Residents may observe the service coordinator's behavior for indication of the ALW's legitimacy. Service coordinators must become educated on basic eligibility criteria so they can assist in making referrals and answering residents' questions. The housing provider should work with the service coordinator to maximize understanding of program components and ensure cooperation between the coordinator and HHA staff.

Finally, the housing provider must comply with the physical site requirements of the ALW. This includes providing an area for communal meals and activities as well as an office space for the HHA. The HHA and the housing provider must agree upon a space use agreement to specify the HHA's access to the site and authority to occupy space under the auspices of the ALW. Building owners and operators continue to collect rent, provide quality housing, address the needs of residents who are not involved in the ALW, and foster a healthy working relationship between HHA staff and building staff.

7. Assisted Living Waiver Organizational Diagram



8. Lessons learned: the ALW at a local Public Housing site

During the early stages of the pilot program the Los Angeles County Community Development Commission (CDC) looked to the State for guidance on how to implement the ALW. With tremendous effort and patience, the CDC orchestrated meetings with service providers, established a network of partnerships, and determined the ideal housing site for the ALW.

> *Lesson learned: there is no single coordinating agency for the ALW. The DHCS can provide referrals and guidance, but the burden is largely on community providers to forge the partnerships necessary for implementation.*

The CDC chose to launch the ALW at Southbay Gardens because the facility was undergoing a renovation and they were able to accumulate vacancies. Southbay Gardens is a 97-unit, County-owned public housing property for low-income seniors and persons with disabilities. Southbay Gardens had the physical space required by the ALW; had existing residents demonstrating unmet needs; and had a high vacancy rate. After a moderate exterior rehabilitation, the CDC planned to place waiver-eligible persons in some of the vacant units, specifically the fully-accessible units.

> *Lesson learned: a moderate rehabilitation or renovation could provide the opportunity to comply with ALW space requirements necessary to bring the waiver into a building.*

The major difference between implementing the ALW in an RCFE versus Public Housing is the branch office requirement. Licensing a branch office of the HHA at a housing site is logistically and financially burdensome. The CDC had to find a HHA that could deliver the services and maneuver the licensing process. Unfortunately, the CDC encountered unforeseen challenges with the first HHA and had to start over.

> *Lesson learned: conduct thorough vetting to assure the HHA is a dependable organization with reputable references and the resources to obtain licensure. Have a plan B that includes identifying and working with a backup home health agency.*

The County rebounded by entering into a space use agreement with Alternative Home Care, a HHA based in Van Nuys, California. The space use agreement addressed issues such as liability and the HHA's insurance coverage. It is typical for the HHA to agree to furnish and equip the branch office. Managers or owners of the property should consider reserving a parking space for HHA staff.

The setback with the first HHA caused the CDC to question whether or not the ALW could work in publicly-funded housing. During the pilot, the design for ALWWP slot allocation was on a first-come, first-serve basis, placing RCFEs in an advantageous position over publicly-funded housing sites unfamiliar with Medi-Cal and assisted living services. The CDC was concerned that the allocation of waiver slots was biased toward success in the RCFE model.

> *Lesson learned: the process requires patience. Maintain open lines of communication with the staff in the Long Term Care Division at the DHCS; they are committed to making the ALW work in public housing and the slots will be there.*

At this point, the CDC had already begun working with Jewish Family Services (JFS) as a potential care coordination agency. The CDC was in a unique situation because they had existing memorandums of understanding (MOUs) with service agencies under the "homeless preference" referral program. In 2004, the Los Angeles County Board of Supervisors directed the CDC to set aside units in public housing sites for formerly homelessly individuals referred from partner agencies. The CDC also entered into an MOU with the Los Angeles County Department of Health Services to identify waiver-eligible clients at Ranchos Los Amigos National Rehabilitation Center who were suitable for discharge to Southbay Gardens and for whom there were limited alternatives, i.e. discharge to the streets.

The CDC began by enrolling existing tenants for the ALW. To begin the important task of relationship building, the Alternative Home Care (AHC) staff met and informally interviewed residents while providing a nutritional program and mental gymnastics. All residents were encouraged to attend the sessions, free of charge. AHC staff asked residents if they experienced difficulty with certain tasks and if any of their neighbors or friends had difficulty. AHC staff used these interactions to explain the ALW and the services. The ALW regulations did not, and still do not, define these necessary start-up activities as billable to Medi-Cal. In South Bay Gardens, the CDC used Community Development Block Grant funds to help Alternative Home Care cover pre-ALW costs.

> *Lesson learned: the HHA should have robust resources at its disposal or work with the housing provider to identify appropriate funding sources to subsidize pre-ALW start-up costs incurred by the agency.*
>
> *Note: the State is considering how to amend the $5,000 licensure requirement for HHAs' branch offices. If this barrier is removed it may free up funds for the HHA to dedicate toward ALW introduction activities.*

Once AHC established a presence, program enrollment progressed nicely. Southbay Gardens enrolled the first ALW participants in February of 2009. Three months later, AHC reached the threshold (15) and had enrolled enough waiver-eligible residents to make the ALW feasible. Alternative Home Care's goal is to have 25 waiver-enrolled residents. Most of the waiver-enrolled residents have tier 1 and tier 2 assignments and require lower levels of care.

> *Lesson learned: begin with existing tenants.*

Challenges

Although Alternative Home Care and Southbay Garden's staff eventually enrolled the necessary number of participants, they encountered barriers to recruitment. Senior residents who had an In-Home Supportive Services (IHSS) worker were reluctant to interrupt care even if the care being provided was inadequate. Additionally, IHSS workers were often relatives who relied heavily on the IHSS payments.

Initially, the Department of Health Care Services (DHCS) considered the services provided by the IHSS and adult day care a duplication of ALW services. Regulations for the pilot program prohibited participants from receiving these services in addition to the ALW. Not surprisingly, residents resisted forfeiting these care services. Upon renewing the waiver, the Centers for Medicare and Medicaid Services ruled that California could not deny participants access to other State Plan benefits. The DHCS retracted the regulation and IHSS hours are now adjusted, but not completely withdrawn, to reflect services received through the ALW. ALW participants will most likely experience a decrease in IHSS hours balanced against the waiver services.

> *Lesson learned: the ALW must be presented to residents in a way that highlights the waiver's services and emphasizes how services will complement the IHSS care hours delivered by a IHSS worker or family member.*

Alternative Home Care staff also encountered residents who were uncomfortable with additional monitoring and concerned with preserving their privacy. For example, a female resident enrolled in the ALW at Southbay Gardens refused to allow Alternative Home Care staff to enter her apartment as often as was necessary to fulfill the monitoring component of her service plan. The resident fell frequently and eventually required hospitalization. Alternative Home Care decided they could not continue to serve the resident because her noncompliance with regard to accepting monitoring services was threatening her safety. The resident's family was told that if she would not cooperate, then she could no longer participate. Shortly after her disenrollment from the ALW, the resident transitioned to a nursing home.

> *Lesson learned: When considering if a resident population is suitable for the ALW, housing providers should take into account all factors that influence rate of enrollment and work with the HHA to conduct targeted outreach. Some waiver-eligible residents will refuse involvement and others, once enrolled, will be non-compliant possibly resulting in disenrollment.*

<u>Discussion</u>

The ALW was successful because dedicated staff at the CDC and at Alternative Home Care worked together with the DHCS to ensure branch office licensure and participant enrollment. Southbay Gardens offered an ideal site with existing office space, existing communal space for meals and activities, and a resident population with unmet, waiver-eligible needs.

The availability of space is a major factor influencing feasibility of implementation. If the space required for the home health agency's branch office is not available and a publicly-subsidized housing unit is removed from the rent roll, a move rarely approved by HUD, the operator forfeits the incoming rental assistance for that unit. Owners and operators of publicly-subsidized housing will encounter a challenge if the required space is limited or unavailable.

The key considerations for the ALW in publicly-funded or publicly-subsidized housing are: availability of space and unmet need among the resident population. Unmet need must meet or exceed the threshold amount necessary to achieve economies of scale.

IV. IMPLEMENTATION

9. How to identify the best time to pursue the Assisted Living Waiver (ALW)

There are opportunities both at a project's conception and throughout its lifetime that are naturally conducive to implementation of the ALW. However, more important than a project's readiness is the status of the ALW at the time of consideration. The status of the ALW program significantly affects whether or not there is an opportunity to pursue available slots. As of the Fall of 2009, the state administration was *not* allowing the California DHCS to release slots even though the CMS authorized the expansion under the waiver renewal. California's financial health will impact the operating status of the ALW. Before assessing a project's readiness, determine the availability of waiver slots (see 10). Ideally, the project timeline will coincide with ALW program expansion and the release of 60 new slots per county annually.

Existing Projects

For existing projects, the best time to consider the ALW is when there is a high level of unmet need among residents and the DHCS is releasing slots. Because the most straight-forward method for implementation involves enrolling existing residents, their unmet or advancing needs provide a natural barometer to gauge the appropriateness of the ALW. The alignment of resident need and the availability of ALW slots is an opportunity if and only if the housing site has the physical space to comply with site requirements.

If space and options for creating space are limited, then ALW coordination could precede a planned building renovation or rehabilitation. Building upgrades are a routine part of maintaining a property that can create vacancies and provide the optimal chance to reorganize and allocate ALW-appropriate space.

When a housing provider who is interested in the ALW is updating an existing project's outreach and tenant selection plan, careful steps should be taken so as not to inadvertently exclude persons who could, with ALW services, live independently. If housing providers want to explicitly target waiver-eligible persons, then they should submit amendments to the tenant selection plan to the US Department of Housing and Urban Development (HUD) and/or other agencies responsible for regulatory oversight. There is no guarantee that HUD will approve new tenant selection plans, but modified plans would strengthen the feasibility of the ALW by facilitating participant recruitment and ensuring a high demand for services.

New Construction

New construction projects present a greater challenge for identifying the resident population's level of need. It is difficult to anticipate future residents' demand for care. Absent an approved set-aside, providers may want to plan for the ALW but postpone implementation until the project has been occupied and the new residents informally assessed.

The beginning of a project is the ideal time to design an outreach plan that targets waiver-eligible seniors living in the community. If the intention is to reserve units for ALW-eligible seniors, then the

project manager should work with HUD or other regulatory agencies to explain the preference and request permission to set aside units in the early stages of project development. This approach is easier than amending an existing plan. Additionally, if a project targets the frail, disabled elderly then certain assumptions about unmet need are appropriate.

The affordability level of a project has the potential to affect whether or not residents who move in are poor enough to qualify for Medi-Cal. If a Low-Income Housing Tax Credit (LIHTC) building targets seniors earning 60% of the area median income (AMI), then there is a risk that residents without a qualifying disability may be ineligible for Medi-Cal and therefore ineligible for ALW services.

Each funding source offers differing incentives for services. Projects seeking LIHTC financing must submit a supportive services plan complete with 10-year commitments. The CDC awards City of Industry and HOME funds to projects that demonstrate strong linkages to supportive services and demonstrated capacity serving the target population. HUD refers to the Section 202 Program as "supportive housing" but other than minimal service coordination does not fund services. Whether or not a project proposal is poised to benefit from a funder's scoring metric, the project developer should consider the long-term benefits of bringing ALW services to residents. Involvement with an innovative HCBS waiver could improve credibility and exemplify organizational capacity for future applications seeking funds to serve seniors.

If the decision to implement the ALW is made early in the programming phase of the design process, the developer can work with the design team to allocate space for a HHA office, and, if not already part of the project, propose adequate communal space for meal service and other activities. New construction project managers can also begin establishing a network of contacts related to implementing the ALW, but postpone implementation until the project is in existence. This approach ensures that the building meets physical site requirements and leaves open the possibility for implementation of the ALW at a later date.

10. How to determine the availability of waiver slots

Call the California DHCS's Long Term Care Division at (916) 552-9105 and ask to speak with Mark Minmaugh or Bernard Finneran. They will report whether the ALW is stalled or releasing slots. Mark and Bernard will also know how many slots were released to each county and the status of unused slots. Once you have funding commitments in place and have engaged a HHA in the process of entering a space use agreement, call Mark and Bernard to obtain a commitment of slots. If the DHCS is authorized to release ALW slots, then they should be able to guarantee a set aside of 12-15 slots for a proposed or existing senior building. The State is aware of the threshold necessary to operate the ALW in publicly-funded and publicly-subsidized housing and is committed to allocating slots so the ALW is successful at all program sites.

Given the popularity of the public housing model at the federal and state level, the State could allocate slots to providers and allow the provider to give preference to existing or targeted residents. However, this flexibility is based on relatively low demand akin to 2-3 sites per county

per year. If demand increased rapidly to 50 housing sites, the State would reconsider its approach to work within the constraints of slot availability.

11. How to assess your project for feasibility

The following statements are presented in a checklist format for housing providers considering implementation of the ALW. The inability to confidently respond to each statement is not a reflection of an infeasible project, but rather an opportunity to become aware of issues that indicate further preparation is required in order to enhance project feasibility.

<u>For Existing Projects</u>

☐ There is a high level of unmet need among the current resident population.

☐ The unmet needs are similar to those that would qualify residents as potential waiver-eligible applicants (e.g., require assistance with activities of daily living.)

☐ The majority of residents are extremely low-income and/or Medi-Cal eligible due to a categorical disability.

☐ The building size (number of units) is large enough and the resident population frail enough to reasonably assume a HHA could enroll 15 waiver-eligible residents within a few months.

☐ Residents occupy private units with access to private bathrooms and, at a minimum, a kitchenette in each unit.

☐ The building has space for communal activities and meal service.

☐ The building has space available for a HHA office. [3]

☐ There are a high number of vacancies in the building, a depleted wait list, and continually high turnover.

☐ The building owner or manager is willing to submit a Plan amendment to HUD or the appropriate regulatory agency to better target waiver-eligible persons for residency.

☐ The project is funded under a mandate to link residents with supportive services.

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[3] Be creative with space reallocation. One housing provider converted half of a rarely used conference room into a space suitable for the HHA's files and staff. The amount of space is negotiable so long as the HHA agrees to the arrangement, can be licensed, and can provide services.

- ☐ The organization has a capable person on staff who can learn the ALW process, build partnerships, engage a home health agency, present the ALW to the Board of Directors, and work with building staff to seamlessly integrate the ALW into the residential community.

For New Construction Projects

- ☐ The project's tenant selection plan is designed to target the frail, low-income elderly and/or waiver-eligible individuals for residency and has been approved by HUD or the appropriate regulatory agency.
- ☐ The building size (number of units) is large enough and the resident population frail enough to reasonably assume a HHA could enroll 15 waiver-eligible residents within the first few months of occupancy.
- ☐ Staff (service coordinator or home health agency staff) is in place to work with persons applying for housing or being referred by a service agency to determine their initial eligibility for the ALW and refer them to the CCA for assessment.
- ☐ Staff can follow-up with individuals who move in, and are deemed ineligible for the ALW, but still require linkages to supportive services.
- ☐ The building is designed to offer residents private units with access to private bathrooms, and, at minimum, a kitchenette.
- ☐ The building has space for communal activities and meal service.
- ☐ The building has space available for a HHA office.
- ☐ The project is funded under a mandate to link residents with supportive services.
- ☐ There is a capable person on staff within the organization who can learn the ALW process, build partnerships, engage a home health agency, present the ALW to the Board of Directors, and work with building staff to seamlessly integrate the ALW into the residential community.

12. Feasibility Overview

Every housing provider will begin the ALW process under a unique set of circumstances. The feasibility overview chart presents possible scenarios for both existing projects and new construction. The scenarios highlight the key issues known, or likely, to affect implementation of the ALW. Each scenario is considered against the backdrop of an organization's capacity and the likelihood that the ALW would work under the specific conditions.

Larger organizations with significant experience in coordinating services for frail residents may have the resources and capacity to make the ALW highly feasible for their project(s). That being said, less experienced providers need only partner with an experienced HHA to benefit from their knowledge.

In Chart 1, the "Capacity" column scores an organization's experience, staffing level, and overall ability as derived from the "Scenario." An organization's capacity is its ability to form necessary partnerships, prepare a site for ALW implementation, and support the ALW once in place.

The levels of feasibility are defined below to assist with interpretation of the feasibility overview chart.

High feasibility: Implementation would minimally impact a provider's operations and/or budget.

Moderate feasibility: Implementation would involve some challenges, but with proper planning and action, the provider could expect minimal delays and minimal impact on operations and/or a project's budget.

Low feasibility: Implementation would require a significant amount of effort by the provider, but could be implemented with strong backing from the organization and necessary approvals from the appropriate regulatory agencies.

Chart 1 relies on the premise that the ALW program is releasing slots based on the expansion schedule of 60 new slots per county per year, so ALW slot availability is not a barrier to implementation.

Chart 1. Feasibility Overview

	Scenarios	Capacity High	Capacity Mod	Capacity Low	Feasibility High	Feasibility Mod	Feasibility Low	Recommended Action Steps
Existing Projects	A fairly new 55-unit LIHTC project with an average resident age of 64. The organization is new to senior housing but has expertise managing low-income family properties. There is no RSC at this time, but the site meets physical space requirements.		X				X	- Determine if residents are income-eligible for Medi-Cal. - Work with the building manager to informally assess if the 15-person threshold can be reached with only 55 units and a younger population. - Decide if the ALW should be part of future plans; consider talks with a HHA.
Existing Projects	A 97-unit mixed-finance senior project (HOME, CoI, and LIHTC) with 14 units at 40% AMI; 57 units at 50% AMI; 26 units at 80% AMI. There is a PT RSC, an average resident age of 76, and limited space for an HHA office, but enough communal space. Housing provider has access to funds to assist the HHA with start-up costs.		X			X		- Configure space for the HHA office; consider all options. - Confirm with the RSC that residents' needs are aligned with achieving the 15-person threshold. - Gauge resident interest before approaching the HHA.
Existing Projects	An older 120-unit HUD 202 building with a FT RSC and an average resident age of 83. Space requirements are not an issue, but the Board of Directors cannot decide if the ALW promotes the organization's mission.	X			X			- Educate Board and seek Board approval; work with the RSC and/or the HHA to present the ALW. - Enter space use agreement with HHA. - Assist the HHA in educating residents; begin referrals to the care coordination agency.
Existing Projects	The owner and operator of a 1,093-unit HUD 202 building just received $96 million in bond money from the city housing department for a major rehabilitation project. Vacancies will be allowed to accrue and residents will be relocated within the building in order to conduct renovations. The average resident age is 82 and the site has space for activities and services including an on-site health center operated by a nearby hospital.	X			X			- Build this into the rehabilitation plan. - Partner with a local HHA. - Call the DHCS and explain the project; it may be appropriate to go for significantly more than 15 ALW slots; seek the counsel of the HHA staff. - Agree on a space use agreement with HHA. - Work with RSCs on-site to begin identifying residents.

	Feasibility Overview (page 2 of 2)							
	Scenarios	Capacity			Feasibility			Required Action Steps
		High	Mod	Low	High	Mod	Low	
New Construction	Project seeking LIHTC funds for a 101-unit building for seniors and adults who are chronically ill; 81 units at 30% AMI; 20 at 60% AMI. The project needs 10- year service commitments, and services operational within six months of occupancy. The developer and owner is services-oriented, has adequate space, and will provide extensive programming for residents.	X				X		- Contact the DHCS to obtain a firm commitment should funds be awarded. - Include estimated value of the ALW in the supportive services plan; consider the need for a RSC. - Include set-aside for ALW-eligible applicants in the Fair Housing and Management Plan. - Begin working with a HHA so they can start the 90-120 day licensing process.
New Construction	Affordable senior project seeking CoI and HOME funds for a 60-unit building. Designed tenant selection plan to target Medi-Cal-eligible or enrolled seniors who have difficulty with one or more activities of daily living. Still working to secure funds for a RSC. Residents will require services upon move-in. HHA office space will be available.	X			X			- Contact the DHCS to obtain a firm commitment should funds be awarded. - Secure funds for RSC so residents are adequately supported with or without ALW participation. - Include estimated value of the ALW in the supportive services plan. - Begin working with a HHA so they can start the 90-120 day licensing process.
New Construction	An 84-unit HUD 202 with an outreach and tenant selection plan was not designed with an ALW preference mechanism. In the past, the housing provider has worked with service agencies that refer seniors who are homeless or at-risk of homelessness and provide follow-up care. A service provider introduced the ALW to the director of housing operations, deeming it appropriate for clients once housed. Space is available.		X			X		- Informally partner with the agency that suggested the ALW. Ask them to educate the other service agencies about the ALW. - Consider including an ALW preference in the Fair Housing and Management Plan. Or develop an MOU with the referring agency if they serve ALW-eligible clients in need of housing. - Partner with a HHA and move forward with a commitment from the DHCS.
New Construction	A 124-unit project (105 1BR and 19 2BR) with HOME, CDBG, and LIHTC funds will target low-income and very low-income seniors. The building will be in Palmdale, CA and lease-up is expected to be difficult given the location and climate. The on-site leasing office can be converted into an HHA office within 2 months of opening. No RSC on-site.		X				X	- Monitor resident needs at leasing and opening. - Explain the situation to a local HHA and begin discussing the potential for the ALW. - Educate the building manager as they will become familiar with the needs of the resident population. - Reserve the leasing office space for the branch office.

Discussion

Projects with different sources of funding have different levels of affordability and age eligibility. HUD-assisted senior projects typically operate at affordability levels of 50% AMI with an age restriction of 62 years and older. LIHTC projects house residents 55 years and older and operate at a variety of affordability levels, often unaffordable to very low-income individuals. Affordability levels and age are relevant to the ALW because they will impact how many residents qualify for waiver enrollment.

In some of the scenarios, the demand for ALW would be high but logistical challenges would make implementation less feasible. The primary factors influencing feasibility are the demand for services and the availability of space. If a housing provider is determined to implement the ALW, the other barriers can be more easily overcome.

Demand for Services

Housing providers considering the ALW must ask themselves if there will be (or already is) a demand for services necessary to satisfy the minimum enrollment threshold. The scenarios in Chart 1 attempt to highlight the relationship between the number of units in a building, the average age of residents, and how this influences demand.

Existing projects are more likely to be able to determine whether or not the resident population will satisfy minimum enrollment. New construction projects targeting older adults with special needs such as chronic illness or disability may also be able to confidently assume that the supply of ALW services will match the demand. It is riskier to predict resident demand in new projects without an ALW recruiting mechanism.

Staffing, or the presence of a RSC who is familiar with residents' needs, affects an organization's capacity to gauge whether or not residents require ALW services. RSCs are also vital to the HHA's initial attempts to explain the ALW and recruit residents for referral to the CCA. Not having an RSC does not doom a project, but it does require the organization to be stronger in other areas (i.e. have a building manager or director of operations who is actively involved with residents and can provide sound judgment). In the 84-unit new construction example, the housing provider does not have a RSC but does have a relationship with service providers who could refer formerly homeless individuals who present a higher demand for assistance with activities of daily living. Referring agencies could provide follow-up services to support residents (former clients) once placed. Not having a RSC on staff would be less of an issue in this situation.

Finally, in terms of the staff or organization's ability to assess the existing or future demand, there will be some building communities in which the demand for services is obvious. Other communities may require a more nuanced approach to gauge the demand.

Availability of Space

Existing buildings with no available space, for either the HHA office or communal activities and meals, face a challenge. If the only solution is to convert an existing rental unit into an office, then the housing owner may experience push-back from HUD or other regulatory agency. Buildings can operate with certain vacancy allowances, but projects will encounter a financial barrier if their only option for creating space is to remove a unit from the rent roll. When a publicly-subsidized housing unit is taken off rent roll, the project forfeits the rental assistance for that unit that provided income for the project. Most affordable projects operate on the margins with lean budgets and long wait lists. Both of these factors contribute to the likelihood that HUD will not endorse the conversion of a unit into an office for a HHA.

Public Housing sites such as Orchard Arms, a HACoLA-owned senior building in Valencia, enjoy a greater vacancy allowance.[5] It is easier for these sites to receive approval for such a conversion. For example HUD allows a unit to be taken off the rent roll if the space is required for an approved resident service activity. HUD accepts broad definitions of resident service activity. At Orchard Arms, the HACoLA used the "approved resident service activity" label to convert a 1-bedroom unit into office space for the HHA. If the ALW does not work, the office can be transformed back into a 1BR unit.

New projects have the opportunity to set aside space and/or account for less incoming rent in their income and expense pro forma. By considering ALW requirements from the inception of a project, the integration is smoother later on.

Housing providers may also consider HUD's Assisted Living Conversion Program (ALCP) as an option for buildings that do not meet the physical space requirements. If awarded, HUD will cover the costs of the physical conversion (creating common space, HHA office space, and improving accessibility if necessary) and the ALW can fund the services. Physical conversion usually helps the building meet the state code for an assisted living facility, but perhaps there is leeway and HUD can agree upon a slightly modified outcome of the ALCP. HUD requests proposals for ALCP annually.

Each project type will encounter barriers to implementation, but if the demand for services is present, the release of ALW slots is active, and strong leadership backs the initiative, then the ALW can successfully enter any publicly-funded or publicly-subsidized senior building.

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[5] Personal Communication with Marcie Miranda, Director of Eligibility and Suitability for the Housing Authority of the County of Los Angeles.

13. How to include the ALW in a supportive service plan

Funding for affordable housing is very competitive. Projects are scrutinized on many dimensions and compared to other qualified proposals. Funders back projects that are highly leveraged, clearly feasible, and proposed by experienced sponsors/developers. Leveraging is the extent to which other resources are used alongside public and private funds. A project that proposes to integrate assisted living services into a senior building is leveraging its diverse finance package with federal and state resources in the form of a waiver. Therefore, it is important to know how to weave the ALW into the supportive services section of a proposal seeking funding.

Based on the ALW tier levels and reimbursement schedule, a provider can estimate the dollar value an ALW waiver represents in a service package.

Tier 1 -- $52/participant/day
Tier 2 -- $62/participant/day
Tier 3 -- $71/participant/day
Tier 4 -- $82/participant/day

For purposes of translating the value of the ALW, we assume a publicly-funded or publicly-subsidized housing project will enroll a mix of residents at tier 1 and tier 2 levels; a lower level of need than residents in RCFEs. If the average reimbursement among residents in publicly-funded housing is $57 per day (some residents at tier 1 level of reimbursement and some at tier 2) then an ALW slot is valued at almost $21,000 per resident per year.

Depending on the timing of the proposed project relative to the next CMS waiver renewal[6] the DHCS could guarantee a service commitment for the remainder of the approved waiver period and affirm its intention to maintain the viability of the program for each subsequent renewal. This information can be confirmed and obtained in writing through coordination with Mark Mimnaugh at the DHCS office. (See Section V. Resources and Contact Information.)

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[6] Waiver renewals occur in five-year cycles.

14. Frequently Asked Questions and Common Concerns Among Housing Providers

a) Can the home health agency co-occupy space with my social service coordinator or building manager?

No, the home health agency (HHA) cannot share office space. The branch office must have control over its space (hence the space use agreement) in order to be considered a facility.

b) Am I responsible for supplying the home health agency with office furniture or other equipment?

This should be addressed in the space use agreement. It is reasonable to request that the HHA supply the furniture, phones, and other necessary office equipment. It is also considerate to allocate a parking space (or two) for the HHA staff.

c) Will implementation require extensive paperwork?

Once the space use agreement is complete, there should be no additional ALW-related paperwork on the part of the housing provider.

d) Once the program is operating at the building site, will my social service coordinators or building managers be responsible for additional paperwork?

No. The HHA staff is responsible for maintaining client records for waiver-enrolled residents. The responsibility for oversight and care management is with the care coordination agency (CCA) and the HHA.

e) Will implementation of the ALW in my building eventually result in the requirement that my entire building become licensed as an assisted living facility?

No, you will remain in the business of providing affordable housing for seniors. In fact, as of August 2009, the State is considering removing the branch office licensing requirement to reduce the financial burden it places on home health agencies operating in publicly-subsidized housing.

f) What is the minimum enrollment threshold for the ALW to work in publicly-subsidized housing?

The minimum threshold for publicly-subsidized housing is 15 waiver-enrolled residents. A home health agency can begin operations with fewer residents, so long as they can enroll 12-15 within the first few months.

g) Is there a maximum threshold of waiver-enrolled residents at which a publicly-subsidized site is considered over capacity?

This will be largely determined by the home health agency providing services and by its capacity. The viability of communal meal preparation could also be an influencing factor. A maximum threshold has not yet been an issue in publicly-funded or publicly-subsidized housing.

h) As a housing provider of affordable independent apartment units, what is my responsibility for making long-term care services available to residents?

This depends on your organization's philosophy and mission. Unless you are operating under a special covenant or funding award that mandates services, you are obligated only to provide safe, quality, affordable housing. However, as mentioned earlier in Section II, aging in place and an increased demand for services are common occurrences in senior housing. Many providers view the provision of long-term care services as a way to minimize turnover and improve residents' quality of life. Often, residents will remain in the building whether or not they receive adequate care and referrals to services. ALW services for a building's frailest residents could function to relieve burden on the building manager and service coordinator.

i) How will the ALW impact residents' expectations of the housing provider as well as the expectations of residents' family members?

Spend time and effort to openly communicate with your residents and their families. The ALW could create confusion over what type of services your housing organization provides. Remind residents and their families that your housing was designed to support persons capable of living independently. Discuss what the ALW is and is not. Explain that statewide enrollment is capped annually and there are specific eligibility criteria so all persons will not qualify. Place the responsibility of care management with your partner care coordination agency and on-site home health agency staff. The State intended these agencies to manage the ALW. ALW-enrolled residents will benefit from the home health agency's 24/7 presence and monitoring services, however, it will remain impossible to prevent every accident and injury. Ask families to contribute to the health and safety of their family members by playing an active and involved role in the care of their loved ones.

V. RESOURCES AND CONTACT INFORMATION

California Department of Health Care Services - Long Term Care Division			
Contact Name	**Title**	**Number**	**Location**
Mark Minmaugh	Nurse Consultant III Chief, Monitoring and Oversight	(916) 552-9105	Sacramento
Bernard Finneran	ALW Program Manager	(916) 552-9105	Sacramento

Care Coordination Agencies in Los Angeles County (current as of September 2009)				
Agency	**Contact Name**	**Title**	**Number**	**E-mail**
Always Best Care	Mark Smith	LA Coordinator	(888) 430-2273	msmith@abc-seniors.com
Huntington Home Care (Pasadena) www.huntingtonhomecare.com	Larissa Stephanians	Coordinator	(626) 241-9220	Larissa@huntingtonhomecare.com
	Alina Antanesian	Coordinator	(626) 241-9220	alina@huntingtoncare.com antanesiana@yahoo.com
	Hector Ornelas Diaz	Coordinator	(626) 241-9220	hector@huntingtoncare.com
	Jennifer Salas	Coordinator	(626) 241-9220	Jennifer@huntingtoncare.com
Jewish Family Services (North Hollywood) www.jfsla.com	Heather Angel	Coordinator	(818) 769-0560	Hangel-collin@jfsla.org
	Erica Lodgen	Coordinator	(818) 769-0560	elodgen@jfsla.org

Home Health Agencies in Los Angeles County (current as of September 2009)				
Agency	**Contact Name**	**Title**	**Number**	**E-mail**
Alternative Home Care (Sherman Oaks)	Jonathan Istrin	Executive Director	(818) 902-5000	jistrin@althh.com

APPENDIX A. Prohibited Medical Conditions

Some potential participants may require more care than can safely be provided through the ALW. As outlined in the Care Coordinator and Home Health Agency Manual developed by the DHCS, these following conditions automatically render the individual ineligible for the waiver.

(a) Stage 3 or Stage 4 pressure sores (pressure ulcers)
(b) Nasogastric tubes
(c) Ventilator dependency
(d) BiPap dependency without the ability to self-administer at all times (BiPap stands for Bi-level Positive Airway Pressure and is a non-invasive form of mechanical ventilation that helps people get more air into their lungs.)
(e) Coma
(f) Continuous IV/TPN therapy (TPN - Total Parental Nutrition is an intravenous form of complete nutritional sustenance)
(g) Wound vacuum therapy (A system that uses controlled negative pressure, vacuum therapy, to help promote wound healing.)
(h) Active communicable tuberculosis
(i) Restraints, except as permitted by the licensing agency for RCFE residents.
(j) For the public housing setting only, individuals who require a two-person transfer.
    (i) In this setting, potential beneficiaries must be able to be transferred to a chair or wheelchair with the assistance of not more than one attendant.
    (ii) While this provision does not restrict the use of more than one staff member to safely mobilize or transfer a resident when providing routine care, clients may not require transfer or mobility assistance from more than one person in the event of an emergency requiring evacuation.