

**HOUSING
HOUSING FOR THE ELDERLY (SECTION 202)
2016 Summary Statement and Initiatives
(Dollars in Thousands)**

HOUSING FOR THE ELDERLY (SECTION 202)	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2014 Appropriation	\$383,500	\$159,384 ^a	...	\$542,884	\$361,518	\$888,477
2015 Appropriation	420,000	196,198 ^b	...	616,198	490,000	734,000
2016 Request	<u>455,000^c</u>	<u>141,000^d</u>	<u>...</u>	<u>596,000</u>	<u>486,000</u>	<u>672,000</u>
Program Improvements/Offsets	+35,000	-55,198	...	-20,198	-4,000	-62,000

a/ Includes \$155.9 million in carryover, \$3.2 million in recaptures and \$118 thousand in collections.

b / Includes \$180.1 million in carryover and \$16 million in spending authority from offsetting collections. It excludes \$1.1 million that expired at the end of fiscal year 2014.

c/ Includes an estimated transfer to the Transformation Initiative (TI) account of \$3 million of Budget Authority.

d/ Includes \$26 million in spending authority from offsetting collections.

1. What is this request?

The Department requests \$455 million for the Housing for the Elderly (Section 202) program in fiscal year 2016, an increase of \$35 million above the fiscal year 2015 Enacted level. The Budget request also seeks to renew the authority to allow HUD to make more funds available for expansion activities through residual receipts collections, recaptures, and other unobligated balances, and to fund demonstration programs that test housing with services models that examine how supportive housing units aligned with health care priorities help elderly households age in place in the community.

In fiscal year 2016, the Department requests \$455 million funding for three primary activities for the Housing for the Elderly program:

- 1) \$365 million for PRAC Renewals/Amendments in support of more than 77,000 existing units; (2) \$77 million to renew approximately 1,500 existing Service Coordinator/Congregate Housing Services grants, and (3) \$10 million to extend and expand the Section 202 Demonstration authorized by the fiscal year 2014 appropriations act. An additional \$3 million is requested for property inspections and related costs.

Housing for the Elderly (Section 202)

PRAC Renewals/Amendments provide continued assistance to tenants of Section 202 projects in which the initial PRAC has expired or all reserved funding has been disbursed. In the early stages of the Section 202 program, the initial PRAC terms were 20 years; those terms were reduced to 5 years in fiscal year 1995 and further reduced to 3 years in fiscal year 2006. As the initial contracts begin to expire, the rental assistance is renewed on a 1-year basis with funding from the PRAC Renewal/Amendment component. PRAC Renewals/Amendments are requested at a level to fully-fund the fiscal year 2016 requirements. Key cost drivers for the \$365 million required for PRAC renewals are a combination of the new units entering the renewal portfolio for the first time and increasing operating costs within the program. In fiscal year 2016, an estimated 4,000 units will be renewing for the first time. HUD is assuming a 3.0 percent inflation factor for fiscal year 2016.

The Department requests \$77 million for Service Coordinators/Congregate Housing Services Program (CHSP) in fiscal year 2016 to extend funds to approximately 1,500 previously approved Service Coordinators and Congregate Housing Service grants. The purpose of the Service Coordinators program is to enable residents who are elderly or have disabilities to live as independently as possible in their own homes. Service Coordinator funds pay the salary and fringe benefits of a Service Coordinator and cover related program administrative costs. A Service Coordinator is a social service staff person who is responsible for assuring that residents, especially those who are frail or at risk, are linked to the specific supportive services they need to continue living independently and age in place. The primary responsibility of a Service Coordinator is to help link residents of eligible housing with supportive services provided by community agencies. The Service Coordinator may also perform such activities as providing case management, acting as an advocate or mediator, coordinating group programs, or training housing management staff. CHSP is an older, smaller program that is now only funded through renewals. CHSP subsidizes the cost of supportive services that are provided on-site and in the participant's home, which may include congregate meals, housekeeping, personal assistance, transportation, case management, etc.

The fiscal year 2014 Consolidated Appropriations Act (the "Act") provided HUD an opportunity to develop a housing-with-services demonstration program for low-income elderly to test models that demonstrate the potential to delay or avoid the need for nursing home care. The Section 202 Elderly Project Rental Assistance Demonstration program, which is being developed by HUD's Office of Multifamily Housing Programs and Office of Policy Development and Research in consultation with Congress and the Department of Health and Human Services, is expected to demonstrate that housing and supportive services with a health/wellness component will successfully and cost effectively help elderly residents maintain their housing and their health and avoid costly institutional care. The requested \$10 million, along with renewed authority to make funds available for the Demonstration through residual receipts collections, recaptures, and other unobligated balances, will allow the Department to expand and extend this Demonstration program.

Housing for the Elderly (Section 202)

2. What is this program?

The Supportive Housing for the Elderly program is authorized under Section 202 of the Housing Act of 1959; Section 210 of the Housing and Community Development Act of 1974, P. L. 86-372 (12 U.S.C. 1701q, 73 Stat. 654, 667); the National Affordable Housing Act, P. L. 101-625 (42 U.S.C. 12701); the Housing and Community Development Act of 1992 (P.L. 102-550); the American Homeownership and Economic Opportunity Act of 2000 (P.L. 106-569), and the Section 202 Supportive Housing for the Elderly Act of 2010 (P.L. 111-372).

The Service Coordinator Program is authorized under Section 808 of the Cranston-Gonzalez National Affordable Housing Act, which authorized the use of Service Coordinators within existing projects for the elderly. Sections 674 and 676 of the Housing and Community Development Act of 1992 expanded the universe of projects eligible to receive service coordinator assistance by authorizing funding for service coordinators in Section 202, Section 8 and Sections 221(d)(3) and 236 projects. The Service Coordinator Program provides funding for the employment of Service Coordinators in HUD-assisted multifamily housing that is designed for the elderly and persons with disabilities. The Congregate Housing Services Program (CHSP) was authorized by the Housing and Community Development Amendments of 1978 to provide 3- to 5-year grants to fund service coordinators for eligible residents of Public Housing and Section 202 Housing for the Elderly or Persons with Disabilities.

The Section 202 Housing for the Elderly program provides funding to create and support multifamily housing for very low-income elderly persons. Nearly 400,000 homes for low-income elderly households have been produced to date. Section 202 is currently the only federal program that expressly addresses this need for affordable elderly housing. Its impact is amplified through the leverage of other housing resources such as Section 8, Community Development Block Grants (CDBG), HOME Investment Partnerships Program (HOME), and Low-Income Housing Tax Credits (LIHTC).

To be eligible for residency in a Section 202 unit, a household must be composed of one or more persons at least 62 years of age at the time of initial occupancy, with a household income at or below 50 percent of the area median income. Most residents fall far below that threshold. The average annual household income for Section 202 households is between \$12,300 and \$12,600¹.

Tenants living in Section 202 supportive housing can access a variety of community-based services and support to keep living independently in the community and age in place. Thirty-eight percent of existing Section 202 tenants are frail or near-frail, requiring assistance with basic activities of daily living, and thus can be considered at-risk for institutionalization.² Further, through an Inter-Agency Agreement with Health and Human Services/Assistant Secretary for Planning and Evaluation (ASPE), HUD is now for the first time ever creating a data set for 12 cities which allows analysis of Medicare and Medicaid expenditures and diagnoses for individuals receiving HUD assistance. Preliminary data analyses show that a very large percentage of elderly HUD-assisted individuals are dually

¹ Analysis by HUD Office of Policy Development and Research of 2012 PIC and TRACS data.

² HUD, "Section 202 Supportive Housing for the Elderly: Program Status and Performance Measurement", June 2008.

Housing for the Elderly (Section 202)

eligible to Medicare and Medicaid and they are more likely than unassisted elderly individuals to have multiple chronic diseases. These data could eventually help measure the potential of HUD programs to reduce health care use and expenditures among low-income elderly tenants.

How Does Section 202 Work?

Traditionally, the Department has provided interest-free capital advances to nonprofit sponsors to finance the development of supportive housing for the elderly. The capital advance is used to support the construction, rehabilitation or acquisition (with or without rehabilitation) of supportive housing for very low-income elderly persons, including the frail elderly. The capital advance does not have to be repaid as long as the project serves very low-income elderly persons for 40 years.

In addition, operating subsidies, known as a project rental assistance contract (PRAC), are provided on an ongoing basis to cover the difference between the HUD-approved operating cost for the project and the tenants' contribution towards rent, which is limited to 30 percent of a tenant's income. The operating subsidy makes the housing more affordable to low-income elderly individuals by subsidizing tenants with the lowest incomes. The initial term of the PRACs is 3 years, after which the contracts are renewed annually, contingent upon the availability of funds and project's compliance with Section 202 requirements. While capital advance funds are no longer being awarded, HUD continues to support existing Section 202 properties with rental assistance contracts.

Prior to the inception of the Section 202 Capital Advance program, the Department offered the Section 202 Direct Loan Program. The Direct Loan program was authorized by the Housing Act of 1959 (P.L. 86-372), the first direct loans were issued in the 1960s and the program was discontinued after fiscal year 1991 with the enactment of the Cranston-Gonzales National Affordable Housing Act. Although properties supported by the direct loan program continue to operate, no new loans have been issued since fiscal year 1991. The program provided loans directly for the construction, rehabilitation or acquisition of rental properties to serve the elderly, physically handicapped, developmentally disabled or chronically mentally ill adults. The loan terms were for a maximum of 40 years and HUD is currently receiving repayments of these loans.

Recipients of Section 202 Funds

Key partners in the Section 202 program have traditionally been non-profit organizations, including faith-based organizations, with a Section 501(c) (3) tax exemption from the IRS. Over the years, many nonprofit organizations have developed an impressive capacity to serve low-income elderly persons, not only in terms of building housing, but in maintaining that housing and providing or coordinating necessary supportive services. Smaller community-based non-profit organizations often partner with higher capacity regional or national organizations to make the projects happen. Since the need for this housing has been so widespread, Section 202 projects are located everywhere throughout the country, in large and small cities, small towns, and rural locales.

Housing for the Elderly (Section 202)

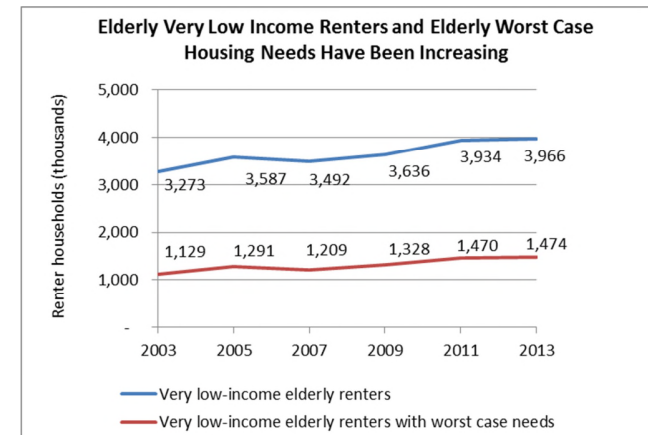
Changes to the Program

The passage of the Section 202 Supportive Housing for the Elderly Act of 2010 (P.L. 111-372) improved the program in several ways. The bill makes it easier to refinance older Section 202 projects in need of rehabilitation; provides flexibility in transforming less marketable studio apartments into one bedrooms; establishes new rental assistance contracts for seniors at risk of being unable to afford rent increases due to refinances; makes it easier for owners to make health and supportive services available to residents through service-enriched housing.

This new legislation complemented the Administration's broader Section 202 reform agenda, which implemented policy and regulation changes to better target the program to support the most vulnerable elderly, bring new units on line faster, and better leverage each program dollar. Changes to the program have been done with input from, and in coordination with, the Department of Health and Human Services (HHS). The new Section 202 program is more aligned with healthcare reforms at the state and federal level and HUD will fund a randomized control evaluation of Section 202 to assess the extent to which supportive housing allows elderly persons to live independently and age in place, improve general well-being and health, and create cost savings in the healthcare system.

3. Why is this program necessary and what will we get for the funds?

The need for affordable housing among the elderly population is large. Almost 1.5 million elderly-headed renter households had worst case housing needs in 2013, meaning they have very low incomes of less than 50 percent of area median income, have no housing assistance, and either pay more than 50 percent of their income for rent or live in severely inadequate units, or both (*Worst Case Housing Needs 2013*, forthcoming). The number of elderly very low-income renters increased by 21 percent between 2003 and 2013, and the number with worst case needs increased even more rapidly, by 31 percent.



An estimated 38 percent of all residents currently living in Section 202 properties could be considered "frail" or "near-frail." However, often with the assistance of service coordinators, most of these residents are able to access community-based services that are designed to help them stay longer in their housing, and avoid more expensive institutional settings. Going forward, the Section 202 program intends to increasingly target housing assistance towards exactly this subset of the elderly population, given the tremendous cost-savings associated with independent living versus nursing homes or assisted living facilities.

Housing for the Elderly (Section 202)

Section 202 residents have the highest average age at the end of participation compared to other housing programs and housing occupied primarily by the elderly has greater success retaining residents until more advanced ages.³ A study of service coordination found very high levels of satisfaction and it found that the presence of service coordinator staff who link residents to supportive services in the community increased residents' length of stay by 10 percent in comparison with those without access to this service.⁴

The new federal strategic focus on the integration of housing, supportive and health care services is reflected in HUD's collaboration with the Department of Health and Human Services (HHS) on relevant research. One such study has produced a design for a demonstration on aging in place for HUD-assisted seniors. This contract, as noted above, has already produced an extensive literature review and several case studies, and these are the basis for developing a model of service and health care coordination that can be tested for its impacts on health outcomes, health care expenditures, health care service utilization, and consequences for participating properties. In addition, with MacArthur Foundation funding and HUD cooperation, the contractor is conducting a survey of HUD properties to assess the types and scope of services available in senior subsidized housing. Finally, the contractor has matched HUD-assisted seniors in 12 cities to their Medicare claims records to assess health care utilization, expenditures, and diagnoses. This is the first time that anyone has used HUD administrative data matched with health claims data to create measures of Medicare utilization and expenditures for HUD-assisted elders.

Under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision, states are legally obligated to favor community-based and integrated settings over institutional settings for elderly persons with disabilities.⁵ State Medicaid agencies are making efforts to comply with this mandate through Medicaid home and community-based "waiver" programs administered by HHS' Centers for Medicare and Medicaid Services. However, states often find themselves limited in achieving this mandate even when they have effective Medicaid waiver programs in place because the target population cannot afford the cost of renting a home in the community. In the most recent progress report of the HHS' program, twenty out of 34 states reported insufficient supply of affordable and accessible housing options to transition people from institutional settings to the community.⁶ Investments in Section 202 supportive housing align with and complement these state efforts to provide home and community-based services for elderly people with disabilities. The Department is working with HHS on several collaborative projects to increase access to affordable housing in community settings for elderly people with disabilities seeking to leave institutional settings related to the Section 202 program, such as HHS' Money Follows the Person (MFP) program.

³ Locke, Gretchen, Ken Lam, Meghan Henry, and Scott Brown (Abt Associates Inc). 2011. *End of Participation in Assisted Housing: What Can We Learn About Aging in Place?* Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

⁴ HUD, "Multifamily Property Managers' Satisfaction with Service Coordination", 2008.

⁵ In *Olmstead v. L.C.*, 527 U.S.581 (1999), the Supreme Court held that Title II of the Americans with Disabilities Act prohibits the unjustified segregation of people with disabilities in nursing homes or other institutional settings. Federal regulations require that states or other public entities must reasonably modify their policies, procedures or practices to avoid such discrimination. 28 C.F.R. § 35.130(b)(7).

⁶ Mathematica Policy Research. *Money Follows the Person Demonstration: Overview of State Grantee Progress, July to December 2011*. June 2012. Retrieved from: http://www.mathematica-mpr.com/publications/PDFs/health/mfp_jul-dec2011_progress.pdf.

4. How do we know this program works?

Until now, one of the main limitations of research on Section 202 has been the lack of data on residents' need and utilization of health and long-term care services and supports. Without this data, it has been difficult to understand health outcomes for Section 202 residents and elderly residents of other assisted housing programs, their service utilization and risks of institutionalization, and cost effectiveness with respect to other forms of living arrangements.

HUD is directly involved in three research initiatives designed to address this critical knowledge gap. First, HUD will fund a rigorous experimental evaluation of the Section 202 program using cluster randomized methods to assign properties to treatment and control groups. The evaluation will assess the extent to which supportive housing allows elderly persons to live independently and age in place, improve general well-being and health, and create cost savings in the healthcare system. The first phase of the evaluation will involve sponsors selected in the fiscal year 2014 Section 202 Demonstration competition.

The design of the Section 202 program model to be tested is based on a previous project funded by HUD and two HHS offices (Office of the Assistant Secretary for Planning and Evaluation and the Administration on Aging) that produced a literature review and case studies. The demonstration design describes three possible program models, explains the evidence base for the proposed model elements and discusses factors that will have to be taken into account to make implementation of the demonstration feasible and useful for producing valid research results. In addition, the contract included a match of HUD administrative data with Medicare and Medicaid claims data from CMS in 12 pilot locations. These data allowed HUD for the first time ever to have a picture of health of HUD-assisted elderly households compared to unassisted households. The match found that about 68 percent of HUD-assisted residents age 65 and older are dually enrolled in Medicare and Medicaid. Compared to other dually enrolled individuals, HUD-assisted elderly residents have more chronic conditions and higher health care utilization and costs. This project has demonstrated the feasibility of matching these data. In the future, similar data could be used to construct measures of impacts of HUD programs on health care use and expenditures.⁷

Third, HUD and HHS are collaborating in the evaluation of the Support and Services at Home (SASH) program in Vermont, a Medicare/Medicaid demonstration of coordinated health and supportive service in affordable housing that is part of the larger CMS advanced primary care practice demonstration. SASH is especially relevant for HUD because it is designed to use existing affordable housing developments as the infrastructure for service delivery. HUD-funded affordable housing developments are, quite literally, the "hosts" of the SASH program. The SASH evaluation uses a rigorous quasi-experimental design, with comparison groups and sophisticated multivariate statistical methods, to examine the impact of participation in SASH on residents' health outcomes, service utilization, and expenditures and on costs to participating properties. The study will include cost-effectiveness, cost-benefit, and quality-adjusted life-years analyses, as well as qualitative description of the implementation of SASH, including barriers and

⁷ Report available at <http://aspe.hhs.gov/daltcp/reports/2014/HUDpic.pdf>

Housing for the Elderly (Section 202)

challenges. The SASH first annual report is now available.⁸ It shows that SASH participants had slower rates of increase in total per beneficiary per month Medicare payments than did similar Medicare beneficiaries in assisted housing developments in Vermont and in New York; however, the effect was statistically significant only for beneficiaries with at least 4 quarters of SASH exposure.

⁸ Report available at <http://aspe.hhs.gov/daltcp/reports/2014/sash1.pdf>.

**HOUSING
HOUSING FOR THE ELDERLY (SECTION 202)
Summary of Resources by Program
(Dollars in Thousands)**

<u>Budget Activity</u>	<u>2014 Budget Authority</u>	<u>2013 Carryover Into 2014</u>	<u>2014 Total Resources</u>	<u>2014 Obligations</u>	<u>2015 Budget Authority</u>	<u>2014 Carryover Into 2015</u>	<u>2015 Total Resources</u>	<u>2016 Request</u>
Elderly (Capital Advance, Other Expenses and PRAC) ...	...	\$55,845	\$55,845	\$8,392	...	\$46,289	\$46,289	\$3,000
Elderly PRAC Renewal/Amendment	\$291,500	33,123	324,623	286,982	\$350,000	37,641	387,641	365,000
Service Coordinators/ Congregate Housing Service Program	72,000	34,359	106,359	62,065	70,000	44,289	114,289	77,000
Conversion to Assisted Living/Emergency Repairs .....	...	20,057	20,057	1,241	...	18,817	18,817	...
Planning Grant .....	...	...	...	...	...	...	...	...
Senior Preservation Rental Assistance Contracts .....	...	16,000	16,000	2,838	...	29,162	29,162	...
Section 202 Demonstration	20,000	...	20,000	...	...	20,000	20,000	10,000
Transformation Initiative (transfer)	...	...	...	...	...	...	...	[3,458]
Total	383,500	159,384	542,884	361,518	420,000	196,198	616,198	455,000

NOTE: 2015 Carryover and Total Resources include \$16 million in spending authority from offsetting collections for the Senior Preservation Rental Assistance Contracts.

Housing for the Elderly (Section 202)

HOUSING
HOUSING FOR THE ELDERLY (SECTION 202)
Appropriations Language

The fiscal year 2016 President's Budget includes proposed changes in the appropriation language listed and explained below. New language is italicized and underlined, and language proposed for deletion is bracketed.

For amendments to capital advance contracts for housing for the elderly, as authorized by section 202 of the Housing Act of 1959, as amended, and for project rental assistance for the elderly under section 202(c)(2) of such Act, including amendments to contracts for such assistance and renewal of expiring contracts for such assistance for up to a 1-year term, and for senior preservation rental assistance contracts, including renewals, as authorized by section 811(e) of the American Housing and Economic Opportunity Act of 2000, as amended, and for supportive services associated with the housing, [\$420,000,000] *\$455,000,000* to remain available until September 30, [2018] *2019*: Provided, That of the amount provided under this heading, up to [\$70,000,000] *\$77,000,000* shall be for service coordinators and the continuation of existing congregate service grants for residents of assisted housing projects: Provided further, That amounts under this heading shall be available for Real Estate Assessment Center inspections and inspection-related activities associated with section 202 projects: Provided further, That the Secretary may waive the provisions of section 202 governing the terms and conditions of project rental assistance, except that the initial contract term for such assistance shall not exceed 5 years in duration: Provided further, That upon request of the Secretary of Housing and Urban Development, project funds that are held in residual receipts accounts for any project subject to a section 202 project rental assistance contract, and that upon termination of such contract are in excess of an amount to be determined by the Secretary, [up to \$16,000,000 in any such excess amounts] shall be remitted to the Department and deposited in this account, to be available until September 30, [2018, for purposes under this heading, and shall be in addition to the amounts otherwise provided under this heading for such purposes] *2019: Provided further, That amounts deposited in this account pursuant to the previous proviso shall be available, in addition to the amounts otherwise provided by this heading, for the purposes authorized under this heading, and such funds, together with such other funds, may be used by the Secretary to support demonstration programs to test housing with services models for the elderly: Provided further, That unobligated balances, including recaptures and carryover, remaining from funds transferred to or appropriated under this heading in prior appropriations Acts may be used for the current purposes authorized under this heading, notwithstanding the purposes for which such funds were originally appropriated.* (Department of Housing and Urban Development Appropriations Act, 2015.)