

HOUSING AND THE NEEDS OF VERMONT'S AGING POPULATION

THIRD IN A SERIES OF VHFA ISSUE PAPERS

**Vermont Housing
Finance Agency**
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Vermont needs to give seniors the ability to stay in their homes or assisted/supportive living communities for as long as it is safe and responsible.

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INTRODUCTION

VERMONT'S POPULATION IS GETTING OLDER. The Baby Boomers (people born between 1946 and 1964) are beginning to retire, and the oldest ones will be 84 in 2030. This shift in demographics, along with a general population increase, will put added pressure on the state's already extremely tight housing markets. At the same time, record high healthcare costs may leave seniors with even less money to spend on housing. This reality raises many questions and concerns about how Vermont can achieve smart and safe growth to accommodate the affordable housing needs of its aging population.

- In 2030, 24 percent of Vermonters will be 65 years of age or older¹, up from 13 percent in 2006.²
- The 2006 median age in Vermont was 40. By 2030, it will climb to 44, while the national median age will reach only 39.³
- Vermonters are staying healthier longer. Nationally, over 80 percent of the population is living to be older than 65,⁴ putting added pressure on senior and supportive housing markets.
- According to U.S. Census data, Vermont will have an estimated 88,000 additional residents by 2030, a 14 percent increase from 2006. Vermont's senior population (older than 65) is likely to increase by 91,000,⁵ effectively accounting for all of the state's population growth during this period.

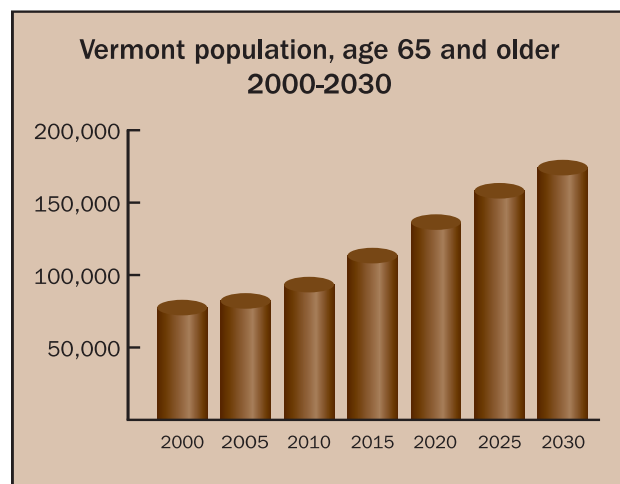


FIGURE 1 Source: U.S. Census Bureau, population division, interim state population projections, 2005

- As the population increases, so do housing costs as there is increased demand and a limited supply. The median price of a single-family home in Vermont rose 97 percent between 1996 and 2006, and the average Fair Market Rent for a modest two-bedroom apartment rose 42 percent.⁶
- The cost of living in an Assisted Living Residence is also increasing. In 2006, the average cost per resident in Vermont was \$47,928 a year. Although this is higher than the national average of \$35,616,⁷ each residence offers unique services and Vermont's higher costs might be due to more robust standards. In 2030, the national average is projected to rise to \$109,300 a year.⁸
- In 2005, the average annual social security payment for retired workers in Vermont was about \$12,000,⁹ which is only 25 percent of the 2006 average annual Assisted Living cost of \$47,928.¹⁰
- Thirty percent of elder Americans relied on Social Security for more than 90 percent of their annual incomes in 2004.¹¹

Many state and national agencies are dedicated to the cause of housing Vermont's aging population, and there are a variety of options, both conventional and creative, to ensure that older Vermonters have the resources they will need in the coming years.

However, developing affordable housing for future seniors will be a challenge. Presently, Vermont is short 21,000 affordable rental units, and will need nearly 12,300 additional affordable single family units by 2010.¹² There is little doubt that the housing shortage will be exacerbated in the coming years because of the state's goal of using more community-based housing and reducing nursing home utilization as well as the estimated natural population increase. Not only does Vermont need housing, but Vermonters, especially future seniors, need affordable housing options, often with supportive services. According to Cathedral Square Corp., a non-profit organization that develops and manages affordable Vermont housing communities for seniors and people with special needs, the wait for supportive senior housing can be as long as two and a half years at some residences.

AGE IN PLACE

Research shows that more seniors today want to “age in place,” which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase. Given that nursing home care expenses are currently costing the state millions of dollars annually, Vermont officials would like to accommodate seniors’ wishes to remain at home longer. The 2006 average annual cost of nursing home care per resident in the state was \$73,730, just below the national average of \$75,190.¹³ The 2030 national estimates show an increase to \$190,600 per person annually¹⁴ (a 254 percent increase from 2006).

The Vermont Department of Disabilities, Aging, and Independent Living (DAIL) hopes to achieve an equilibrium of at least a 40/60 ratio for frail seniors on Medicaid, where for every 100 people

who need long-term care in a county, 40 percent are receiving that care in a setting other than a nursing home and 60 percent are receiving their care in nursing facilities.¹⁵

Residential Care Homes (RCHs) have been an option in Vermont for many years. RCHs generally assist residents with personal care and activities of daily living. An RCH may choose to retain a resident once he/she needs nursing home level care, but some RCHs cannot afford to retain a resident if he/she is on Medicaid.

In 2003, Vermont created a new state licensed option, Assisted Living Residences (ALRs), intended to give consumers more options and protections. ALRs offer apartment style living and are designed to retain residents after they reach nursing home level care, including those with a moderate level of dementia. Many ALRs, due to funding agreements,

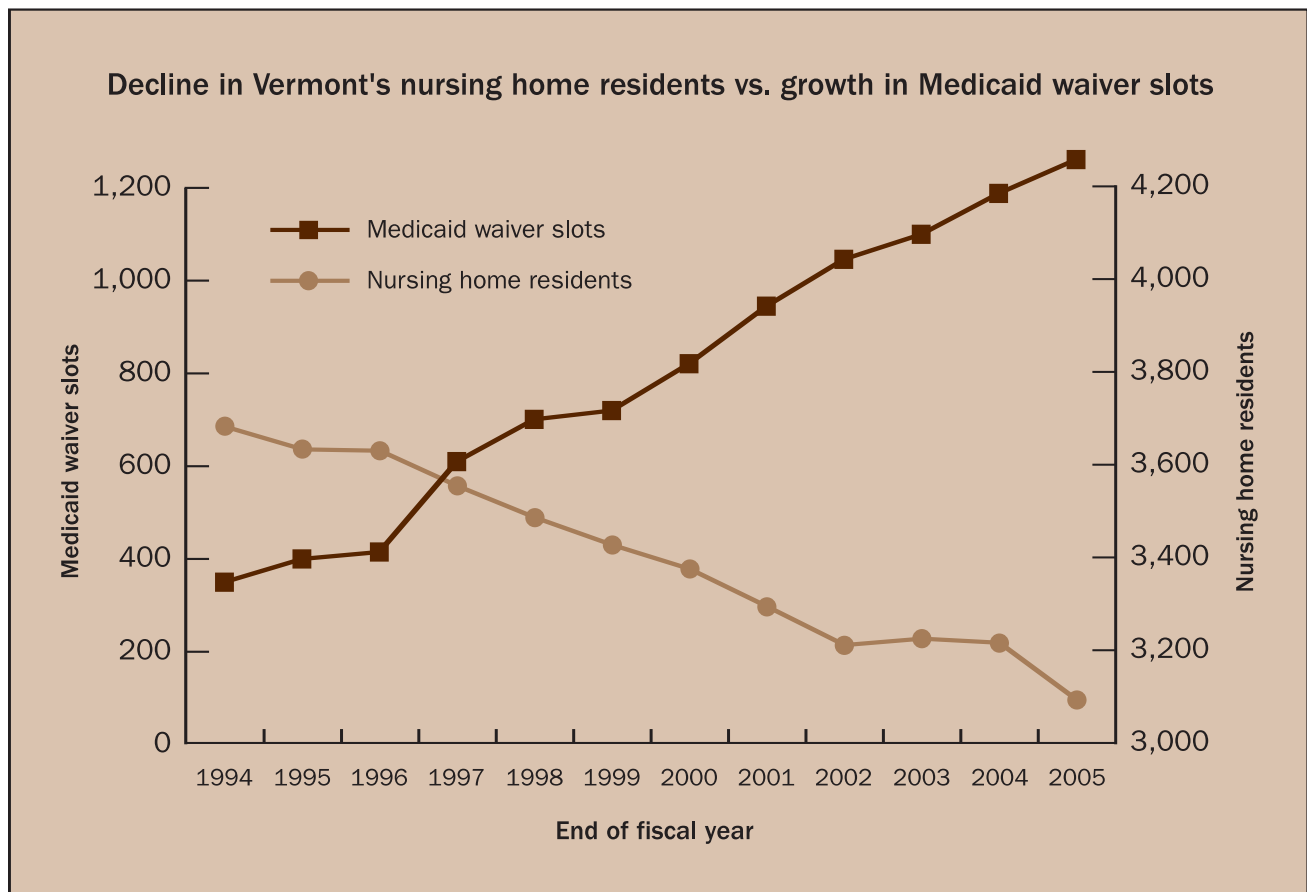


FIGURE 2 Source: “Shifting the Balance: Act 160.” Vermont Department of Disabilities, Aging and Independent Living. <http://www.aspe.hhs.gov/medicaid/may/PatrickFlood.pdf>

cannot discharge residents based upon participation in Medicaid.

Vermont has high standards for the care and housing that licensed ALRs provide, thus giving consumers the greatest protection possible. In other states there may be greater potential for ALRs to provide services at market-rate prices that are unaffordable for the majority of the population. The licensing process ensures the consistency and quality of the services being provided throughout the state.

PROGRESS SO FAR

Vermont has taken several major steps towards addressing the housing and service needs of its older citizens.

Passed in 1996, Act 160 began to shift the balance of the long-term care system in Vermont by focusing more resources on developing community and home-based housing options for seniors. The Enhanced Residential Care (ERC) program is one example of how funds have been invested to develop housing alternatives that have helped many older Vermonters afford the costs of living in licensed RCHs and ALRs instead of nursing homes. ERC funds “personal care, activities, case management and transportation to Vermonters who are eligible for nursing home level-of-care and choose to receive that care in a licensed Level III residential care home.”¹⁶

Along with the passage of Act 160, Vermont has taken unprecedented steps through Medicaid reform and the creation of the new Choices for Care 1115 Medicaid waiver in 2005 to ensure that more Vermonters will have the option to age at home or in a supportive living environment.

The Choices for Care initiative enables Vermont to pool its Medicaid funds for nursing homes together with its funds for alternative care settings. The funds are capped at \$1.236 billion between 2005 and 2010. This is a potential risk to the state, but the state has unparalleled flexibility in how it can distribute the funds, which makes it possible to fund more seniors in home and community-based settings.¹⁷ The drawback is that funds remain extremely limited.

Some of the policies are already having a measurable effect. Between 1992 and 2005, nursing home utilization by seniors age 85 and older fell from 22 percent to 13 percent and is expected to continue to fall 3.6 percent annually through 2016.¹⁸ This plan is a “win-win” situation for seniors and the budget, but it will no doubt put added strain on the housing stock as more seniors require more community-based housing options, especially affordable ones.

HOUSING’S IMPACT ON SUCCESSFUL AGING

For seniors, successful aging is measured largely by general health, strong friendships, the ability to participate in activities (recreational, leisure, and civic), and good family relations.¹⁹ Decent and affordable housing, however, can also have a profound impact on general well-being. Having the right housing includes the ability to stay active and engaged in community life, which is a great benefit not only to the individual, but to the community as a whole.

A 2001 Harvard study, *Aging in Place: Coordinating Housing and Health Care Provision for America’s Growing Elderly Population*, concluded that, “When a living environment is affordable and appropriate, an aging individual is more likely to remain healthy ...”²⁰ Improved health is not only a direct benefit to the individual, but in the long run healthier seniors will lead to lower Medicaid costs, which could translate into savings for the state.

The 1999 U.S. Supreme Court Decision in *Olmstead v. L.C.* mandated that people with disabilities (seniors included) are entitled to “the most integrated setting appropriate to their needs.” Even though housing is not explicitly mentioned in the *Olmstead* decision, community-based affordable housing is the most integrated setting. Thus, if a senior in a nursing home has the ability to successfully live in a community, he/she is entitled to live there, because community-based living is a less restrictive setting than traditional institutionalization.²¹ Senior housing with little to no supportive services provided on-site is in less demand because older Vermonters who do not need any supportive services do not

necessarily need senior housing. They can be accommodated in any affordable and appropriate unit. Therefore, the senior housing that's developed should have aging in place services available as residents come to need them. Recognizing this, Vermont included several housing recommendations in its Olmstead report.

These factors demonstrate why developing affordable senior housing is an essential component for achieving a secure social and economic future for Vermont.

FUTURE AVAILABILITY

There is no way to calculate exactly how much housing, including affordable senior housing, will be needed. But in the near future, Vermont will see an aging population and general population growth. Combine these factors with one of the tightest housing markets in the nation and a state policy encouraging aging in place, and the result will be a large increase in the amount of supportive senior housing needed.

When forecasting the housing needs of seniors in the state, the numbers are daunting:

- Vermont is in line to gain 88,000 additional residents by 2030, and 24 percent of the total population at that time (nearly 174,000 people) will be 65 or over, while 3.5 percent (about 25,000 people) will be 85 or older.²²
- The average household size will continue to shrink due in part to the fact that a larger older population means more people living alone or only with a spouse.
- On top of all this, the median age in Vermont will climb to 44 by 2030, making Vermont the seventh oldest state in the nation.²³
- By 2016, the total number of seniors (65 and older) with disabilities will increase 19 percent.²⁴ The number of seniors with disabilities living in the community will increase 45 percent.²⁵

Currently, Vermonters on waiting lists at Assisted Living Residences that accept Medicaid residents might have to wait up to two and a half years or more before space is available. With waits this long, it is difficult for frail seniors to avoid nursing homes, especially following extended hospitalization. If the current rate of development of affordable supportive senior housing does not increase, it is hard to see how future supply will be able to meet seniors' needs.

FUTURE AFFORDABILITY

The future costs of supportive senior housing are also a concern. The 2005 average Social Security payment was just under \$12,000 a year in Vermont.²⁶ In comparison, assisted living costs in the state reached \$47,928 a year in 2006 and national projections put the costs at more than \$109,000 a year by 2030.²⁷ As Medicaid payments already account for 21 percent of state spending nationwide,²⁸ it will be challenging for many low- to moderate-income seniors to get the full funding they will need to cover future expenses.

In the aggregate, the Baby Boomer generation will retire with more wealth and equity in their homes than any past generation. But the wealth is very unevenly distributed. In 1995, the bottom 40 percent of the population controlled only 0.2 percent of the national wealth.²⁹ The dangers are demonstrated by the fact that bankruptcy rates are at record highs for Americans over 45 and are projected to increase as the Baby Boomers age.³⁰

Furthermore, a 2004 Harvard study, *Illness and Injury as Contributors to Bankruptcy*, states that medical-related costs are the number one cause of bankruptcy in America. The study suggests the amount of bankruptcies related to healthcare costs could be as high as 50 percent.³¹ With older Vermonters struggling to pay for these soaring costs, it will be extremely hard for them to afford rising housing rates as well.

This burden will be particularly difficult for low-income Vermonters who have rented in the past and do not have any equity to draw from their houses or those who have previously tapped their home equity for other purposes. Seventy-nine per-

cent of the median wealth of seniors 65 and older comes from home equity.³²

CONCERNS WITH REIMBURSEMENT RATES

Long-Term Care Medicaid-eligible seniors who do not wish to live in a nursing home may elect to participate in the Choices for Care waiver program and live in a Residential Care Home (RCH) or Assisted Living Residence (ALR) as part of the state's efforts to save Medicaid dollars.³³ With this waiver, the resident only pays a federally-capped amount for room and board to the RCH or ALR and the state pays the housing provider a daily rate per resident based on the care provided (a reimbursement rate). Unfortunately, even combining the resident payment and the state reimbursement does not cover the expenses of housing older Vermonters and providing appropriate care.

For an RCH providing Tier 3 care (the highest level of payment) the 2006 daily public reimbursement rate was \$93.25; for an ALR it was \$98.25.³⁴ The average daily reimbursement rate for nursing homes in Vermont is \$166.27, and that rate can run as high as \$234.39.³⁵ Many residents with Choices for Care waivers at RCHs and ALRs are receiving almost the same care as residents in nursing homes, thus resulting in similar costs, but less reimbursement.

The Converse Home is a licensed RCH in Burlington that offers market-rate assisted living units to seniors with varying levels of need. Some residents at Converse Home participate in the Choices for Care waiver program, including residents in the memory loss wing called Garden View, the only Enhanced Residential Care (ERC) home offering memory loss care in Chittenden County. But the reimbursement rate is not high enough to cover costs, and Converse Home is losing money with ERC residents.

Maureen Bertrand, the Executive Director of Converse Home, notes that the process where ERC residents are assessed for what needs they have does not accurately reflect the level of care being provided, and hence, the associated costs of that care.

Ms. Bertrand said, "The assessment system is very complex and many responses to the questions asked do not reflect any pro-activity conducted by staff to lessen the burden of complex behaviors or high acuity care. Converse Home would like to continue to provide for ERC residents, but if the reimbursement rate cannot cover our costs, the Board will be faced with an alternate decision. It is very difficult to understand how someone can be in a nursing home with a high reimbursement rate, transfer to a Level 3 RCH that very same day and the reimbursement rate is cut in half. Same resident, same care, just a different building. It is our opinion that Converse Home's programs provide the best care in the state. We are the only Memory Loss Unit that is licensed as an ERC provider in Chittenden County. It is sad to think that we might not be able to continue to offer our services to seniors in need."

Converse Home would like to see the state achieve its 40/60 split, but it cannot continue to lose money. Ms. Bertrand has repeatedly brought these concerns to the attention of the state.

Nursing homes, ALRs, and RCHs struggle each year to stay under budget and above water financially. Without adequate reimbursement, some RCHs and ALRs will not be able to continue to offer low-income seniors the housing they will desperately need in the future. Fewer RCH and ALR options for seniors means more seniors in nursing homes, which ends in higher costs for the state, a "lose-lose" situation. State officials, the state legislature, nursing homes, RCHs, and ALRs need to find a reasonable compromise so future seniors will have affordable and appropriate housing options.

TRANSPORTATION

Affordable, accessible transportation is a key component of successful aging. Older Vermonters need to be able to accomplish daily activities and go to medical and personal appointments without it being a burden. If the goal is to help seniors avoid unnecessary nursing home placement and "age in place," there needs to be a properly funded transportation system that all seniors can use to access goods and services.

In 2001, 20 percent of aging elders with incomes below \$15,000 a year said they did not have the ability to get where they needed to go.³⁶

Patricia Crocker, Executive Director of the Vermont Public Transportation Association (VPTA), says that funding is insufficient to provide all elders with transportation who need it and this situation will only worsen as Vermont's population ages. VPTA transportation providers, staff, and volunteers do the best they can with the resources that are allocated to them. They work hard to secure as much federal and state funding as possible, yet the majority of their budget for elders and persons with disabilities goes to transporting those with critical health care needs, such as dialysis and chemo-therapy. Medicaid recipients are guaranteed transportation to certain medically necessary services in accordance with federal regulations, but only a portion of Vermont seniors qualify for Medicaid and not all appointments a person considers necessary are covered.

Ms. Crocker points out that there is a large percentage of elders who do not qualify for Medicaid but do not have the ability to drive or the necessary income to obtain alternative transportation. Medicare does not provide for non-emergency medical transportation.

It is important to note that even those who qualify for traditional Medicaid will still need a means to obtain transportation for non-medical appointments, grocery shopping, personal care appointments, social outings, and other quality-of-life trips.

Affordable senior housing is only truly successful if there are adequate transportation resources. In an ideal world, ALRs and RCHs would have the necessary funding to be able to fulfill the transportation needs of all their residents. But as it stands, the costs of such transportation are far greater than the funding currently available.

FUTURE ACTION AND POSSIBLE OPTIONS

There are many conventional and creative ways to address the issues of affordable housing for the aging population. Solutions need to create more supportive housing at affordable prices that fulfill the Olmstead mandate, allow resident choice in a

community-based setting, and have the potential for state cost savings. Some possible solutions include development of more supportive living units, greater implementation of universal design, home sharing, reverse equity mortgages, and more incentives at the state and local levels.

Supportive housing

No matter how much funding and creativity is available, there is no way to get around the fact that Vermont needs more service-enriched living units for seniors.

The Cathedral Square Senior Living Community is an example of the type of housing that needs to be created for seniors in Vermont. Located in downtown Burlington, this residential complex features 80 supportive living units and 28 assisted living units. For the assisted living residents, meals, housekeeping, recreational activities, and other supportive services are provided, including 24-hour emergency support. For all residents, Cathedral Square offers wellness programs, quality dining, laundry service, garden space, a beauty salon, and a whirlpool.

Constructed with the support of government funding and below-market financing, Cathedral Square is able to provide an affordable supportive living option to all of its low-income residents. The Section 8 program allows nearly all residents to pay no more than 30 percent of their income towards rent.

To support this type of community-based housing alternative, it is necessary for the supportive services to be committed to the housing itself and not just individual residents. This tying of housing with supportive services will provide stability for tenants as well as owners and investors in the housing.

Furthermore, not all Vermont communities can provide the same level of care as the Cathedral Square Senior Living Community does, but Vermont has many examples of other types of creative supportive housing. Municipalities and local planning agencies must realize the need for this type of development and zone accordingly.

Assisted living residences, residential care homes, and reimbursement

Vermont needs more Assisted Living Residences and Residential Care Homes that offer affordable housing with needed supportive services.

A major barrier to the creation of more affordable living options at ALRs and RCHs is the low reimbursement rates from the state. DAIL hopes to see a 36 percent increase in the number of seniors and persons with disabilities using the ERC option between 2005 and 2010.³⁷ Thus the state must develop a new and reasonable approach to assessing the care being provided and the associated costs of that care. With additional funding, there is likely to be a rate both sides can accept that is low enough to allow for state savings but high enough so RCHs and ALRs can provide the necessary care.

Universal design

One way to help seniors age in place is universal design. In housing, universal design means constructing a building environment that is convenient and accessible for as many people as possible.

Some common features of universal design include (but certainly are not limited to):

- Raised electrical outlets
- Adjustable sink and counter heights
- Wider and non-slip bathtub ledges
- Wider doorways
- Stair-less entrances
- Full-length windows
- More hallway space
- Smooth surfaces on floors
- Room for greater interior circulation

Incorporating universal design into a building usually requires little to no additional cost and is hardly ever noticeable to residents. It can, additionally, make a development more marketable for people thinking about their futures. These simple and inexpensive changes enable elders to live safer

and more comfortable lives at home or in a community-based setting for as long as possible. Universal design is one step developers can take immediately that will have a large impact on the variety of options seniors have in the future.

Cathedral Square Corporation's Whitcomb Terrace is a newer development that has successfully incorporated universal design to better serve its residents. These apartments, located in Essex Junction, were created for people of all ages and incomes who need housing that meets universal design criteria. Whitcomb Terrace features roll-in showers, adjustable counter tops, wood floors, accessible back yards, automatic entrance doors, larger elevators, a perfectly flat entranceway, and emergency services. Whitcomb Terrace is affordable and stresses comfort, safety, and accessibility, which it accomplishes through universal design.

Home sharing

Another option for seniors who want to stay at home, but either cannot afford the costs, or need a basic level of assistance, is home sharing. With home sharing, an elderly person looking for the comfort of someone in the house and assistance with daily activities pairs up with another capable individual seeking affordable housing for minimal or no rent. The individual generally agrees to help out around the house and perform some basic chores like shopping, cleaning, and running errands.

HomeShare Vermont provides service in Addison, Chittenden, and Grand Isle counties, while Washington County is covered by Home Share of Central Vermont. This service pairs two parties together and facilitates a mutually-beneficial living situation. Sometimes the non-homeowner living in the house pays a minimal rent and does not actually provide any services. Other times the individual pays no rent and helps with basic tasks. In some cases, the individual is actually paid a small fee to assist with personal care like dressing and bathing. Each situation is different, but they all help elders "age in place," and stay in their homes longer. Almost 100 percent of the people participating say they would recommend the service to a friend.³⁸ Home sharing enables elders to effectively

and safely “age in place” and at the same time alleviates housing pressures for low-income individuals. HomeShare Vermont notes, “Being independent doesn’t mean living alone.”

Reverse mortgages

Reverse mortgages are an option for some older Vermonters who own their homes and would prefer to remain at home and be financially secure while freeing up equity for health care or other expenses. Seniors (62 or older) can draw equity out of their home in the form of tax-free cash. The money can be used for any purpose the owner sees fit, and it can be taken out all at once or in fixed intervals.

The money forwarded (or “reversed”) to the owner by the lender accrues interest over time, but under no condition can the lender take the home away from the owner while the owner is still living there. The owner does not have to make any payments to the lender as long as he/she is living in the house. However, when the owner passes away, sells the house, or moves, the loan must be repaid with interest, but the lender is not entitled to any more than the value of the house.³⁹

Reverse mortgages are viable solutions that allow seniors to afford the costs of aging without leaving their homes. They are growing in popularity. Since 2000, the number of reverse mortgages insured by the federal government has increased 10-fold, with each year’s volume topping the last.⁴⁰ Yet, a reverse mortgage is not for everyone, and is a very significant and sensitive financial decision. Seniors can contact a local home equity conversion counselor for more information at <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>.

Incentives

Vermont needs new affordable senior housing with services, and developers will need incentives to produce it. One option is for the state to create additional state housing credits to supplement the limited supply of federal credits, which can finance the creation of the housing units.

Another option is for the state’s Agency of Human Services to consider multi-year site-based service

contracts, which would tie the supportive services to the housing and provide stability and reassurance to tenants and investors in affordable housing. One of the most important incentives needed by affordable housing providers is the long-term security of knowing that the services their residents will need in the future will be funded.

Other incentives may include tax breaks or reductions in building fees for developers who create certain levels of affordable senior housing in their developments or who are willing to create new assisted living communities. Municipalities can work to establish supportive senior housing inclusionary bonuses in their master development plans and zoning ordinances.

The ultimate goal is for officials and community leaders to think about new ways to encourage development of affordable supportive senior housing.

SUMMARY

Vermont’s aging population will be a challenge for the state. To foster successful aging, keep the state budget balanced, and fulfill the Olmstead mandate, Vermont needs to give seniors the ability to stay in their homes or assisted/supportive living communities for as long as it is safe and responsible.

This can be accomplished though universal design, home sharing, new development, and a variety of other options. However, there are some major obstacles to overcome, such as rising health care costs, low reimbursement rates, insufficient transportation, and the population growth to name a few.

At present, there are simply not enough funds and resources available to meet the needs of Vermont’s older population. Demand for affordable supportive senior housing will greatly increase in the near future, and Vermont needs to be prepared. With compromise, comprehensive evaluation, and recognition of the true costs associated with the housing and long-term care needs of older Vermonters, the state will be able to achieve its goals. Progress is being made, and there is no doubt that Vermont has the ability to continue this progress in the future. ■

Endnotes

- 1 U.S. Census Bureau, Population Division, Interim State Population Projections by Selected Age Groups: April 1, 2000 to July 1, 2030. www.census.gov/population/projections/SummaryTabB1.pdf
- 2 U.S. Census Bureau, Population Division. Population by Age and Sex for Vermont: April 1, 2000 to July 1, 2006. www.census.gov/popest/states/asrh/SC-EST2006-02.html
- 3 See notes 1 and 2.
- 4 U.S. Centers for Diseases Control's National Center for Health Statistics. Page 3. 2007. www.cdc.gov/nchs/data/factsheets/datause.pdf
- 5 See notes 1 and 2.
- 6 "Between a Rock and a Hard Place: Housing and Wages in Vermont." 2007 Update. VHFA.
- 7 "Assisted Living Rates Increase Slightly in 2006 According to MetLife Market Survey." MetLife Market Survey of Nursing Home and Home Care Costs. MetLife, Inc. 2006. www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator/0,4773,P250%255ES883,00.html
- 8 "Get Smart About Your Future." U.S. Office of Personal Management. 2002. www.opm.gov/insure/ltc/ic/2002/bulletin4_accessible.htm
- 9 U.S. Social Security Administration. Office of Policy. State Statistics, December 2005. www.ssa.gov/policy/docs/factsheets/state_stats/2005/vt.html
- 10 See note 7.
- 11 "Social Security and Retirement Income Adequacy." Lavery, Joni; Reno, Virginia. National Academy of Social Insurance. Page 6. May 2007. www.ncpssm.org/pdf/nasi-report.pdf
- 12 2005 Vermont Housing Needs Assessment. www.dhca.state.vt.us/Housing/ConPlan?index.htm
- 13 "Private Room Nursing Home Rates Increase Slightly in 2006." MetLife Market Survey of Nursing Home and Home Care Costs. MetLife, Inc. 2006. www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator/0,4773,P250%255ES866,00.html
- 14 See note 7.
- 15 "Shaping the Future of Long Term Care and Independent Living: 2006-2016." Page iii. May 2007. Vermont Department of Aging & Independent Living. <http://dail.vermont.gov/dail-publications/publications-annual-reports/shaping-the-future-2006-2016>
- 16 "Legislative Oversight Report." Vermont Department of Aging and Disabilities. August 1998. www.dad.state.vt.us/Reports/Act160pages/Act160LegisOversightreport.htm
- 17 "Vermont's Care Choices Program for Long-Term Care." Niesz, Helga. Connecticut General Assembly. Office of Legislative Research. January 2007. www.cga.ct.gov/2007/rpt/2007-R-0025.htm
- 18 See note 15. Page 14.
- 19 "How Do Seniors Define Successful Aging." Senior Journal.Com. January 2006. www.seniorjournal.com/NEWS/Aging/6-01-18-HowDoSeniorsDefine.htm
- 20 "Aging in Place: Coordinating Housing and Health Care Provision for America's Growing Elderly Population." Page 1. Joint Center for Housing Studies of Harvard University & Neighborhood Reinvestment Corporation. 2001. www.jchs.harvard.edu/publications/seniors/lawler_w01-13.pdf
- 21 "The Olmstead Decision and Housing: Opportunity Knocks." Opening Doors. December 2000. www.tacinc.org/Docs/HH/OpeningDoors/ODIssue12.pdf
- 22 See notes 1 and 2.
- 23 See note 1.
- 24 See note 15. Page 12.
- 25 See note 15. Page 12.
- 26 See note 9.
- 27 See notes 7 and 8.
- 28 "Vermont Continues Long-Term Health Care Improvements for Seniors - Is 1 of 8 States Chosen for National Policy Academy." Press Release, June, 2004. Office of the Governor of Vermont. www.vermont.gov/tools/whatsnew2/index.php?topic=GovPressReleases&tid=785&v=Article
- 29 "Baby Boomers' Wealth is Good News for Social Security." Ohio State Research News. 2000. <http://researchnews.osu.edu/archive/amerwlth.htm>
- 30 "Aging and Bankruptcy: The Baby Boomers Meet Up at Bankruptcy Court." Golmant, John; Ulrich, Tom. May 2007. <https://image.minyanville.com/assets/FCK/File/Stuff/agingbankruptcy.pdf>
- 31 "Illness and Injury as Contributors to Bankruptcy." Himmelstein, David; Warren, Elizabeth; Thorne, Deborah; Woolhandler, Steffie. December 2004. www.demos.org/pubs/Harvard_MedDebtFeb05.pdf
- 32 "Measuring the Years: State Aging Trends & Indicators." Ch. 6. The National Governors Association Center for Best Practices. August 2004. www.nga.org/Files/pdf/04DATABOOK06.PDF
- 33 See note 17.
- 34 "Reimbursement Practices and Issues in Vermont's Long-Term Care Programs." Community of Vermont Elders (COVE). Page 20 and 21. November 2006. www.paraprofessional.org/Sections/documents/VTReimbursementWhitePaperFinalNov06.pdf
- 35 "Nursing Home Rate Setting: Medicaid Rate List." Vermont Agency of Human Services, Division of Rate Setting. 2007. <http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/>
- 36 "Vermont Successful Aging and Independent Living: 2001 Legislative Report" Vermont Department of Aging and Disabilities. www.dad.state.vt.us/Reports/2001LegislativeReport/executivesummary.htm
- 37 See note 34.
- 38 HomeShare Vermont. <http://homesharevermont.org/annreport.htm>
- 39 ReverseMortgage.org. www.reversemortgage.org/AboutReverseMortgages/ReverseMortgageQA/tabid/230/Default.aspx
- 40 "More Than 300,000 Seniors Benefiting from HUD Reverse Mortgages." U.S. Department of Housing and Urban Development. June 2007. www.hud.gov/news/release.cfm?content=pr07-089.cfm



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DESIGN

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The Vermont Legislature established VHFA in 1974 to finance and promote affordable housing opportunities for low- and moderate-income Vermonters. Since its inception, the Agency has helped almost 25,000 households with affordable mortgages and nearly 7,000 families into affordable rental units.