

Senior Health and Housing Task Force

8 Priority Recommendations



BIPARTISAN POLICY CENTER

The task force has identified the following recommendations as its highest priorities in light of their great potential to improve the lives of America's seniors and their positive prospects for implementation:

1 Preventing and ending homelessness among older adults should become a major national priority. The U.S. Interagency Council on Homelessness should explicitly adopt a goal to prevent and end homelessness among older adults. According to the Homelessness Research Institute, the number of homeless seniors will rise from 44,000 in 2010 to nearly 59,000 in 2020 if shelter and poverty rates remain constant. The United States should not accept a situation in which so many of its older citizens live on the streets without adequate shelter and appropriate care.

2 Congress and the administration should substantially increase federal support for the LIHTC program to help finance the production and preservation of additional units of affordable rental housing, including affordable homes for low-income seniors.

The LIHTC is the nation's most effective "supply-side" affordable housing program that leverages private capital to help finance the preservation and new construction of affordable rental homes. Many states provide preferences and set-asides in their annual LIHTC qualified allocation plans for projects that serve older adults.

3 Congress and the administration should support continued funding at adequate levels for rental assistance and for service coordination under the Section 202 Supportive Housing for the Elderly program and also create and fund a new program for senior-supportive housing. HUD's Section 202 program is the only federal rental assistance program designed explicitly to serve seniors, yet there has been no funding for new construction under the program since fiscal year 2011. The Task Force proposes a new program for senior-supportive housing that uses project-based rental assistance and the LIHTC to support new construction and attract funding from health care programs.

4 Congress should authorize a new Modification Assistance Initiative (MAI) that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options. Numerous programs within the federal government provide resources and expertise for home assessments and modifications, yet there is little coordination among these programs and public awareness of them is limited. The MAI, administered by the Administration for Community Living within the U.S. Department of Health and Human Services, would aim to rectify these shortcomings.



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5 States and municipalities should establish and expand programs to assist low-income seniors with home modifications through property tax credits, grants, or forgivable loans, and states should also protect and expand property tax circuit-breaker programs and other forms of property tax relief that are targeted to assist low- and moderate-income senior taxpayers. Currently, 80 percent of home modifications and retrofits for aging are paid out of pocket by residents. States and municipalities can help relieve some of this burden by making funding available to both individuals (homeowners and landlords) and contractors for expenses incurred acquiring or modifying a property for accessible use.

6 CMS should launch an initiative that coordinates health care and LTSS for Medicare beneficiaries living in publicly-assisted housing to test the potential of improving health outcomes of a vulnerable population and reducing health care costs.

Approximately 1.3 million older adult renters live in publicly-assisted housing, the vast majority of whom are dually eligible for the Medicare and Medicaid programs. Health care providers, in partnership with housing entities, should implement evidence-based care models and programs to improve outcomes and reduce costs for these beneficiaries. This proposal would address the “wrong-pocket problem” by ensuring the health care system bears the cost of implementing a program from which it can potentially benefit.

7 The administration should ensure Medicare and other federal programs and policies support substantially reducing the number of older adult falls and their associated financial impacts. Approximately one in three older adults falls annually, resulting in about \$34 billion in health care costs. Falls are the leading cause of injury-related deaths for older adults, and most falls occur in the home setting.

8 CMS and the states should encourage greater reimbursement of telehealth and other technologies that have the potential to improve health outcomes and reduce costs. In 2014, reimbursements for telehealth accounted for less than \$14 million out of the more than \$600 billion spent through the Medicare program.