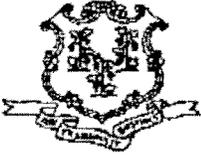


### **Chore and House Keeping Services**

Utopia will provide regularly scheduled housekeeping services, including laundry service, and chore service for routine domestic tasks that the resident is unable to perform.

A copy of the Tower One's MRC status and Utopia Assisted Living Services licesure is attached.

*The above services will be included in the ALF.*



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 10, 2008

Dorothy Giannini-Meyers  
Tower One/Tower East  
18 Tower Lane  
New Haven, Ct 06519

RE: Tower One MRC

Dear Ms. Giannini-Meyers:

This office issues a license to Utopia Assisted Living Service Agency. This license is valid through June 30, 2008, when they will have to submit renewal application materials for an updated license.

Utopia Assisted Living Service Agency provides services to the Managed Residential Community (MRC) known as Tower One. MRC's are not a licensable entity.

Tower One is registered with this office as an MRC. In order to be an MRC, an entity must receive services from a licensed Assisted Living Service Agency.

Tower One MRC registered with this office in July 1996. The registration does not expire.

I am enclosing a copy of the Utopia Assisted Living Service Agency License.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Rose McLellan".

Rose McLellan  
License and Applications Supervisor  
Facilities Licensing & Investigation Section



Phone: (860) 509-7444  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

**STATE OF CONNECTICUT**  
**Department of Public Health**  
**LICENSE**

**License No. AL-0028**

**Assisted Living Services Agency**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Utopia Assisted Living Services, Inc. of East Haven, CT, d/b/a Utopia Assisted Living Services, Inc. is hereby licensed to maintain and operate an Assisted Living Services Agency.

**Utopia Assisted Living Services, Inc.** is located at 444 Foxon Road, East Haven, CT 06512, and may provide services to clients residing at:

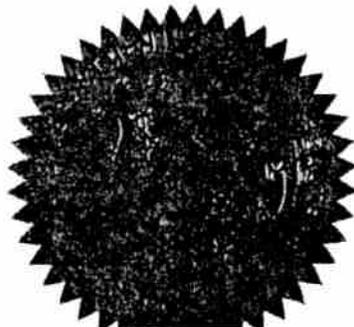
Tower One/Tower East, (MRC) 18 Tower Lane, New Haven, CT  
Komanetsky Estates, (MRC) 81 Grove Avenue, Bristol, CT  
Mount Carmel, (MRC) 33 Woodruff Street, Hamden, CT  
Bacon Congregate, (MRC) 43 Morris Street, Hartford, CT  
Ludlow Commons, (MRC) 11 Roger Square, East Norwalk, CT  
Silverbrook Estates, (MRC) 100 Red Cedar Road, Orange, CT  
Prospect Ridge, (MRC) 51 Prospect Ridge Road, Ridgefield, CT  
Juniper Hill Village, (MRC) One Silo Drive, Storrs, CT  
The Marvin, (MRC) 60 Gregory Boulevard, Norwalk, CT  
Herbert T. Clark House, (MRC) 45 Canione Road, Glastonbury, CT  
Immanuel House, (MRC) 15 Woodland Street, Hartford, CT  
Herbert T. Clark Demo, (MRC) 43 Canione Road, Glastonbury, CT  
Virginia Connolly Residence, (MRC) 1600 Hopmeadow Street, Simsbury, CT  
Village Gate of Farmington, (MRC) 88 Scott Swamp Road, Farmington, CT  
Smithfield Gardens, (MRC) 32 Smith Street, Seymour, CT

This license expires **June 30, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2006.

License revised to reflect:

\*10-29-07 removed (1) MRC eff: 8-8-07\*;



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner

**EXHIBIT 5**

*A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:*

- (b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low-income elderly in need of assisted living services (age, race, sex, household size, and tenure) and extent of residents with frailty/limitations in existing federally assisted housing for the elderly (HUD and Rural Housing Service); and an estimate of the very low-income elderly and disabled in need of assisted living taking into consideration any available state or local data.*

At present there are few affordable assisted living facilities in the State of Connecticut. The only assisted living options available for elders are for those who are in the upper middle and upper income categories. Elders who live in units that are inadequate for their needs are faced with hard choices. For most New Haven elders, assisted living is not a housing option due to the high cost of rent and related fees. Because of the extremely high cost, assisted living is not a housing option for most state of Connecticut's seniors. According to the Connecticut Assisted Living Survey commissioned by the AARP, in February of 2002, **88 percent** of respondents preferred to age in place and not move to a nursing home and **more than 50%** are not confident in their **ability to afford assisted living**. Local assisted living facilities, such as Somerville at South Windsor; Essex Meadows in Essex; and The Village at Buckland, require fees that range from low of \$3,100 to a high of \$4,500 per month.

Additionally, extreme need is evidenced by the number of residents that have had no alternative but to move from their apartments at Tower One and seek living arrangements with more resources for specialized care.

The following chart shows that at least 57% of Tower One residents have left over the past 24 months for housing that could give them living assistance and a higher level of care . As market studies show, the need for affordable assisted living for the frail elderly is far outpacing the supply. Further improvements in architectural features and

service delivery are needed in existing affordable elderly housing units in order to enable existing residents to “age in place”.

Month	Year	To Higher Level of Care	Death	Other
June	2006			
July	2006			
August	2006			
September	2006	1		
October	2006	1		2
November	2006			1
December	2006	1	1	2
<b>Sub Total</b>		<b>3</b>	<b>1</b>	<b>5</b>
January	2007	3	2	
February	2007	3		
March	2007	3	1	1
April	2007	3	2	1
May	2007	4	1	
June	2007			
July	2007	2	1	
August	2007	4		2
September	2007	3	3	1
October	2007	1	2	
November	2007		2	
December	2007	6	1	1
<b>Sub Total</b>		<b>32</b>	<b>15</b>	<b>6</b>
January	2008	4	4	
February	2008	4		1
March	2008	1	3	
April	2008	3		
May	2008	3	1	1
<b>Subtotal</b>		<b>15</b>	<b>8</b>	<b>2</b>
<b>TOTAL</b>		<b>50</b>	<b>24</b>	<b>13</b>
<b>% of Total</b>		<b>57%</b>	<b>28%</b>	<b>15%</b>

Listed below are various reports that clearly indicate the need for this Assisted Living Conversion Project of affordable elderly rental units in the City of New Haven and the surrounding communities within New Haven County. In addition to these reports, the wait list for Tower One is attached, showing approximately 36 elders waiting for housing at that location.

## 2000 Census Data

The formula used to allocate ALCP funds to the various HUD Hubs was based on the 2000 decennial census demographic characteristics of age and incidence of frailty that would be expected for program participants as stated in the NOFA.

The following data is taken from the 2000 US census data for New Haven:

1. There are **2,515** people with one type of disability in our primary market area
2. There are **2,819** people with two or more types of disabilities in our primary market area

**Based on the census data illustrated above, there is a great need for assisted living services for frail/disabled seniors in the primary market area.** Please see the chart from the U.S. Census Bureau's website which is attached to this exhibit and shows the number of 65 years or older people with disabilities in the targeted market area

## National Reports

- AAHSA (American Association of Homes and Services for the Aging) on its website: [AAHSA.org](http://AAHSA.org), stresses the growing need for supportive elderly housing. General facts listed include:
  - By 2026 the population of Americans ages 65 and older will double to 71.5 million
  - Between 2007 and 2015, the number of Americans ages 85 and older is expected to increase by 40 percent
  - Among people turning 65 today, 69 percent will need some form of long-term care, whether in the community or a residential care facility
  - In 2020, 12 million older Americans will need long-term care
- Elinor Ginzler, director for livable communities at AARP, Washington, D.C., told the *Chicago Tribune*, in an article dated January 28, 2007: "There's a real lack of subsidized apartments for seniors." Compounding the problem, Ginzler added, is the fact that seniors who need subsidized housing are not just poor but also increasingly frail and in need of services.
- The Retirement Project, a 2007 report that addresses the long term needs of the baby boomers, predicts that because the overall size of the older population will expand rapidly, the number of older Americans will soar in coming decades.

- In 2006, an AARP study revealed that on average, there were 50 applicants waiting for a unit to become available. This is a dramatic increase from the 1999 study that stated there were 9 people waiting for every unit.
- According to the attached article from the July 9, 2000 issue of the *New York Times*, the average cost of assisted living was \$2,500 or more at that time.
- Report published by the Robert Wood Johnson Foundation states that the monthly fees in assisted living can range from \$1,800 to \$5,000.
- The Commission on Affordable Housing and Health Facility Needs for Seniors in the 21<sup>st</sup> Century reports that nearly 20% of seniors have significant long-term care needs.
- AARP's report: Assisted Living in the United States confirmed that "the median basic rate ranges from \$1,800 to \$2,200 a month, or from \$21,600 to \$26,300 a year."
- Report published by the Joint Center for Housing Studies at Harvard University reveals, "Fees at most private pay assisted living facilities range from \$2,000 - \$4,000 per month, with a national average of \$2,159." Furthermore, this report illustrates that "Assuming that seniors are willing to pay around 80% of their income for a combination of housing and services, a post tax annual income of \$32,385 would be needed to afford the average private-pay facility." According to this report approximately 77% of the senior population has an income of less than \$25,000 per year. In addition, this report highlights that low income seniors tend to have higher physical needs. **The report specifies that in year 2000 an estimated 1.4 million seniors received assistance with two or more activities of daily living, and that this number is expected to increase to 2.7 million by 2030.**
- According to the Bureau of the Census Statistical Brief, "among those who were not institutionalized in 1900-91, 9 percent aged 65 to 69 years, but 50 percent aged 85 or older, needed assistance performing everyday activities such as bathing, getting around inside the home, and preparing meals."

Attached to this exhibit please find:

- ✦ January 28, 2007, news article from the *Chicago Tribune*
- ✦ The Retirement Project: Meeting the Long-Term Care Needs of the Baby Boomers
- ✦ AARP Report: Developing Appropriate Rental Housing for Low Income Older Persons
- ✦ Testimony before the House Financial Services Subcommittee on Housing and Community Opportunity, by Thomas Slemmer, President of National Church Residences
- ✦ AASHA webpage- Aging Services: The Facts
- ✦ July 9, 2000 news article from *The New York Times*
- ✦ Robert Wood Johnson Foundation National Program Report: The Coming Home Program: Affordable Assisted Living
- ✦ Commission on Affordable Housing and Health Facility Needs for Seniors in the 21<sup>st</sup> Century
- ✦ AARP Report - Assisted Living In The United States
- ✦ Affordable Assisted Living: Surveying the Possibilities, Joint Center for Housing Studies of Harvard University - Executive Summary
- ✦ Bureau of the Census Statistical Brief

The various reports specified above provide sufficient data to indicate the significant need for affordable assisted living facilities for low and moderate income elders in New Haven and surrounding communities.

In addition, various community organizations and community leaders have indicated, in their support letters, the shortage and need of affordable, assisted living in the New Haven area. **Following this exhibit are letters from community organizations and community leaders indicating the shortage and need of affordable, assisted living in New Haven.**

DATE	NAME	TE/1-B	AC	TE/2-B	TO/STO/DS	TO/1-B	AL/S	AL/DS	AL/1-B	M/S
1:00AM	2/6/05			1						sub
9:00AM	2/4/05					1				mkt
4:00PM	7/12/05	1								sub
10:00AM	8/25/05			1		1				mkt
9:00AM	9/7/05	1								sub
5:00PM	10/7/05	1								sub
3:00PM	11/4/05	1								sub
5:00PM	11/15/05			1						sub
9:00AM	1/5/06	1								sub
10:00AM	1/13/06	1								sub
2:00PM	3/21/06	1								sub
9:00AM	4/11/06								1	sub
9:00AM	4/12/06					1				mkt
12:00PM	4/17/06	1								sub
9:00AM	4/24/06	1								sub
2:00PM	5/5/06	1								sub
9:00AM	5/12/06								1	sub
3:00PM	5/26/06	1								sub
9:00AM	9/1/06	1								sub
11:00AM	9/11/06					1				mkt
3:00PM	9/11/06	1								sub
10:00AM	9/15/06	1								sub
9:00AM	9/27/06			1						sub
9:00AM	12/15/06			1						sub
11:00AM	12/18/06					1				mkt
5:00PM	1/16/07			1						sub
1:30PM	1/31/07					1				sub
9:00AM	2/26/07					1				sub
11:30AM	5/2/07	1								sub
3:00PM	5/4/07	1								sub
2:00PM	5/7/07					1				mkt
2:00PM	5/23/07	1								sub
2:00PM	5/24/07					1				mkt
10:00AM	6/2/07	1								sub
10:00A	6/21/07					1				mkt
12:20P	6/25/07			1						sub
9:30AM	6/25/07	1								sub
3:00PM	7/16/07					1				mkt
9:30AM	7/17/07				1					mkt
10:45AM	7/20/07	1								sub
3:00PM	7/26/07	1								sub
1:00PM	9/4/07					1				mkt
9:00AM	9/5/07								1	mkt
11:00AM	9/24/07					1				sub
2:00PM	10/2/07					1				mkt
2:45PM	10/2/07					1				mkt
3:00PM	10/4/07					1				mkt
12:00PM	11/8/07	1								sub
9:00AM	11/12/07	1								sub
9:05AM	11/20/07	1								sub
11:15AM	11/21/07					1				sub

	DATE	NAME	TE/1-B	AC	TE/2-B	TO/S	TO/DS	TO/1-B	AL/S	AL/DS	AL/1-B	M/S
1:30PM	1/8/08	[REDACTED]									1	mkt
3:30PM	1/8/08	[REDACTED]	1									sub
9:30AM	1/16/08	[REDACTED]					1					mkt
9:00AM	1/22/08	[REDACTED]						1				mkt
11:30AM	1/22/08	[REDACTED]						1				mkt
3:30PM	1/22/08	[REDACTED]						1				mkt
2:00PM	1/25/08	[REDACTED]										sub
9:00AM	1/28/08	[REDACTED]										sub
3:00PM	1/28/08	[REDACTED]	1									sub
4:30PM	1/28/08	[REDACTED]						1			1	mkt
12:45PM	1/31/08	[REDACTED]	1									sub
4:00PM	2/1/08	[REDACTED]						1				mkt
5:00PM	2/4/08	[REDACTED]									1	mkt
9:00AM	2/12/08	[REDACTED]	1									sub
4:00PM	2/12/08	[REDACTED]						1				mkt
1:30PM	2/25/08	[REDACTED]	1			1						sub
3:00PM	2/25/08	[REDACTED]										sub
11:00AM	2/29/08	[REDACTED]							1	1		sub
11:00AM	3/1/08	[REDACTED]										sub
11:30AM	3/1/08	[REDACTED]										sub
1:30PM	3/6/07	[REDACTED]	1									sub
11:45AM	3/10/08	[REDACTED]	1									sub
1:00PM	3/14/08	[REDACTED]										sub
11:08AM	3/21/08	[REDACTED]				1	1	1				mkt
3:45PM	3/25/08	[REDACTED]	1									sub
12:00PM	3/26/08	[REDACTED]										mkt
2:00pm	3/28/08	[REDACTED]										sub
4:00 PM	3/28/08	[REDACTED]										sub
12:00PM	3/31/08	[REDACTED]	1								1	mkt
10:00Am	4/1/08	[REDACTED]	1									sub
2:00PM	4/4/08	[REDACTED]	1						1			sub
8:30AM	4/8/08	[REDACTED]				1	1					mkt
4:20PM	4/9/08	[REDACTED]				1						sub
9:00AM	4/11/08	[REDACTED]									1	mkt
4:30PM	4/15/08	[REDACTED]	1			1	1	1				sub
10:30AM	4/22/08	[REDACTED]	1			1	1	1				sub
2:00PM	4/23/08	[REDACTED]	1									sub
		Total	41	0	7	6	6	24	7	6	13	



# AARP Connecticut Assisted Living Survey

Published February 2002



## **AARP Connecticut Assisted Living Survey**

**Data Collected by Woelfel Research, Inc  
Report Prepared by Katherine Bridges**

**Copyright AARP, 2002  
AARP  
601 E Street NW  
Washington DC  
<http://research.aarp.org>**

AARP is a nonprofit, nonpartisan membership organization for people 50 and over. We provide information and resources; advocate on legislative, consumer, and legal issues; assist members to serve their communities; and offer a wide range of unique benefits, special products, and services for our members. These benefits include *AARP Webplace* at [www.aarp.org](http://www.aarp.org), *Modern Maturity* and *My Generation* magazines, and the monthly *AARP Bulletin*. Active in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP celebrates the attitude that age is just a number and life is what you make it.

### **Acknowledgments**

AARP staff from the Connecticut office, State Affairs, and Knowledge Management collaborated on this research. Katherine Bridges led the research effort and prepared the report. Other staff including DaCosta Mason and John Luehrs, State Affairs, Edward Dale and Brenda Kelley, Connecticut, and Gretchen Straw and Jennifer Leslie, Knowledge Management, provided valuable guidance, suggestions, and technical support. For more information about this survey, contact Katherine Bridges at (202) 434-6329.

## Survey Findings At A Glance

AARP commissioned Woelfel Research, Inc. to conduct a telephone survey on the issue of assisted living. A randomly selected sample of 803 AARP members from Connecticut was interviewed from December 13, 2001 through December 31, 2001.

The survey finds: members have a desire to age in place; the majority does not have high confidence in their ability to afford assisted living and would support making this long-term care option more affordable; members largely support state oversight and regulations for the industry.

<b>Desire to Age in Place</b>	Staying in the same facility and getting all the care needed instead of moving to a nursing home is important to 88 percent of respondents.
<b>Confidence in Ability to Afford</b>	One-third of Connecticut members are not at all confident that they could afford the cost of care in an assisted living facility, and one in five are not very confident.
<b>Support for Affordable Assisted Living</b>	Eight in ten either strongly support (55%) or somewhat support (25%) the Connecticut Legislature making assisted living more affordable for low and middle-income people, even if it means an increase in taxes.
<b>Support for Oversight and Regulations to Ensure Quality Care</b>	<p>Eight in ten respondents strongly support (58%) or somewhat support (25%) state oversight of all assisted living facilities to ensure consumer protection and quality care.</p> <p>At least half of AARP members in Connecticut strongly support legislation</p> <ul style="list-style-type: none"><li>◆ Making all assisted living facilities follow uniform rules for residents including those for admitting and discharging (50%)</li><li>◆ Requiring standardized written contracts to specify lease terms and the services and care in an assisted living facility (52%)</li><li>◆ Requiring facilities with special care environments for people with Alzheimer's or dementia to meet a specific set of standards as to services and staffing (65%)</li><li>◆ Giving assisted living facility residents the right to appeal decisions affecting them (63%)</li><li>◆ Making the Long-Term Care Ombudsman available to represent residents of assisted living facilities (64%)</li></ul>

## Purpose

Assisted living is the fastest growing type of senior housing in the United States with an estimated 15 to 20 percent annual growth rate over the last few years.<sup>1</sup> According to a recent industry estimate, assisted living accounted for 75 percent of new senior housing in 1998.<sup>2</sup> For frail older persons and adults with disabilities who need some assistance to live independently, or who no longer want to remain at home, assisted living provides an option for meeting their personal and supportive care needs.

However, the cost of assisted living still poses a considerable problem for many older persons who desire this housing arrangement but do not have the resources or who fear they may outlive their resources. In Connecticut, assisted living can cost as much as \$5,750 per month.<sup>3</sup> Generally, Medicare, Medicaid, and private insurance do not pay these costs. The resident pays nearly all of the cost.

Consumer advocates, providers, and regulators alike are raising questions about the need for standards to preserve and enhance assisted living residents' autonomy, maintain residents' dignity, and create a setting where residents may age in place. AARP commissioned this survey to explore the experience and opinions of the AARP members in Connecticut on assisted living facilities, including:<sup>4</sup>

- ◆ Confidence in ability to afford costs
- ◆ Desire to age in place
- ◆ Support for actions to protect consumers and ensure quality assisted living
- ◆ Experience with assisted living facilities
- ◆ Exposure to assisted living facility promotions

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<sup>1</sup> *The Assisted Living Sourcebook*, 1998. National Center for Assisted Living. American Health Care Association (AHCA), 1998.

<sup>2</sup> *Trends and Data: Aging Housing and Services Field*. American Association of Homes and Services for the Aging, 1999.

<sup>3</sup> Nancy Doninger, *A Place of Their Own, With a Difference*. NY Times, Connecticut Weekly Desk, July 9, 2000.

<sup>4</sup> An assisted living facility was defined in the survey as a group residential setting often more like an apartment building rather than an institutional setting like a nursing home. Assisted living facilities provide personal care services such as help with bathing and dressing, meals, and social activities. They also may provide or coordinate some limited health care services like medication monitoring or physical therapy.

## Methodology

AARP contracted with Woelfel Research Inc., to ask Connecticut members about assisted living facilities. Woelfel interviewed a total of 803 members by telephone from December 13, 2001 through December 31, 2001, producing a 74 percent cooperation rate and a 17 percent response rate.<sup>5</sup> Weighting, a technical procedure applied to data to correct for imbalances between survey respondents and the Connecticut membership, in this case age and gender, was applied to assure a representative sample.

With a sample of 803, the survey has a sampling error of  $\pm 3.5$  percent. This means that in 95 out of 100 samples of this size, the results obtained in the sample would fall in a range of  $\pm 3.5$  percentage points of what would have been obtained if every adult age 50 and older in Connecticut had been surveyed.

## Report Organization

This report presents results for the five assisted living facility topics covered by the survey, as well as one nursing home staffing question.<sup>6</sup> The report includes a demographic profile of the sample on page 13, and an annotated questionnaire, appended to the report, discloses all responses to the survey.

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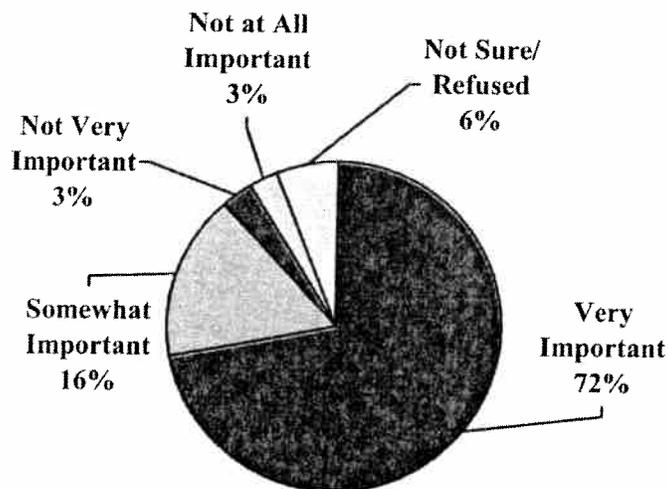
<sup>5</sup> To generate this sample, Woelfel used a random sample of 4, 628 known telephone numbers provided by AARP. Cooperation rate and response rate are computed using AAPOR Cooperation Rate #3 and Response Rate #3 equations.

<sup>6</sup> Percentages may not sum to 100% due to rounding.

## Desire to Age in Place

Currently, Medicaid does not cover the cost of assisted living in Connecticut. Practically, this results in a need to move from assisted living into a nursing home if one expends his or her assets or if health needs increase, raising the cost of care beyond affordability. Nine in ten Connecticut members want to be able to remain in the same assisted living facility and get the care they need instead of moving to a nursing home. If they were living in an assisted living facility and their need for care changed, seven in ten (72%) members think it is very important to stay in the same facility and get all the care needed instead of moving to a nursing home. Sixteen percent believes it is somewhat important.

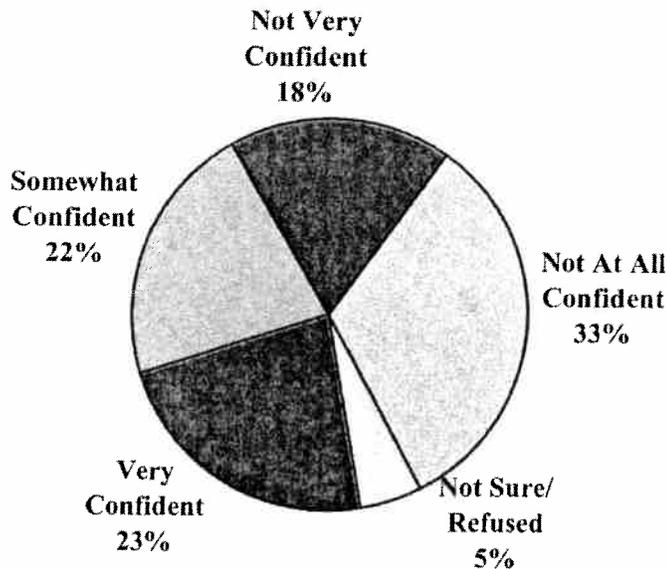
**If you were in an assisted living facility in Connecticut and your need for care changed, how important would it be for you to stay in the same facility and get all the care you needed instead of moving to a nursing home?**  
(n = 803)



## Confidence in Ability to Afford Assisted Living

Nationally, the median rate for a person living in an assisted living facility is between \$1,800 and \$2,200 per month - and additional services usually cost more.<sup>7</sup> In Connecticut, assisted living can cost as much as \$5,750 per month.<sup>8</sup> Generally, Medicare, Medicaid, and private insurance do not pay these costs. The person pays for nearly all of the cost. Knowing this, one-third (33%) of members are not at all confident that they could afford the cost of care in an assisted living facility for a year. Another one in five (18%) are not very confident.

**How confident are you that you could afford the cost of care in an assisted living facility for one year?**  
(n = 803)



<sup>7</sup> Bernadette Wright, *Assisted Living in the United States*. AARP Public Policy Institute, June 2001.

<sup>8</sup> Nancy Doninger, *A Place of Their Own, With a Difference*. NY Times, Connecticut Weekly Desk, July 9, 2000.

## Summary

About half of AARP members in Connecticut do not express confidence in their ability to pay for assisted living for even one year. Because the cost of care in assisted living increases as personal care needs increase, many Connecticut residents find themselves having to leave assisted living when their care needs outgrow affordability. Yet, the majority of Connecticut respondents (88%) would want to remain in the same assisted living facility instead of moving to a nursing home if their need for care changed. Given these responses, it is reasonable that 80 percent of respondents support making assisted living more affordable, even if it means an increase in taxes.

Not only do members want to have assisted living as an affordable long-term care option, they also want to ensure it is a quality-assured option. In each of six legislative initiatives tested, strong support among Connecticut respondents surpasses 50 percent, and total support is more than 75 percent. AARP Connecticut members support

- ◆ Overseeing all assisted living facilities to ensure consumer protection and quality care (83%)
- ◆ Giving assisted living facility residents the right to appeal decisions affecting them (86%)
- ◆ Making all assisted living facilities follow the uniform rules for residents (75%)
- ◆ Requiring standardized written contracts that specify lease terms and the services and care in an assisted living facility (77%)
- ◆ Requiring facilities with special care environments to meet a specific set of standards (85%)
- ◆ Making the services of the Long-Term Care Ombudsman available to assisted living residents (88%).

In summary, having quality assisted living and ensuring the ability for people to age in place, regardless of health or financial status, are important issues for Connecticut members.

**Tower One Apartments**

Data Source: U.S. Census 2000

PCT26. Sex by Age by Types of Disability for the Civilian Noninstitutionalized Population 5 Years and Over

	Connecticut	New Haven County, Connecticut	Census Tract 1402, New Haven County, Connecticut	New Haven city, Connecticut
Total:	3,120,953	758,507	1,436	112,442
<b>Male:</b>	1,498,782	361,907	547	52,756
65 years and over:	182,164	45,399	123	4,546
<b>With one type of disability:</b>	35,861	9,031	34	<b>1,022</b>
Sensory disability	9,364	2,451	11	211
Physical disability	14,922	3,799	7	465
Mental disability	1,583	324	0	30
Self-care disability	194	55	0	7
Go-outside-home disability	9,798	2,402	16	309
<b>With two or more types of disability:</b>	28,432	7,857	57	<b>919</b>
Includes self-care disability	11,579	3,028	34	363
Does not include self-care disability	16,853	4,829	23	556
No disability	117,871	28,511	32	2,605
<b>Female:</b>	1,622,171	396,600	889	59,686
65 years and over:	257,771	66,148	323	7,330
<b>With one type of disability:</b>	46,049	12,027	76	<b>1,493</b>
Sensory disability	7,776	2,180	7	220
Physical disability	20,997	5,608	52	730
Mental disability	2,364	568	3	89
Self-care disability	461	165	0	17
Go-outside-home disability	14,451	3,506	14	437
<b>With two or more types of disability:</b>	52,589	13,931	164	<b>1,900</b>
Includes self-care disability	24,116	6,600	76	912
Does not include self-care disability:	28,473	7,331	88	988
No disability	159,133	40,190	83	3,937
<b>Disabled Individuals in New Haven</b>				<b>5,334</b>

*Tower One*

[HOME](#)

# FFIEC Geocoding System



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## Geocode Search Result for 2007 HMDA/CRA Reporting

Street Address	18 TOWER LN	MSA/MD Code	35300
City Name	NEW HAVEN	State Code	09
State Abbreviation	CT	County Code	009
Zip Code	06519	Tract Code	1402.00

MSA/MD Name: NEW HAVEN-MILFORD, CT  
State Name: CONNECTICUT  
County Name: NEW HAVEN COUNTY

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MSA Code: 35300	State Code: 09	County Code: 009	Tract Code: 1402.00
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## Summary Census Demographic Information

Tract Income Level	Low	Tract Population	1652
Underserved or Distressed Tract	No	Tract Minority %	80.45
2007 HUD Estimated MSA/MD/non-MSA/MD Median Family Income	\$72,600	Minority Population	1329
2007 Est. Tract Median Family Income	\$15,471	Owner-Occupied Units	35
2000 Tract Median Family Income	\$12,893	1- to 4-Family Units	180
Tract Median Family Income %	21.31		

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## Aging Services: The Facts

### General Facts

#### Need

- By 2026, the population of Americans ages 65 and older will double to 71.5 million.
- Between 2007 and 2015, the number of Americans ages 85 and older is expected to increase by 40 percent.
- Among people turning 65 today, 69 percent will need some form of long-term care, whether in the community or in a residential care facility.
- In 2020, 12 million older Americans will need long-term care.

#### Availability

- There are 16,100 certified nursing homes in the United States.
- There are 39,500 assisted living facilities in the United States.
- There are 2,240 continuing care retirement communities in the United States.
- There are more than 300,000 units of Section 202 affordable senior housing available in the United States.
- For each Section 202 affordable senior housing unit that is available, there are ten eligible seniors on waiting lists for it. The average time an eligible senior is on the waiting list is 13.4 months.

#### Cost

- The average monthly cost for a private room in a nursing home is \$6,234, or \$74,806 annually.
- The average monthly cost for a semi-private room in a nursing home is \$5,448, or \$65,385 annually.
- The average monthly cost of living in an assisted living facility is \$2,714, or \$32,572 annually.
- The average monthly cost of living in a not-for-profit Continuing Care Retirement Community is \$2,672, or \$32,064 annually.
- To move into a community, individuals must also pay an entry fee ranging from \$60,000 to \$120,000.
- The average hourly rate for a certified home health aide is \$32.37.
- The average hourly rate for a uncertified home health aide is \$18.57.
- The average monthly cost of adult day services is \$1,680.

#### Who Pays

- Nearly 40 percent of long-term care spending is paid for by private funds.

- Medicare, which covers rehabilitation services after an individual is discharged from a hospital, pays for 10 percent of all long term care spending.
- Medicaid, which covers health care costs for low-income individuals, pays for 40 percent of all long term care spending.
- Accounting for about 40 percent of total expenditures on nursing facilities, Medicaid's payments cover the care of more than half of all nursing home residents.

#### Use

- There are more than 1.4 million nursing home residents in the United States.
- More than 900,000 individuals live in assisted living residences.
- More than 150,000 individuals receive care and services at an adult day center.
- There are more than 1.1 million seniors in some type of senior housing community in the United States.
- There are approximately 745,000 older adults who live in continuing care retirement communities in the United States.
- The average age of an individual moving into a continuing care retirement community is 78.
- Nearly 1.4 million individuals receive home health services.
- The average lifetime nursing home use per individual is one year, and the average home care use is a little over 200 visits.

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#### Misconceptions

##### Cost:

- Only 8 percent of Americans over 45 can estimate the average monthly cost of a nursing homes within 20 percent of its actual cost.
- Less than a quarter (23%) of Americans over 45 can estimate the monthly cost of an assisted living facility within 20 percent of its actual cost.
- One in five (20%) Americans over 45 say they don't know the cost of an in-home visit from an aide.
- Nearly 20 percent of Americans over 45 said that their estimates of long-term costs were "just a hunch."

##### Cost Coverage:

- Close to one fifth of Americans over 45 (18%) responded that they "don't know" what funds will cover their long-term care costs.
- More than 55 percent (59%) of Americans over 45 incorrectly believe that Medicare will pay for extended nursing home stay.
- Fifty-two percent of Americans over 45 incorrectly believe Medicare covers assisted living costs.

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#### Workforce

#### Size:

- Approximately 21% of all individuals working in health services are employed by nursing and residential care facilities.
- There are approximately 1.39 million nursing assistants, orderlies and attendants, working in the United States today.
- There are approximately 663,000 home health aides working in the United States today.
- There are approximately 566,000 personal care and home care aides working in the United States today. Two-thirds of them work for home-based service providers.
- There are approximately 16,000 licensed nursing home administrators working in the United States today.

#### Demographics:

- On average, registered nurses working in long-term care are older than those in other health care settings. More than a third (36%) are over 50 and one in ten are over 60.
- Women make up approximately 90 percent of the direct care workforce.
- About half of direct care workers are racial or ethnic minorities. A third are African-American while 15 percent are Hispanic or other persons of color.
- With a mean age of 46, home care workers are older than direct care workers in nursing homes, where the median worker age is 36. Additionally, the percentage of home care workers over 65 is three times that of direct care workers in nursing homes.
- Twenty percent of certified nursing assistants and home health aides have not graduated from high school. More than 30 percent, however, have attended some college.
- Approximately 50 percent of direct care workers are employed full-time, while only about a third of home care workers are full-time employees.

#### Need:

- Overall, nearly 96,000 full-time equivalent nurses and other health care professionals are now needed to fill vacant positions in America's nursing homes.
- In 2002, 15 percent registered nurses (RNs), 13 percent of licensed practical nurses (LPNs) and 8.5 percent of certified nurse aide (CNA) positions in America's nursing homes were vacant.
- By 2010, the number of vacant positions in nursing homes is expected reach 810,000.
- The average annual turnover rate for licensed nursing home administrators is 43 percent.
- The average national turnover rate for nurses working in aging services is 49 percent.
- The average national turnover rate for certified nursing assistants (CNAs) is 71 percent.
- The total cost of CNA turnover is more than \$4 billion each year.

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#### Caregiving

- There are an estimated 34 million informal caregivers in the United States today.
- About three-quarters of individuals who receive care at home rely solely on informal caregivers.

- Informal caregivers are general between 45 and 64, and two-thirds are women

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### Not-for-Profit Aging Services

- Not-for-profit organizations manage 31% of all nursing homes in the United States.
- Not-for-profit organizations manage approximately 80% of all continuing care retirement communities in the United States.
- Not-for-profit organizations manage 78% of all adult day centers in the United States.
- Not-for-profit organizations manage 45% of home health agencies in the United States.

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### Long-term Care Insurance

- The average annual long-term care premium for individuals under 65 is \$1,337.
- The average premium for individuals over 65 is \$2,862.
- The average long-term care insurance policy purchased by a 65-year old and held until death pays out 82 cents for every dollar.
- Since 1987, fewer than 10 million Americans have bought long-term care insurance, and only about 7 million of those policies remain in force today.
- Almost 30 percent of Americans over 45 have purchased a long-term care insurance policy.

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### Global Aging

- Each month, the world's elderly population of people increases by 795,000.
- China's population includes 88 million elderly individuals, making it the world's "oldest" country.
- The elderly population in Bulgaria, Germany, Greece, Italy, Japan and Spain outnumber that of children.

*Last Updated : 4/12/2007 3:15:49 PM*

American Association of Homes and Services for the Aging  
[http://www.aahsa.org/aging\\_services/default.asp](http://www.aahsa.org/aging_services/default.asp)

www.chicagotribune.com/classified/realstate/over55/chi-0701280312jan28,0,3575694.story

## chicagotribune.com

55 PLUS

### Affordable housing gap widens for the elderly

By Jane Adler

Special to the Tribune

January 28, 2007

The scarcity of affordable housing for the elderly is a problem that is only going to get worse, according to a report issued by AARP and the American Association of Homes and Services for the Aging.

Waiting lists average 50 people for apartments in Section 202 subsidized low-income rental buildings for seniors. That translates into an average wait of 13.4 months. And, the report found, one in 10 property managers has closed its waiting list.

"There's a real lack of subsidized apartments for seniors," said Elinor Ginzler, director for livable communities at AARP, Washington, D.C.

Compounding the problem, Ginzler added, is the fact that the seniors who need subsidized housing are not just poor but also increasingly frail and in need of services. Subsidized buildings are often the only setting where these seniors can get help, such as meals and transportation, along with access to at least some basic health screenings.

The report was prepared as Congress and the Bush administration begin the 2008 budget debate. The Section 202 program produces about 4,500 new units each year nationwide. Ginzler said AARP and other groups successfully battled an attempt last year to cut funds for 202. But, she added, "We need more than 4,500 units a year."

The report also surveyed subsidized buildings for seniors built under the Low-income Housing Tax Credit Program. The ratio of eligible renters to apartments that become available in a year is 5 to 1. Three-fourths of these properties have no vacancies. And nearly half of the waiting lists are for more than a year.

With a rapidly graying population, Ginzler thinks the affordable housing shortage will grow if the government doesn't step up its building programs.

"Not all Baby Boomers are leading the good life like you see on TV," she said. "A lot of them are poor. What will happen when they need housing and services?"

TowerOne2008-HUD ALCP  
Exhibit 5  
DUNS: [REDACTED]  
FAXID: 210256965-6939

But Ginzler admits the affordable housing shortage varies by area. (The report doesn't break down wait times by region. No data were available on the Chicago area.) But at Peace Memorial Manor, for instance, a Section 202 building in Downers Grove, the wait time for an apartment is about two to three years, according to property manager Rose Malcolm. "The wait is even longer for a two-bedroom unit," she said.

Some local subsidized buildings do have openings. The Chicago Housing Authority has vacancies at a handful of its senior-only buildings, according to Donna Dixon, director of senior programs. The CHA redid its 55 senior buildings over the last three years--a \$350 million project.

"People have this image in their minds that these buildings are like the old projects," said Dixon. "Seniors should come out and see how nice these buildings are now."

The vacancies are at buildings on the South and West Sides. Wait lists at fully occupied buildings vary from three months to as long as two years. Seniors should check each individual building they're interested in, Dixon suggested.

It's estimated that Chicago has 400,000 residents 60 or older--a group expected to grow. And, according to the Chicago Department of Housing, 58 percent of city households headed by a senior have annual incomes of less than \$30,000.

Recognizing the need, the department in 2006 announced a five-year plan to build 45 affordable rental buildings for the elderly. The \$600 million program, now in its first year, hopes to add about 800 units a year until 2010. Last year, 841 affordable units for seniors were approved, according to department spokeswoman Molly Sullivan.

The city conducted an inventory to determine what kind of housing was needed in each neighborhood. For instance, Norwood Park was found to have 1,700 seniors with annual incomes between \$15,000 and \$30,000, and no rental housing for seniors in that income bracket.

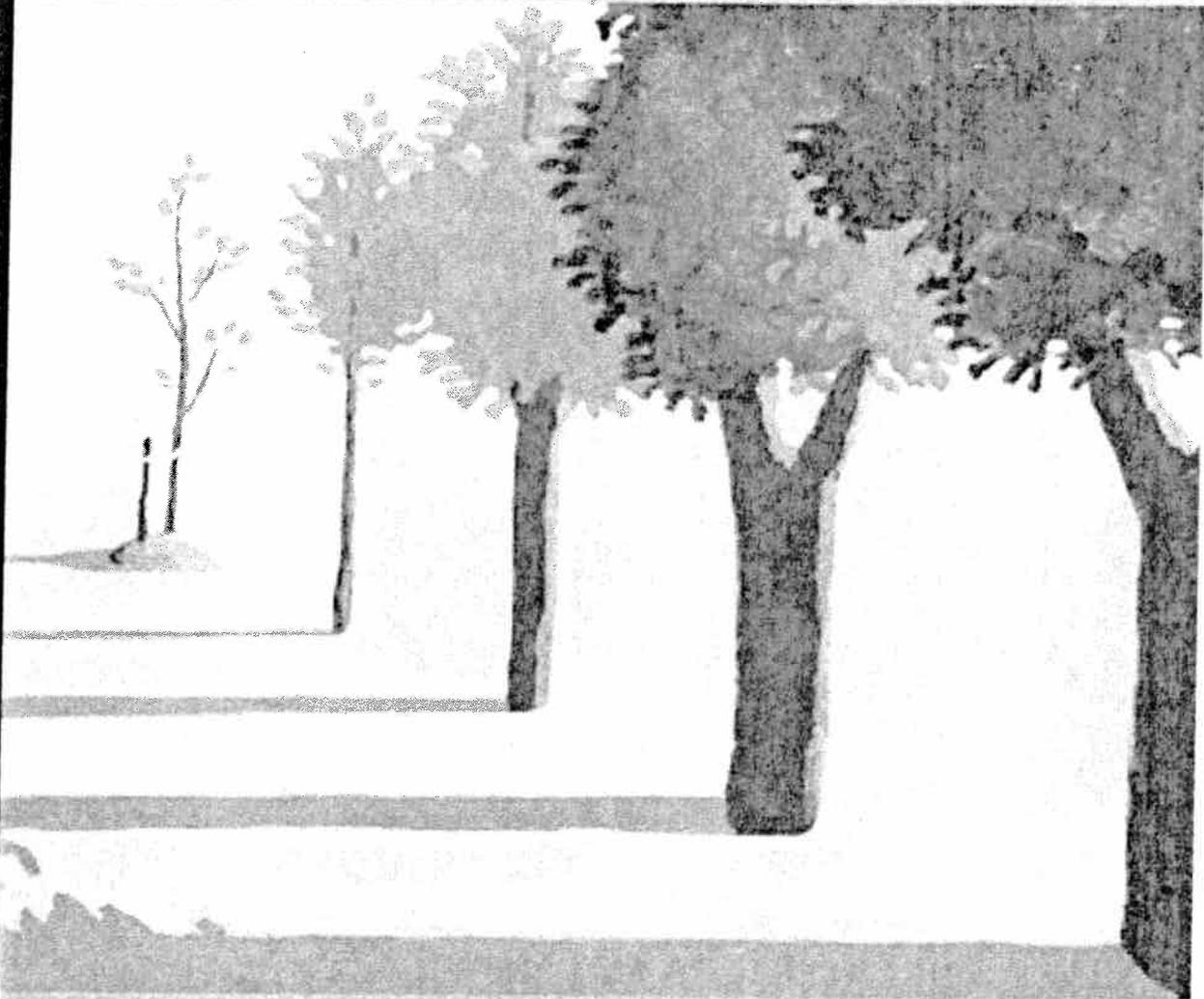
The new projects, both apartments and affordable condominium buildings, are being built with a combination of public and private funds. The buildings approved in 2006 include one Section 202 building, five tax-credit projects and two condo buildings.

"It's a pretty good spectrum of housing," Sullivan said.

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Jane Adler is a Chicago-area freelance writer. Write to her at Senior Housing, c/o Chicago Tribune Real Estate, 435 N. Michigan Ave., Chicago, IL 60611. Or e-mail realestate@tribune.com. Sorry, she cannot make personal replies. Answers will be supplied only through the newspaper.

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**Meeting the Long-Term Care Needs of the Baby Boomers:  
How Changing Families Will Affect Paid Helpers and  
Institutions**

Richard W. Johnson, Desmond Toohey, and Joshua M. Wiener

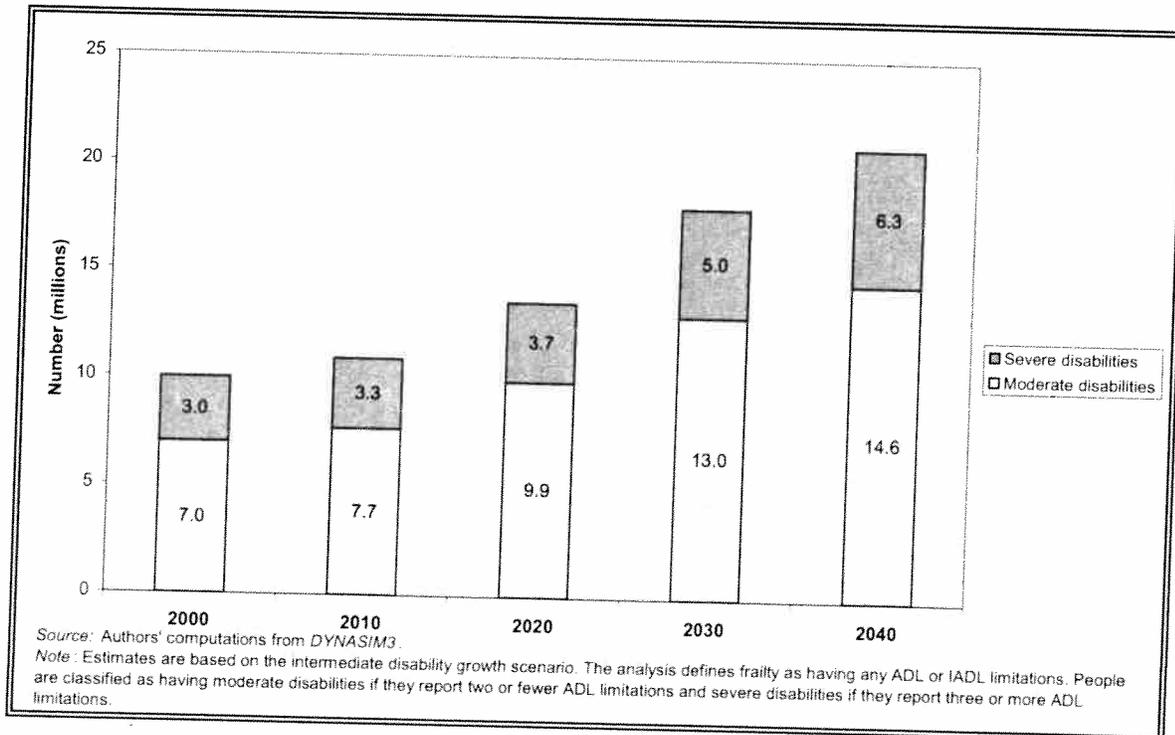
May 2007

boomers turning 85 in 2031, the number of adults ages 85 and older as a portion of the population ages 65 and older will rise from about 9 percent in 2030 to about 14 percent in 2040, after remaining fairly constant during the previous 30 years. Between 2000 and 2040, then, the intermediate disability scenario implies that disability rates will decline by only about 2 percentage points.

Because the overall size of the older population will expand rapidly, the number of frail older Americans will soar in coming decades. Between 2000 and 2040, the number of older adults with disabilities will more than double, increasing from about 10 million to about 21 million (figure 2). The number of older Americans with severe disabilities will increase by more than 3 million, to about 6 million adults.

**Figure 2**

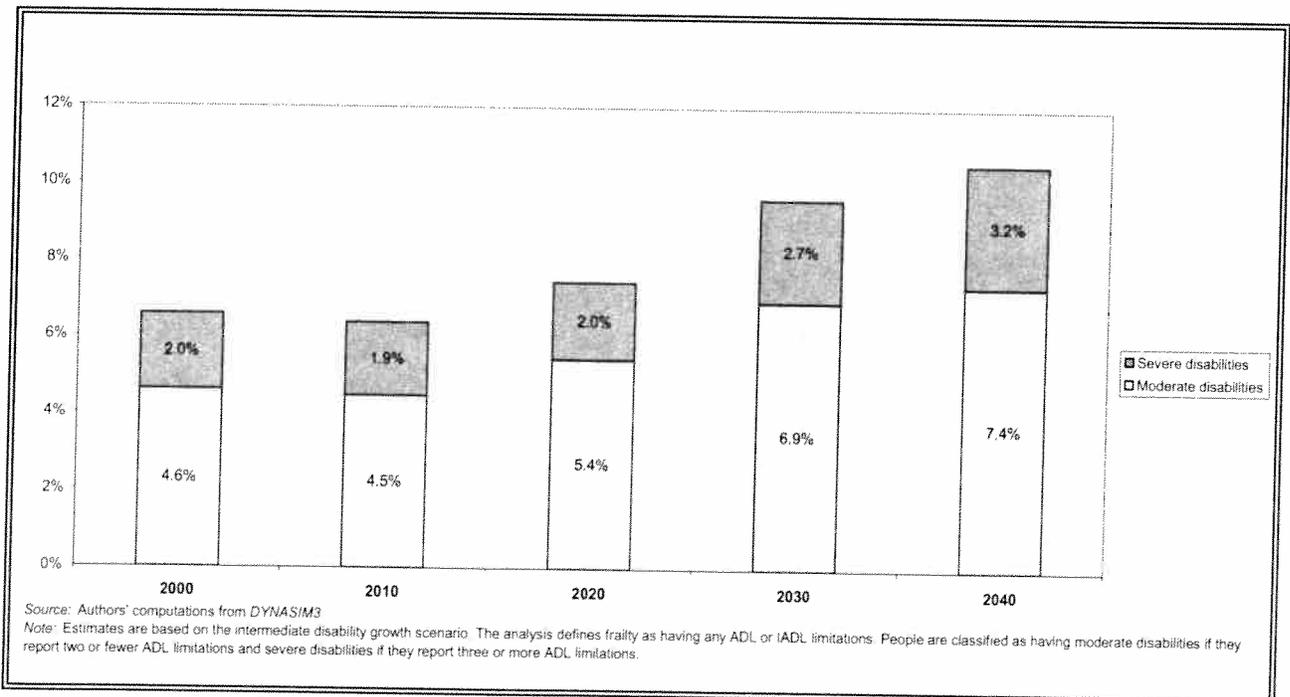
**Number of Frail Adults Ages 65 and Older, 2000–2040**



The frail older population will grow faster than the younger population, likely raising the economic burden of long-term care. Between 2000 and 2040 the number of frail older adults relative to the number of adults ages 25 to 64 (who are more likely than other groups to work and pay taxes) will increase from 6.6 to 10.6 percent (figure 3). In 2040, then, there will be only about 9 adults ages 25 to 64 to support each frail older adult, down from about 15 younger adults in 2000. The growth in the relative size of the frail older population will increase the time and financial burdens on the younger population of providing long-term care, unless the portion of care costs paid by older care recipients themselves (or by their private insurance policies) increases over time.<sup>3</sup>

**Figure 3**

**Frail Adults Ages 65 and Older, as Percentage of the Population Ages 25-64, 2000–2040**



<sup>3</sup> Technological improvements in long-term care delivery, which has always followed a low-tech, hands-on approach, could also reduce future care burdens.

TowerOne2008-HUD ALCP  
Exhibit 5  
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FAXID: 210256965-6939

**The New York Times**

July 9, 2000

## A Place of Their Own, With a Difference

By NANCY DONIGER

JOSEPHINE BOJNOWSKI, 83, surveys her small but cheerful apartment at Lockwood Lodge, an assisted living center associated with Ashlar of Newtown, and smiles at the place she has called home for the past year.

Ms. Bojnowski, a former teacher and reading supervisor for the Newington school system, lived alone in a single-family house after her husband died but she could no longer manage after breaking her leg. "There were too many stairs," she said. "I needed a place that served food and provided assistance."

Ms. Bojnowski reflects a growing number of elderly Americans who need help with some of the activities of daily living but otherwise want to retain their independence.

Assisted living is the fastest growing residential alternative for elderly people with incomes high enough to support the monthly fees, averaging \$2,500 or more, since Medicare does not cover assisted-living expenses.

Assisted living is defined as a living arrangement in which residents buy or rent their own apartment, where they live independently with medical and housekeeping assistance. They receive three meals a day in a common dining room and share many common areas with other residents. There also is a nurse on call 24 hours a day.

The adoption of assisted living regulations by the Connecticut Legislature in November 1994 paved the way for growth, according to industry officials. Since the regulations were adopted, 70 assisted-living service centers have been licensed in the state.

Colonel John Kulp, 86, who retired from the United States Army, chose Lockwood Lodge because of its attractive ambience, services and proximity to his daughter in Redding.

"It's bigger than Thoreau's cabin at Walden Pond," he said about his one-bedroom apartment. "I would rather be climbing the Alps, or out running around, but I decided to move here when I began to have trouble with my vision. I need someone to look out for me as I get more absent-minded."

With the explosion of new centers, many still under construction, have come vacancies, particularly at some of the older complexes and at those with studio apartments. No longer is a waiting list the rule at most centers. This is due in part to the newness of the industry in Connecticut and a lack of awareness about it by the consumer, industry officials said.

But Chris Carter, the executive director of the Connecticut Assisted Living Association, disputes the notion that assisted-living centers in the state are overbuilt. CALA was founded in June 1995 and offers education, training and information to raise the level of awareness about assisted living, in addition to fostering ethical standards and serving as a legislative ally.

"Connecticut has 175,000 residents over the age of 75," he said. "It's our belief that 50,000 of these individuals need assistance with daily living, of which 20,000 have an annual income of more than \$25,000, making them eligible for assisted living."

"Connecticut has 70 assisted living sites with a total of 4,000 units," he continued. "The market is not overbuilt. With education, all the units will find themselves in demand."

The Greens at Canondale in Wilton opened two years ago and has full occupancy. Its monthly fees range from \$3,750 to \$5,850. A certain number of units are designated for people with lower incomes.

"We have residents who have been here since we opened," said Sandra Sajec, executive director at the Greens. "This is their home. We haven't lost too many."

By and large, residents must foot the bill for assisted living without Medicare reimbursement. But long-term care insurance is a growing commodity, offered by private insurers such as General Electric, John Hancock and Travelers. Some companies are even offering long-term care insurance for their employees' parents, according to Tim Hodges, vice president of marketing for Kensington Green of Southbury.

Kensington Green is a 120-unit facility that will emphasize a healthy life style, focusing on diet, exercise and social relationships. It will have 24 separate apartments for people living with Alzheimer's disease. The facility is scheduled to open in March 2001.

TowerOne2008-HUD ALCP

Exhibit 5

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"We did a market feasibility study to find out the demand and determined it was there," Mr. Hodges said.

The average age of assisted living residents is 84-85, and their average stay is two years, according to Mr. Carter. He said residents either die or require greater care at a nursing home.

Ginny Carroll, the Lockwood Lodge marketing director, said there is an industry-wide problem of people waiting until they are physically incapacitated before looking into assisted living, which is geared to people who enjoy relatively good health.

"I'm trying to get people to think about assisted living before a crisis occurs," said Tony Copeland, a spokesman for the AARP, "so they can take the time they need to find a facility, research it and make sure it meets their needs."

Ms. Carroll also mentioned an unanticipated phenomenon.

"We're finding the demand to be different than we expected," she said. "Through our studies, we expected more people to want studio apartments, due to the economics. We're finding people don't want to give up their space. They want to bring their memories. One-bedroom apartments are much more popular than studios."

Mark Ryan, secretary of the state for the Office of Policy and Management, said the state has been studying assisted living with interest, in an effort to deal with an aging population whose ranks are expected to surge over the next 30 years with the graying of the baby boomers.

According to Mr. Ryan, Connecticut has one of the highest percentages of elderly residents in the nation.

The statistics are dramatic, with 34 million Americans 65 or older, up from 20 million in 1970, and the numbers are expected to swell to 70 million by 2030, according to AARP statistics.

The number of elderly residents in Connecticut is proportionately higher. Nationwide, the percentage of people 65 or over is 12 percent, compared with 14.3 percent in Connecticut, according to 1990 state and federal census reports. By 2030, 20 percent of the national population will be over 65 and Mr. Ryan said Connecticut's population is expected to be elderly about 10 years sooner.

"We're making major investments in assisted living," Mr. Ryan said. "We believe there is a good chunk of people in nursing homes who are poor but could manage well with assisted living, while improving their independence, respect and dignity."

The Office of Policy and Management and other state agencies are planning a pilot program with 300 assisted-living beds in five or six urban and lower-middle-class suburban communities for people living on Medicaid. A bill is pending in the state legislature that would allow assisted living to be layered into existing congregate care housing for the elderly, based on the belief it will provide a less costly and more desirable alternative to nursing homes for low-income elderly residents, according to Mr. Ryan. If the bill passes, some or all of the costs could be covered by Medicare.

Martha Meng, a lawyer with Murtha, Cullina LLP of Hartford and New Haven, was part of a working group convened in 1991 by the Department of Health to write regulations for assisted living. The group completed the task in November 1994.

"The assisted-living services agency is the licensed entity and must provide services within a managed residential agency that is registered with the state but is not itself licensed," she said. "The managed residential agency is the platform, or physical plant for the services that must be provided to qualify as assisted living."

Services include three meals a day, housekeeping, laundry, transportation, access to health care, 24-hour security and staff availability, an emergency call system, medication management, social and recreational activities; and assistance, as needed, with eating, bathing, dressing, and mobility.

Assisted living is as popular with baby boom children as it is with their older parents.

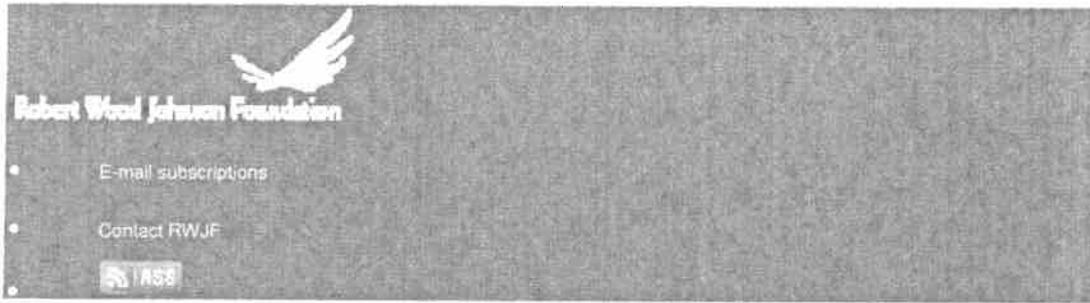
Diane Mauriello of Newtown and her husband have school-age children living at home and they also have primary responsibility for their aging parents. Ms. Mauriello's father-in-law had a stroke last year and had to move to a nursing home in Southbury. Her mother-in-law, Cara Mauriello, 82, is frail, but not incapacitated. Although she does not need a nursing home, she can no longer live alone.

"She was depressed and was not eating," Ms. Mauriello said of her mother-in-law. "She didn't like living alone and needed companionship."

Since moving to Lockwood Lodge, she has blossomed, Ms. Mauriello said. "She looks good, is well cared for 24 hours a day and never lonely. My husband and I were able to go on a cruise and leave her. We wouldn't have been able to do that before."

Darlene O'Connor, director of integrated care for the Connecticut Department of Social Services, offered the following advice for anyone considering assisted living for themselves or a loved one: "Make sure you know what you are purchasing now and down the road, when you need more support. What conditions can the facility handle? What happens when your assets are gone?"

To learn more about assisted living, visit CALA's Web site at [Ctassistedliving.com](http://Ctassistedliving.com) or the AARP's site at [www.aarp.org](http://www.aarp.org).



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## Publications and research

Publications and research / Grant results

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## Coming Home(R): Affordable Assisted Living

### THE PROBLEM

#### Older Adults in Rural America

America's rural communities contain the nation's highest concentrations of older people. In 1992, older adults made up about 15 percent of the rural population, compared to 12 percent in urban areas, and in many rural communities, as many as 25 percent of the residents were older adults.

Given the aging of the U.S. population and the migration of young people out of rural communities, the concentration of older residents in rural areas was expected to intensify between 1992 and 2002.

Older adults with chronic disabilities need health care, personal care and social services that rural communities are often unable to provide in sufficient quantity or duration, especially for low-income seniors.

Affordable assisted-living housing arrangements offer a nursing home alternative when older adults require more assistance than they can obtain in their home. In 1992, affordable assisted living was almost nonexistent in rural areas of the United States. As a consequence, many rural older adults were forced to leave their home communities or were prematurely institutionalized in nursing homes in order to receive needed services.

### Assisted Living

In many urban and suburban communities, integrated systems of care have been developed linking health and social services for the frail elderly, including assisted-living residences. Assisted living is residential care that combines rental apartment living with supportive services to aid with the activities of daily living.

These services may include personal care, housekeeping, linen service, meals, medication management and 24-hour oversight. Health care services may be available through staff employed by the residence or through an arrangement with contracted providers. Definitions of assisted living vary from state to state due to specific regulations covering eligibility and service inclusion.

Monthly fees in assisted-living residences can range from \$1,800 to \$5,000, putting assisted living out of the reach of seniors with annual incomes below \$25,000. Of the 10.2 million households of people 75 years old and older, 65 percent have incomes under \$25,000 a year, and cannot afford assisted living.

In order to make assisted living affordable for people with low incomes, Medicaid funds must be made available to affordable assisted-living facilities. Medicaid is a state and federal health benefit program for the poor who are aged, blind or disabled, or members of families with dependent children.

Each state sets its own income eligibility standards for its Medicaid program within federal parameters as well as the mix of services and products that are reimbursed under this program. It is the primary funder of long-term care services for low-income seniors; the majority of Medicaid funds are used to pay for care in skilled nursing facilities.

Over the past 20 years, many state-based Medicaid programs, in partnership with the federal government, have begun to direct a portion of Medicaid appropriations to various demonstration

programs that support frail seniors in their own homes and apartments. In so doing, they seek to delay or prevent early or inappropriate nursing home placement.

Some states, such as Colorado, Oregon and Washington, have had years of experience using Medicaid funding in assisted living and have a number of facilities in operation. Other states, such as Illinois, are moving quickly to develop assisted-living facilities. Many other states have only begun to think through their approach to providing reimbursement for this level of care.

In order to use Medicaid funds to support care outside of skilled nursing facilities, states must first apply for and receive approval from the Centers for Medicare & Medicaid Services (CMS) for a Medicaid waiver.

Once CMS has approved the waiver, the state agency that oversees programs for the elderly and the state Medicaid program must develop a set of regulations that identifies the types of supportive services that will be eligible for reimbursement, as well as the level of reimbursement. Often these regulations will require approval by the state legislature before they can take effect.

When considering alternatives to skilled nursing care, states typically will evaluate three different models for supportive services:

- Board and care institutions (commonly referred to as personal care facilities), which provide single-room occupancy and a very minimal set of services, primarily dietary.
- Assisted-living housing, which combines rental housing with a range of supportive services that are provided on site, and are calibrated to each resident's level of need for assistance with activities of daily living at any given time.
- A service model that coordinates supportive services from various agencies into the private home or apartment of the elderly individual, but does not include housing development.

## Barriers to Expansion

Three barriers inhibit the expansion of affordable assisted living for the rural frail elderly:

- Lack of technical expertise about how to successfully develop and manage these facilities.

- Lack of access to low-cost capital that can bring the housing component into a price range that is affordable to low-income elderly.
- Lack of experience with integrating various levels of assisted living into the services that are reimbursed by the Medicaid program; only a few states have begun this process.



**Testimony of  
THOMAS SLEMMER  
President  
National Church Residences  
Columbus, Ohio**

**Representing  
THE AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING**

**Before the  
HOUSE FINANCIAL SERVICES SUBCOMMITTEE ON HOUSING AND  
COMMUNITY OPPORTUNITY**

**July 17, 2001**

Madame Chair Roukema and members of the Housing and Community Opportunity Subcommittee, I am Tom Slemmer, President of National Church Residences (NCR). NCR is one of the nation's largest nonprofit sponsors and managers of affordable housing for seniors, including over 14,000 federally-assisted housing units. I am pleased to be here today on behalf of the American Association of Homes and Services for the Aging (AAHSA), where I serve on the Board of Directors and am Chair of the Housing Committee.

AAHSA's members own and manage more than 300,000 units of federally assisted and market rate housing – and we represent the largest number of sponsors of HUD Section 202 Supportive Housing for the Elderly projects. More than half of AAHSA's members are faith-based, and all are nonprofits. The not-for-profit difference, as we call it, means that our members bring to their communities an enduring commitment to older people borne out of our philanthropic mission rather than a profit motive. Our members raise seed capital to establish these facilities. We involve innumerable volunteers to provide services to the people we serve. And, we raise money for quality of life activities and services not covered by government programs. We like to think that's a major part of the nonprofit difference.

AAHSA would like to thank members of the subcommittee for holding this very important hearing on elderly housing affordability. AAHSA appreciates the close look this subcommittee is taking with regard to housing affordability issues and we are pleased to be here today to share some of our observations, concerns and solutions.

**Overview:** Generally stated, there is a short list of major contributing factors to the elderly housing crisis. They are:

- The often unnecessary loss of federally-subsidized housing units that are affordable to people with low incomes.
- The lack of new housing production on any meaningful scale.
- A dramatically elderly population.

- The recent national housing policy focus on vouchers instead of production as the primary way to solve the affordable housing crisis.
- Rental costs increasing faster than incomes, especially for low income people and particularly for people on fixed incomes.

HUD Secretary Martinez stated during his Senate confirmation that “our grandparents and our parents helped build this country’s greatness and deserve the peace of mind to know that they will be taken care of, and can live in safe and decent homes and neighborhoods.” AAHSA is committed to a multi-faceted affordable continuum of care for the elderly, incorporating housing, health care, supportive services and community-based options.

The capital advance concept developed to address the housing needs of low income seniors has been incredibly successful. So have the earlier programs. Indeed, they have been so successful that the market is ripe for additional units funded through the same programs. We are fortunate such strong programs have been able to address the need for these units that has grown over the years. The track records of the elderly HUD programs are so strong that nonprofit organizations know them to be excellent tools in serving the housing and service coordination needs of low income seniors nationwide. Just as important, these well-run programs are welcomed by neighborhoods seeking not just housing and service coordination, but a long term commitment to their communities and the many returns on this investment they receive. These returns include the ability of residents to age in place, diversion from nursing homes, quality of life for residents, jobs, a focal point for information for seniors and capital. We must continue to increase the investment in the Section 202 program in order to maximize these returns to communities as we bring housing assistance to the 1.4 million very low income elderly households currently eligible for rental assistance but not receiving it.

These 1.4 million households, according to HUD’s Report on Worst Case Housing Needs in 1999, pay more than half of their incomes for housing or live in severely substandard housing. Last year, HUD funded approximately 5,200 new units through the Section 202 program. We need a more rapid growth pace for new housing units. And, we must increase our investment in affordable assisted living. HUD’s role in the bricks and mortar portion of this endeavor is a natural fit for our aging nation. AAHSA also encourages HUD’s continued leadership in facilitating a partnership with the Department of Health and Human Services for leveraging resources available to deliver supportive and health care services.

**Need:** There is a critical need to assist and preserve existing non-profit sponsored elderly housing facilities, as well as to expand the supply of suitable and affordable housing for low and moderate income older persons. More than 7.4 million elderly households pay more than they can afford for their housing including the 1.4 million with worst case housing needs mentioned previously. A majority of these households is on fixed incomes and receives no housing assistance. Unfortunately, low income elderly people seeking housing are faced with multi-year waiting lists exacerbated by the shrinking supply of suitable, affordable housing as some owners convert existing units to market rate housing. According to a recent AARP study, there were nine people over 62 years old waiting for every Section 202 unit in 1999. That number has undoubtedly grown since then.

The dynamic of fixed incomes, high costs and limited supply of affordable housing options is compounded by an ever increasing aging population needing a range of supportive and health care services. This need for supportive services, appropriate community space, and service coordination applies to the 1.5 million elderly households who currently live in federally-subsidized housing, with an average age of about 75 years, as well as those in need of housing assistance. Today's elderly population is expected to double by 2030. Additionally, many elderly housing facilities have "aged" and need modernization and/or retrofitting and refinancing in order to accommodate supportive services to aging residents, assure quality of life, accessibility and marketability. It is essential that adequate contract amendment funds be made available for adjustments to project operating costs to accommodate such increases (utilities, insurance, and staffing.)

### **Solutions**

**Section 202:** AAHSA supports increasing funding for the Section 202 Supportive Housing for the Elderly program to at least \$760 million. These funds are specifically for new development and project rental assistance contracts (PRAC) to help address the critical shortage of affordable housing for very low income elderly people. We have seen Section 202 funding trend downward from \$1.2 billion in FY95 to \$679 million last year. In FY2000, more than 50% of applications for funding of new affordable housing under the Section 202 program were denied, simply for lack of funds available to the program. Only by increasing the Section 202 budget above and beyond the inflation rate can we begin to make marked progress in meeting housing needs. Over the last two years Congress has enacted, with our strong support, changes to the Section 202 program. However, these changes alone will not produce new housing units affordable for increasingly frail very low income seniors.

We are pleased, for example, with new authority enacted last year, enabling partnerships between private investors and the traditional nonprofit sponsors in the financing of Section 202 projects. This change will make it easier for Section 202 elderly housing sponsors to bring private financing into the development of the projects. Now, as the sole general partner of a limited partnership, nonprofits can partner with for-profits so that low income housing tax credits and private activity bonds can be used for Section 202 projects. However, without increasing the amount of funds appropriated to the Section 202 program, we are merely shuffling housing resources from one population or program to another without a net increase in housing units. Maintaining the traditional Section 202 program, and its unique identity as a nonprofit provider of federally-subsidized elderly housing, while bolstering other opportunities to house low income elderly people, such as mixed finance, are ideas we support. AAHSA supports an overall increase for FY2002 to at least \$760 million for the Section 202 program for FY2002 so more elderly households can be served and the value of this important reform fully realized.

AAHSA also supports the renewal of all expiring Section 8 project rental assistance contracts (PRACs) and adequate funds for amendments as necessary to existing contracts to ensure the sound operation of housing developments. Adequate funding includes sufficient recognition of increased utility costs for nonprofit-sponsored senior housing providers. Although the Department of Housing and Urban Development has issued a utility adjustment notice, it provides relief only to a limited number of federally-assisted housing providers and more is desperately needed.

## DEVELOPING APPROPRIATE RENTAL HOUSING FOR LOW-INCOME OLDER PERSONS: A SURVEY OF SECTION 202 AND LIHTC PROPERTY MANAGERS

### Introduction

The rental housing crisis in America is having a profound impact on renters of all ages, including older residents. Older renters who can no longer afford their apartments or who live in units that are inadequate for their needs are faced with hard choices. Even assuming they can find an affordable alternative, they risk losing important social ties and informal support. Alternatively, they might reduce crucial everyday expenditures such as those for transportation or health care. Many such renters may be at risk of costly institutionalization.

The federal government has responded over the years with a variety of housing strategies to help alleviate the problem. Public housing, for instance, continues to provide many affordable units, but the program has long since stopped building additional units.<sup>1</sup> Housing vouchers can help low-income renters afford units in the private rental market, but many frail or disabled older renters are unable to use them.<sup>2,3</sup> Programs that subsidize private production of new, affordable rental housing can fill an important gap. Two of the major federal production programs are the Section 202 Supportive Housing for the Elderly Program and the Low-Income Housing Tax Credit (LIHTC) program.

### This Data Digest

- documents the inadequate supply of affordable rental housing for low-income older persons, and
- provides the latest information on how these two major housing programs are serving the needs of older renters.

The information is based on a 2006 AARP survey of Section 202 and LIHTC property managers.<sup>4</sup>

### Overview of Findings

This Data Digest includes four key findings.

- First, many residents of Section 202 and LIHTC properties for older persons are advanced in age, and a significant number are frail or disabled. These residents are the most vulnerable to loss of independence and compromised quality of life and may consequently be at risk of costly institutionalization.
- Second, the supply of both Section 202 housing and LIHTC housing is inadequate to meet the growing needs of low-income older renters, as evidenced by long waiting lists and vacancy rates substantially below the national average.
- Third, Section 202 and LIHTC properties that are intended for older persons are much more likely than other types of LIHTC properties to have the architectural features needed to promote independence for aging residents—an important consideration as LIHTC properties grow in prominence among apartment construction.
- Fourth, Section 202 properties for older persons have somewhat more success than LIHTC properties for older persons in providing services for residents, such as onsite laundry, recreation, transportation, and assistance with personal activities. LIHTC properties that do not target older persons are much less likely to have any of these services.

some Section 202 properties, through the Congregate Housing Services Program. In addition, the Section 202 program includes budget set-asides for some properties through its Service Coordinator Program. For both Section 202 and LIHTC properties, those service coordinators are almost always paid, and are about evenly split between full and part time.

In general, services are somewhat more common in Section 202 properties for older persons than in LIHTC properties for older persons, and both are significantly more likely to have services than LIHTC properties that do not target older persons. For instance, 75 percent of Section 202 properties for older persons had a laundry facility, as did 70 percent of LIHTC properties for older persons (see Exhibit 2). Seventy-three percent of Section 202 properties for older persons had social/recreational activities arranged or provided by management, compared to 60 percent of LIHTC properties for older persons and 30 percent of other types of LIHTC properties. Thirty-four percent of Section 202 properties for older persons provided or arranged for transportation for their residents, compared to 22 percent of LIHTC properties for older persons and 6 percent of other types of LIHTC properties.

Across the range of services offered, the funding source was frequently the resident's own funds. In fact, 30 percent of Section 202 properties for older persons and 38 percent of LIHTC properties for older persons relied solely on funds from residents for any services that they offered. But outside sources were sometimes available. For instance, 25 percent of Section 202 properties for older persons that provided services used (at least in part) city or state program funds, as did 19 percent of LIHTC properties for older persons that provided any services. And 21 percent of Section 202 properties for older persons that provided services used funding from charitable

organizations, compared to 10 percent of LIHTC properties for older persons that provided any services.

### **Conclusion**

Many older renters, particularly those with very low incomes, experience serious problems because housing is unaffordable or their rental units do not support aging in place. The AARP 2006 survey of subsidized housing managers demonstrates that Section 202 housing for older persons and LIHTC housing for older persons can play important roles in providing affordable housing suited to the changing needs of an aging population. Yet the survey also demonstrates that **the need for such housing is far outpacing the supply, and that further improvements in architectural features and service delivery are needed in both types of properties.**

### **Methodology**

The findings of this report are based on a survey designed and funded by AARP. The data collection was conducted by Readex Research of Minnesota. The population of interest was all properties listed by the Department of Housing and Urban Development in three publicly available lists: Section 202 properties, Section 811 properties, and LIHTC properties. The sample was stratified by property type to theoretically generate sufficient response for analysis of each segment. Mailings were addressed to the property manager. Data are weighted in the tabulation to restore correct proportionality by type.

In early July 2006, Readex mailed postcards to all 4,000 sample members, alerting them of the survey to come and soliciting their cooperation. Survey kits were mailed to all sample members on July 21. Reminder postcards were mailed one week later encouraging respondents to complete and return the questionnaire. On August 10 a second survey kit was mailed to 3,166 individuals not yet responding. This was

*Section 202 Housing for Older Persons*

The Section 202 Supportive Housing Program was originally authorized under the National Housing Act of 1959 to produce properties serving the housing needs of older persons and persons with disabilities. The funding mechanism was a direct loan subsidized by the Department of Housing and Urban Development (HUD). As a result of the National Affordable Housing Act of 1990, the funding mechanism was converted to capital grant, and the program was divided into two separate programs: Section 202 for older persons, and Section 811 for persons with disabilities. Older properties serving one or both populations continued to operate under Section 202; however, this Data Digest focuses only on properties serving primarily older persons, regardless of when they were built. Currently, the Section 202 stock includes more than 270,000 residential units designated for older persons<sup>5</sup> and produces an estimated 4,500 new residential units each year.<sup>6</sup> Resident income eligibility is set at 50 percent of median area income, though in practice most housing is targeted for those earning less than 30 percent of median area income.

**Background: Rental Housing Crisis**

The affordability problem for older renters is part of a larger crisis in affordable rental housing. A recent report from Harvard's Joint Center for Housing Studies concludes that the stock of affordable rental housing has been declining for more than 30 years, and that 1.2 million units were lost from the affordable inventory between 1993 and 2003.<sup>7</sup> Another report from the Department of Housing and Urban Development found that in 2003, there were 5.18 million renter households with "worst case" housing needs (defined as very low-income renters without housing assistance, paying more than half their income toward housing or living in severely substandard housing). Of those 5.18 million renter households with worst

*Low-Income Housing Tax Credit Program*

The Low-Income Housing Tax Credit program was established as part of the Tax Reform Act of 1986 and has since become the major federal subsidy program supporting the production of affordable rental housing units for people of all ages. The LIHTC program operates by providing a certain number of tax credits, in dollar amounts, to qualified housing providers. A state's total pool of tax credits is determined by a formula based primarily on population. Housing providers can raise capital by "selling" those credits to limited partners. State agencies that allocate tax credits consider whether projects will serve a specific population with special needs, and housing projects for older persons serve one such special need. Depending on the assistance formula, housing providers set aside a certain share of their units for renters earning less than 50 or 60 percent of area median income. As of 2003, more than 23,000 projects had been developed with more than 1.1 million units for low-income households. In recent years, the program has authorized more than 70,000 low-income units annually<sup>8</sup> and has become a major incentive for multifamily rental construction (in 2005, only 113,000 unfurnished rental apartments of all kinds were built nationally).<sup>9</sup> It is estimated that around 30 percent of properties are intended "primarily" for older persons, though in fact only 14 percent are explicitly age-restricted.<sup>10</sup> In this Data Digest, LIHTC housing properties intended primarily for older persons are treated separately from other types of LIHTC properties (which may serve mixed populations, or other special populations such as homeless persons).

case needs, 1.13 million were headed by someone age 62 or older. In fact, among households with very low incomes, older households were more likely than other family types with comparable incomes to have worst case needs.<sup>11</sup> In addition, much

of the rental housing stock that now exists is aging—the median age of occupied rental units in 2005 was 35 years. As a consequence, many units are built to design standards that predate the minimum requirements of federal accessibility guidelines.<sup>12,13</sup>

### **Detailed Findings of the Survey**

#### *Resident Characteristics*

Residents in properties for older persons are aging in place. The average age of older residents in subsidized housing units was 74 for Section 202 housing for older persons<sup>14</sup> and 71 for LIHTC properties for older persons. Among other types of LIHTC properties, the average age of older residents was reported to be 68.

Many older residents of Section 202 and LIHTC properties for older persons are experiencing some level of frailty or disability. This finding is consistent with other research that shows older subsidized renters have relatively high levels of disability compared to older renters in unsubsidized housing.<sup>15</sup> The questionnaire asked property managers to estimate the share of their older residents who were frail (having difficulty walking or performing everyday tasks) or disabled. The survey was not intended to probe property managers in any great depth or detail, and they may have had divergent views of what frailty or disability means.

The results indicate a relatively high population of older persons who may need supportive services to continue living independently. Property managers of Section 202 units for older persons indicated that an average of 36 percent of residents age 62 and older were frail or disabled.<sup>16</sup> Similarly, property managers of LIHTC properties intended primarily for older persons indicated that an average 38 percent of residents age 62 and older were frail or disabled. By comparison, property managers in other types of LIHTC properties reported

that an average of 14 percent of older residents were frail or disabled.

#### *Vacancy Rates*

Vacancy rates<sup>17</sup> for units in Section 202 housing for older persons and LIHTC properties for older persons are considerably lower than for the other types of rental housing. For instance, the overall vacancy rate for units in Section 202 housing for older persons stood at an average of 2.6 percent in 2006,<sup>18</sup> and 64 percent had no vacancies at all. Similarly, units in LIHTC properties serving older persons had a vacancy rate of only 1.5 percent, with 76 percent having no vacancies at all. Among other types of LIHTC properties, the vacancy rate was 3.5 percent, with 60 percent of properties having no vacancies. By comparison, the national vacancy rate for all rental units in the United States (most of which are not subsidized) was 9.6 percent in the second quarter of 2006.<sup>19</sup>

#### *Waiting Lists and Resident Turnover*

The waiting lists for subsidized housing in the survey were generally very long. Approximately 90 percent of Section 202 properties for older persons maintained a waiting list for units, as did 81 percent of LIHTC properties for older persons and 67 percent of other LIHTC properties. On average, there were 50 applicants waiting for a unit to become available in a Section 202 property for older persons, compared to 38 applicants for an LIHTC property for older persons and 45 for other LIHTC properties. In some cases, waiting lists were so long that the lists were closed to any new applications. Approximately 9 percent of Section 202 properties for older persons that maintained a waiting list had closed it to any new applications, as had 2 percent of LIHTC properties for older persons and 6 percent of other LIHTC properties.

Resident turnover is relatively low in subsidized housing for older persons. Older residents in those properties are, as a group,

less mobile than younger renters. Older residents are more frequently on fixed incomes and retired, while younger families are more likely to be pursuing jobs or education. Many older persons who have aged in place may be frail or have other age-related issues that make it difficult to move. In fact, the goals for housing programs depend on the population they serve. The goal for young families is to enable them to move on to unsubsidized housing, whereas the goal for older persons is to allow them to age in place and remain out of expensive institutional settings. Property managers reported that the average length of stay for residents in Section 202 housing was 7.8 years. Among LIHTC properties for older persons, the average length of stay was 6.3 years, compared to 4.4 years for other types of LIHTC properties.

Using survey questions on average length of stay, the number of units, and the length of the waiting list, it is possible to estimate the number of people on the waiting list per unit that becomes available annually. This type of estimate was used in previous AARP surveys of Section 202 housing for older persons to illustrate the need for this form of housing.<sup>20</sup> In 1988, the ratio of applicants to available units was 8:1. In 1999, the ratio was 9:1. In 2006, it was 10:1. The consistency of these estimates shows that demand for Section 202 housing for older persons has continued to be high over the past 16 years.<sup>21</sup> By comparison, the ratio for LIHTC properties for older persons was 5:1, and the ratio for other types of LIHTC properties was 8:1.

Long waiting lists, combined with low vacancies and slow rental turnover, often result in a lengthy waiting period for applicants. Property managers report that the average number of months spent on a waiting list by people applying for Section 202 housing for older persons was 13.4 months. Forty-three percent of these property managers reported that the typical

applicant spends a year or more on the waiting list. Similarly, property managers of LIHTC properties for older persons report an average of 11.5 months on the waiting list, but as with the Section 202 managers, 43 percent reported a waiting period of a year or more. By comparison, time on the waiting list for other types of LIHTC properties averaged nine months, with 26 percent having a waiting period of a year or more.

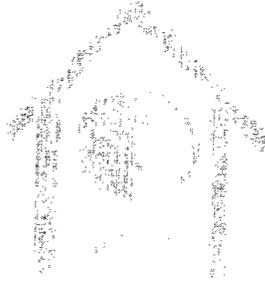
#### *Features of Properties and Units*

Section 202 properties for older persons and LIHTC properties for older persons are far more likely than other types of LIHTC properties to offer architectural and other features that help older residents maintain independence and a high quality of life. The distinction is important, because it suggests that unless multifamily rental apartments are specifically designed with the needs of older persons in mind, the market will have difficulty serving their needs. Even among Section 202 properties for older persons and LIHTC properties for older persons, there is need for further improvement to better meet the needs of an aging population.

Eighty-eight percent of units in Section 202 properties for older persons had some kind of one-way emergency call system (e.g., a pull cord to a signal), compared to 58 percent of units in LIHTC properties for older persons and 13 percent of units in other types of LIHTC properties (see Exhibit 1). Eighty percent of units in Section 202 properties for older persons had grab bars in at least one bathroom, compared to 65 percent of units in LIHTC properties for older persons and 18 percent of units in other LIHTC properties. However, features that required major design considerations (such as wheelchair-accessible entry doors, bathrooms, and kitchens) were more common in LIHTC properties for older persons than in Section 202 properties for older persons, perhaps because the latter are generally older than LIHTC properties and



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**Affordable Assisted Living:  
Surveying the Possibilities**

Jenny Schuetz

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Any opinions expressed are those of the author and not those of the Joint Center for Housing Studies of Harvard University or of any of the persons or organizations providing support to the Joint Center for Housing Studies.

## Affordable Assisted Living: Surveying the Possibilities

Jenny Schuetz  
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January 2003

## Executive Summary

The growing number of frail seniors in the U.S. has prompted considerable concern over the provision of long-term care. Seniors are living longer and staying healthier than at any point in history, yet most seniors reach a point when they need some assistance with activities of daily living<sup>1</sup>. Because of demographic and lifestyle changes, such as increased mobility, smaller family sizes, and the increased proportion of women in the workforce, seniors are less likely to move in with adult children as a means of receiving such needed assistance. Over the past decade, a private market in assisted living has emerged to address this intermediary stage between independent living and skilled nursing facilities. Assisted living facilities offer a combination of housing, supportive services and personal care (not including medical care) that enables frail seniors to maintain maximum independence while receiving the assistance they need. While assisted living has become an increasingly popular option with upper- and middle-income seniors, the high costs of the product put it out of reach of low- to moderate-income groups. However, as the number of frail seniors at all income levels increases, the housing and care needs of lower-income seniors must also be addressed. In particular, this will require a discussion of how public funds can and should be used to cover a portion of the housing and care needs of low-income seniors. Currently assisted living receives minimal public funding, although Medicaid funds are used extensively for nursing home expenses. As consensus grows that assisted living offers a more desirable environment to consumers, as well as potential cost savings to the government, there should be a concerted effort to provide assisted living that is affordable to seniors of limited means.

This paper examines the demand for affordable assisted living, lessons from the private-pay market, and specific challenges of assembling a financing package to subsidize the development

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<sup>1</sup> Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) are the recognized benchmarks for assessing whether seniors need assisted living services. A discussion of ADLs and IADLs is included at the end of this paper.

and operation of affordable assisted living facilities. Key findings from the paper are presented below.

Section 1 reviews the senior population, focusing on factors that are relevant to the potential market for assisted living, and particularly for an affordable product. There is a large and growing number of frail seniors who require assistance with daily activities. Many of those seniors cannot afford private pay assisted living.

- Of the 18.4 million seniors in the U.S., 35 percent are between 75 and 84, while 12 percent are over age 85. The need for assistance increases dramatically with age. Although only 4.5 percent of the senior population resides in nursing homes, 18 percent of seniors age 85 and older live in nursing homes. An estimated 1.4 million seniors received assistance with two or more activities of daily living in 2000, and this number is expected to rise to 2.7 million by 2030.
- Over nineteen million seniors (nearly 55 percent of the senior population) have annual incomes of less than \$15,000. Another 7.5 million seniors (22 percent) have incomes less than \$25,000. These seniors would require significant financial assistance from families or government to afford private-pay assisted living.
- Physical needs tend to be higher for low-income seniors. Older renters are more likely to need assistance than older homeowners, and subsidized older renters have higher rates of physical difficulty or disability than unsubsidized older renters.

Section 2 examines lessons from the private-pay industry. The experience of the private-pay industry reveals that assisted living is a costly, operationally complex product.

- Fees at most private pay assisted living facilities range from \$2,000-\$4,000 per month, with a national average of \$2,159. Roughly 35 percent of this pays for housing, the

remaining 65 percent for services including meals. Assuming that seniors are willing to pay around 80 percent of their income for a combination of housing and services, a post-tax annual income of \$32,385 would be needed to afford the average private-pay facility.

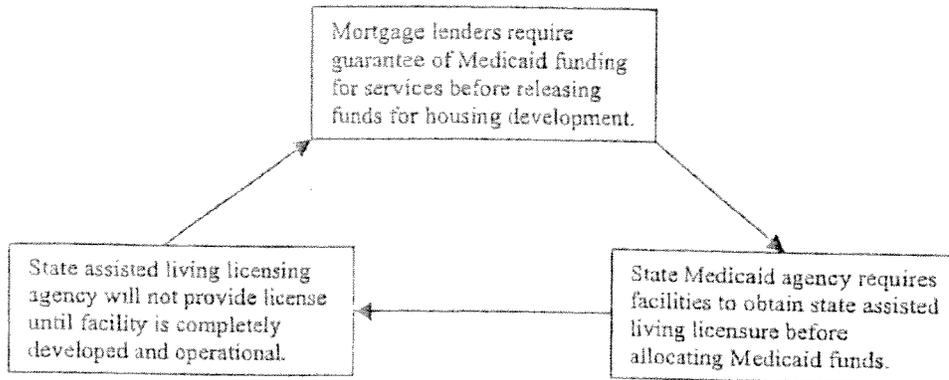
- Average nursing home fees are over twice as high as average assisted living facility fees. However, to date public funding has been more widely available to cover the costs of nursing homes than assisted living facilities. In 2001, government funding accounted for only five percent of the revenue in assisted living, compared to 70 percent of the revenue in nursing homes.
- The combination of housing and supportive services makes assisted living operationally difficult. Providers need expertise in housing development, housing management and service provision, or must find partners that complement their strengths.
- Seniors are reluctant to leave an independent living situation, and the decision to do so is driven more by poor health, retirement, or the death of a spouse than by economic variables such as income and housing prices. Seniors generally prefer to remain in their current homes, indicating a potential need for assisted living services in seniors facilities generally intended for independent living.
- During the 1990s, the private-pay market experienced problems with demand estimation, resulting in over-supply and financial difficulties for many facilities. As a result, lenders and investors are nervous about further support of assisted living in both private and public markets.

Section 3 presents the various funding mechanisms that can be used to develop and operate affordable assisted living. To bring down the costs of assisted living into a range affordable to low- and moderate-income seniors, project sponsors must access a variety of subsidies for

housing development, housing operation, and service provision. The various subsidy programs are not easily combined, adding more difficulty to developing an already complex product.

- Most subsidies cover only part of the costs of assisted living. For instance, low-income housing tax credits can be used to lower the costs of development, but do not cover housing operation or services. Even programs designed to facilitate the development of assisted living, such as HUD's Assisted Living Conversion Program, cover physical development or rehabilitation and housing operations but not services. Assembling a package of funding sources is difficult, time-consuming, and costly. At best, the complexity of financing delays the development process and drives up costs. At worst, it discourages potential sponsors from attempting to develop affordable assisted living at all.
- The various eligible public funding sources are administered through a number of different federal, state and local agencies, including the federal Department of Housing and Urban Development; state housing finance agencies, local housing authorities, and state Medicaid administering agencies. Each agency – indeed, each program – maintains different income eligibility standards, different sponsor eligibility requirements, different application timelines, and different levels of understanding of assisted living as a product.
- Each state sets its own regulatory guidelines for assisted living. Some states follow a primarily medical model in which assisted living is quite similar to a skilled nursing environment. Other states follow a primarily residential model.
- Funding for the service component of assisted living is generally provided a few years at a time. By contrast, development of the physical facility requires a long-term mortgage loan plus long-term housing subsidies. Sponsors, lenders and providers of housing subsidies are reluctant to commit development funds up front when there is a risk that the service funding may not be renewed.

- The fragmentation of oversight results in regulatory confusion, political instability over the reliability of funding, and further exacerbates the concerns of private lenders and investors who view assisted living as a risky undertaking. The graphic below illustrates a typical Catch-22 situation in developing affordable assisted living.



To address the problems created by the complicated and poorly integrated housing and health care funding systems, several states have begun initiatives to facilitate the development of affordable assisted living. Section 3.6 outlines initiatives taken by Florida, Maine, Massachusetts and Michigan.

- Because so many of the funding programs are administered through state agencies, state governments are well positioned to link explicitly housing and service funding sources. Michigan has a pilot program that reserves Section 8 vouchers for Medicaid waivers recipients. Florida is experimenting with project-basing Medicaid for a more stable source of revenues.
- Successful efforts require coordination between state agencies. In Massachusetts and Florida, the departments of Elder Affairs have taken the lead on state initiatives, working closely with the state housing finance agencies, Medicaid administering agencies, and project sponsors, including local housing authorities.

- Targeted state funding programs are intended to enhance provision of assisted living and may be part of a fiscal effort to make better use of Medicaid funding. Maine has made a concerted effort to shift spending on long-term care towards home- and community-based care as a means of covering more people with limited funds. Medicaid is a crucial source of funding for services, but budget shortfalls are pressuring many states into tighter allocation of Medicaid even as the size of the senior population is expanding.

Despite the seemingly overwhelming challenges to developing affordable assisted living, a number of public agencies and not-for-profit organizations have managed to develop affordable assisted living or similar housing-with-supportive-services arrangements. Section 4 of the paper presents profiles of several projects that were successful in navigating the complex regulatory frameworks and multiple finance systems to assemble the necessary funding for assisted living that serves very-low, low and moderate-income seniors. The project profiles illustrate both the complexities involved in developing affordable assisted living and the ingenuity of project sponsors in adapting to their varied and complex environments.

- Each project uses a unique combination of funding sources, but all include separate sources for housing development, housing operation and supportive services. Two projects rely entirely on federal funds, the others use a combination of federal, state, local, and foundation sources. As might be expected, the complexity of financing packages depends on the underlying costs; the two most complex deals are in the high development cost areas of Cambridge, Massachusetts, and San Francisco.
- All projects rely at least partially on Medicaid funds to cover service provision. Several sponsors reported that the amount of reimbursement was insufficient to cover actual costs of services and had sought other supplements.

- The model of service provision is often driven by state regulation of assisted living. Only two of the projects profiled are licensed as assisted living; two are registered but not licensed and one combines independent living apartments with a licensed adult day health center.
- A variety of financial and regulatory problems can cause significant delays in the development process. One project had difficulty obtaining local zoning approval, another experienced delayed release of funds from HUD.
- Each project was built on the relative strengths of the team members. Development and management teams were assembled to include expertise in financing, housing management, service provision, and health care. All lead developers had strong existing ties to current or potential residents, funding agencies and the community at large.

Finally, Section 5 offers some possible policy options and recommended strategies to facilitate what is currently an uphill task. Any effective effort to promote the development of affordable assisted living will require greater coordination between all the players as well as targeted initiatives by government agencies, foundations, research and professional organizations, and project sponsors.

- The federal government should modernize and reposition existing affordable senior housing stock, add services to senior housing, support production programs, and reduce financial risks to private lenders and investors.
- State governments should coordinate administration of multiple funding streams, attempt project-basing of operating subsidies, spearhead coordinated initiatives, develop flexible regulation of facilities, and facilitate the appropriate application of Medicaid funds for assisted living.

- Foundations, research and professional organizations should facilitate conversations between project sponsors and government funders, provide technical and financial assistance to both sponsors and state agencies, collect and disseminate information about ongoing efforts, fund demonstration grants to test promising approaches, and sponsor and conduct additional research.
- Project sponsors should identify strengths, form strategic partnerships, become familiar with the regulatory environment, investigate possible funding sources, be aware of private-pay market activity, network with other project sponsors, and develop reserves to deal with funding gaps.

To date the response to the housing and health care needs of seniors has been a patchwork effort. Identifying a large market of frail seniors with the need for supportive housing but a desire to maintain their independence, the private-pay market has developed a product that has attracted many middle- and upper-income seniors, albeit with some initial overestimation of demand. Not-for-profit organizations and public agencies have attempted to provide a similar model of supportive housing for low- and moderate-income seniors, but are struggling with unwieldy and poorly coordinated housing and health care finance systems and a perennial shortness of funds. Although coordinating efforts across the various dimensions and agencies will not be easy, this is not a problem that can be ignored or left to sort itself out. After all, the growth of the senior population over the past decade is just a precursor to the retirement of the baby boomers, beginning in 2010. The next eight years offer an opportunity to develop a more coherent approach to seniors' housing and health care needs before the true test of our financial resources and commitment to our older citizens arrives.

# Bureau of the Census Statistical Brief

## Sixty-Five Plus in the United States

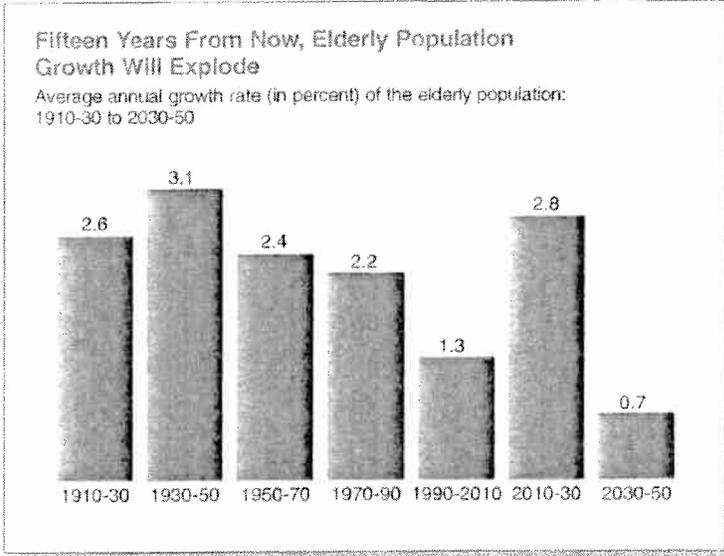
*America's elderly population is now growing at a moderate pace. But not too far into the future, the growth will become rapid. So rapid, in fact, that by the middle of the next century, it might be completely inaccurate to think of ourselves as a Nation of the young: there could be more persons who are elderly (65 or over) than young (14 or younger)!*

The elderly population has grown substantially in this century ...

During the 20th century, the number of persons in the United States under age 65 has tripled. At the same time, the number aged 65 or over has jumped by a factor of 11! Consequently, the elderly, who comprised only 1 in every 25 Americans (3.1 million) in 1900, made up 1 in 8 (33.2 million) in 1994. Declining fertility and mortality rates also have led to a sharp rise in the median age of our Nation's population — from 20 years old in 1860 to 34 in 1994.

... and will continue to rise well into the next century ...

According to the Census Bureau's "middle series" projections, the elderly population will more than double between now and the year 2050, to 80 million. By that year, as



many as 1 in 5 Americans could be elderly. Most of this growth should occur between 2010 and 2030, when the "baby boom" generation enters their elderly years. During that period, the number of elderly will grow by an average of 2.8 percent annually. By comparison, annual growth will average 1.3 percent during the preceding 20 years and 0.7 percent during the following 20 years. (See graph above.)

... especially for the oldest old.

The "oldest old" — those aged 85 and over — are the most rapidly growing elderly age group. Between 1960 and 1994, their numbers rose 274 percent. In contrast, the elderly population in general rose 100 percent and the entire U.S. population grew only 45 percent. The oldest old numbered 3 million in 1994, making them

10 percent of the elderly and just over 1 percent of the total population. Thanks to the arrival of the survivors of the baby boom generation, it is expected the oldest old will number 19 million in 2050. That would make them 24 percent of elderly Americans and 5 percent of all Americans.

We're living longer.

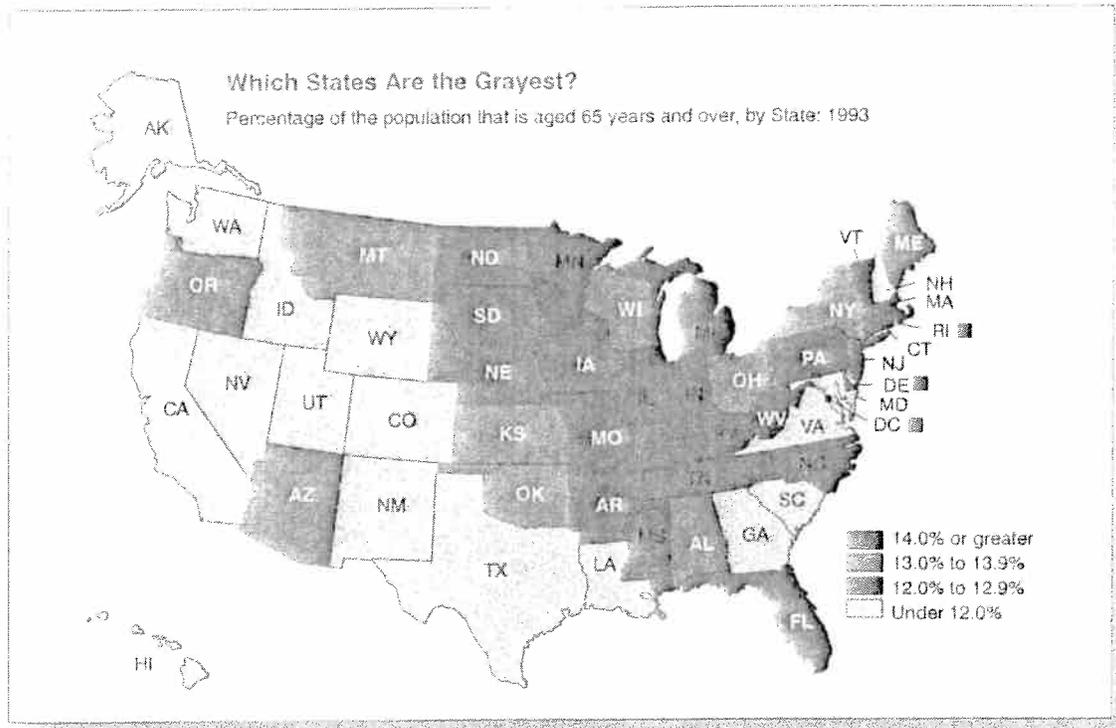
Back when the United States was founded, life expectancy at birth stood at only about 35 years. It reached 47 years in 1900, jumped to 68 years in 1950, and steadily rose to 76 years in 1991. In 1991, life expectancy was higher for women (79 years) than for men (72 years).

Once we reach age 65, we can expect to live 17 more years. During the 1980's, post-65 life expectancy improved for all race/sex groups.



SB/95-8  
Issued May 1995

U.S. Department of Commerce  
Economics and Statistics Administration  
BUREAU OF THE CENSUS



The biggest improvement (a rise of over 1 year) belonged to White men.

The elderly are becoming more racially and ethnically diverse.

In 1994, 1 in 10 elderly were a race other than White. In 2050, this proportion should rise to 2 in 10. Similarly, the proportion of elderly who are Hispanic is expected to climb from 4 percent to 16 percent over the same period.

California has the largest number of elderly, but Florida has the highest percentage.

Our most populous States are also the ones with the largest number of elderly. In 1993, nine States had more than 1 million elderly. California, with 3.3 million, led the way, followed by Florida, New York, Pennsylvania, Texas, Ohio, Illinois, Michigan, and New Jersey.

Meanwhile, the States with the greatest proportion of elderly are generally different from those

with the greatest number. Two exceptions, however, were Florida, where 19 percent of residents were elderly, and Pennsylvania, where 16 percent were. These 2 States led the Nation percentage-wise and, as just mentioned, ranked in the top 4 numerically. In-migration of the elderly contributed to Florida's high rankings. Joining Florida and Pennsylvania in having high proportions of elderly (14 percent or more) were 10 other States, including several sparsely populated Farm Belt States, such as North Dakota and Nebraska. (See map above.) Out-migration of the young contributed to the high proportions in these States and in Pennsylvania.

During the 1980's, the greatest percent increases in elderly population were mostly in Western States and Southeastern coastal States.

Elderly women outnumber elderly men ...

Men generally have higher death rates than women at every age.

As a result, elderly women outnumbered elderly men in 1994 by a ratio of 3 to 2 — 20 million to 14 million. This difference grew with advancing age. At ages 65 to 69, it was only 6 to 5. However, at age 85 and over, it reached 5 to 2. As more men live to older ages over the next 50 years, these differences may narrow somewhat.

... consequently, while most elderly men are married, most elderly women are not.

In 1993, noninstitutionalized elderly men were nearly twice as likely as their female counterparts to be married and living with their spouse (75 percent versus 41 percent). Elderly women, on the other hand, were more than three times as likely as elderly men to be widowed (48 percent versus 14 percent). The remaining men and women were either separated, divorced, had never married, or had absent spouses. Thus, while most elderly men have a spouse for assistance, especially when health fails, most elderly women do not.

**Many elderly live alone.**

Another consequence of the relative scarcity of elderly men is the fact that elderly women were much more likely than men to live alone. So much more likely, in fact, that 8 in 10 noninstitutionalized elderly who lived alone in 1993 were women. Among both sexes, the likelihood of living alone increased with age. For women, it rose from 32 percent for 65- to 74-year-olds to 57 percent for those aged 85 years or more; for men, the corresponding proportions were 13 percent and 29 percent.

**More of us may face dependency ....**

Many assume health among the elderly has improved because they, as a group, are living longer. Others hold a contradictory image of the elderly as dependent and frail. The truth actually lies somewhere in between. Poor health is not as prevalent as many assume. In 1992, about 3 in every 4 noninstitutionalized persons aged 65 to 74 considered their health to be good. Two in three aged 75 or older felt similarly.

On the other hand, as more people live to the oldest ages, there may also be more who face chronic, limiting illnesses or conditions, such as arthritis, diabetes, osteoporosis, and senile dementia. These conditions result in people becoming dependent on others for help in performing the activities of daily living. With age comes increasing chances of being dependent. For instance, while 1 percent of those aged 65 to 74 years lived in a nursing home in 1990, nearly 1 in 4 aged 85 or older did. And among those who were *not* institutionalized in 1990-91, 9 percent aged 65 to 69 years, but 50 percent aged 85 or older, needed assistance performing everyday activities such as bathing, getting around inside the home, and preparing meals. (See graph at right.)

... and increasing numbers of people will have to care for very old, frail relatives.

As more and more people live long enough to experience multiple, chronic illnesses, disability, and dependency, there will be more and more relatives in their fifties and sixties who will be facing the concern and expense of caring for them. The parent-support ratio gives us an approximate idea of things to come. This ratio equals the number of persons aged 85 and over per 100 persons aged 50 to 64. Between 1950 and 1993, the ratio tripled from 3 to 10. Over the next six decades, it could triple yet again, to 29.

**Heart disease, cancer, and stroke are the leading causes of death among the elderly.**

Of the 2.2 million Americans who died in 1991, 1.6 million (or 7 in 10) were elderly. Seven in 10 of these elderly deaths could be attributed to either heart disease, cancer, or stroke. Though death rates from heart disease have declined for the elderly since the 1960's, this malady remains the leading cause of death among them. Death rates

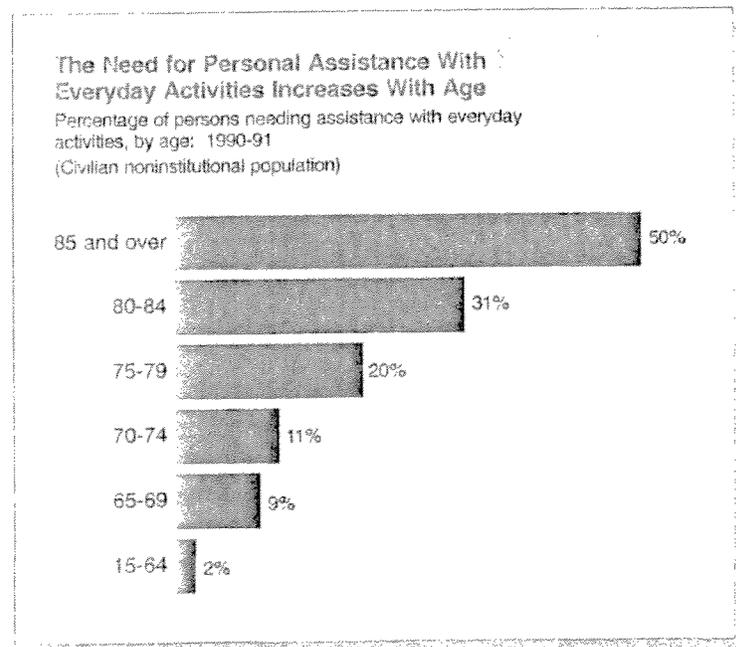
from cancer, on the other hand, have increased since 1960.

**Poverty rates vary greatly among subgroups ....**

The perception of "elderly" and "poor" as practically synonymous has changed in recent years to a view that the noninstitutionalized elderly are better off than other Americans. Both views are simplistic. There is actually great variation among elderly subgroups. For example, in 1992 —

- The poverty rate, 15 percent for those under age 65, rose with age among the elderly, from 11 percent for 65- to 74-year-olds to 16 percent for those aged 75 or older.
- Elderly women (16 percent) had a higher poverty rate than elderly men (9 percent).
- The rate was higher for elderly Blacks (33 percent) and Hispanics (22 percent) than for Whites (11 percent).

As the graph on the next page shows, poverty became less prevalent during the 1980's for every elderly sex/race/ethnic group. In



addition, within each race/ethnic group, poverty was more common for women than for men at both the decade's beginning and end.

... is does median income.

In constant 1992 dollars, the median income for elderly persons more than doubled between 1957 and 1992 (from \$6,537 to \$14,548 for men, from \$3,409 to \$8,189 for women).

However, income disparities persist among various elderly subgroups. Age, sex, race, ethnicity, marital status, living arrangements, educational attainment, former occupation, and work history are characteristics associated with significant income differences. For instance, elderly White men had much higher median incomes than other groups. In 1992, their income was more than double that of elderly Black and Hispanic women (\$15,276 versus \$6,220 and \$5,968, respectively). The difference in median income between Black and Hispanic women was not statistically significant.

The elderly of the future will be better educated.

Research has shown that the better educated tend to be healthier

and better off economically. In 1993, noninstitutionalized elderly were less likely than those aged 25 to 64 to have completed at least high school (60 percent versus 85 percent) and more likely to have only an eighth grade education or less (24 percent versus 6 percent). The percent with less than a 9th-grade education rose with age for the elderly.

Fortunately, the proportion of elderly with at least a high school education will increase in the coming decades. That's because nearly 8 in 10 persons aged 55 to 59 in 1993 had at least a high school education; the same was true for nearly 9 in 10 persons aged 45 to 49. Additionally, while only 12 percent of the elderly had college degrees, 20 percent of 55- to 59-year-olds and 27 percent of 45- to 49-year-olds did.

More information: *Sixty-Five Plus in the United States*, an upcoming report supported by funding from the National Institute on Aging (NIA), greatly expands on the information in this Brief. It will be released in summer 1995. Call Customer Services (301-457-4100) then for ordering information. In addition, "Housing of the Elderly," *Statistical Brief* 94-33, contains

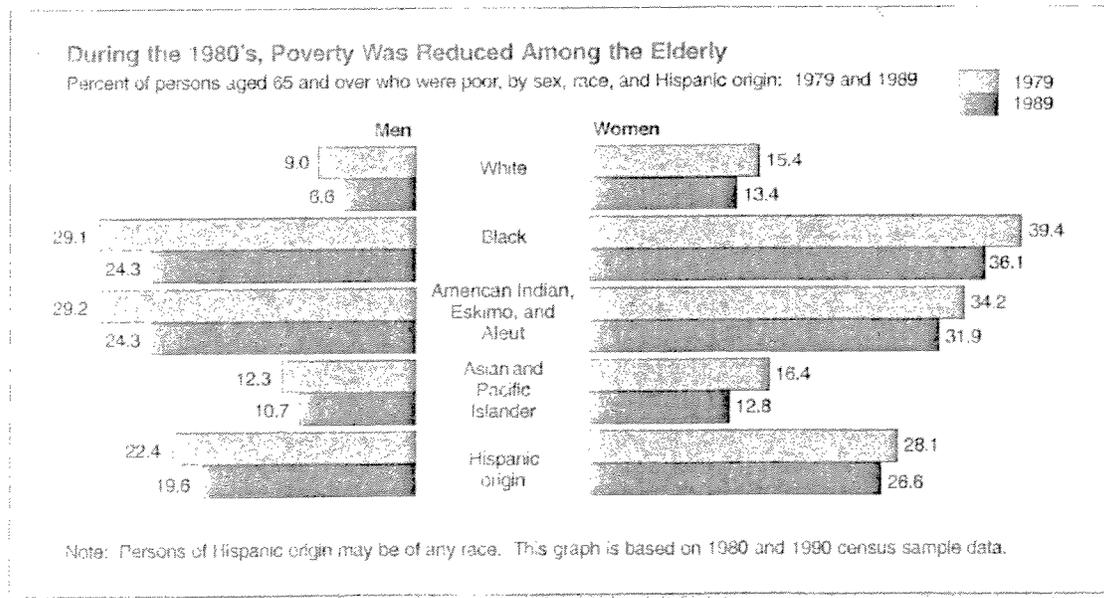
information on topics such as the chances of elderly householders owning their home, the type of structures they lived in, and the odds of their lacking amenities such as plumbing and telephones in their homes. Customer Services can send you a free copy.

**Contacts:**

Elderly population —  
 Frank Hobbs or  
 Bonnie Damon  
 301-457-2378

Statistical Briefs —  
 Robert Bernstein  
 301-457-1221

*This Brief, supported by funding from the NIA, is one of a series that presents information of current policy interest. It includes data from censuses, surveys, and other sources. Survey statistics in this Brief are subject to sampling variability, as well as survey design flaws, respondent classification errors, and data processing mistakes. The Census Bureau has taken steps to minimize errors, and analytical statements have been tested and meet statistical standards. However, because of methodological differences, use caution when comparing these data with data from other sources.*



**EXHIBIT 5**

*A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:*

- (c) *A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.*

All of the services listed above, such as home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services are available to Tower One residents and to elders in the community in a splintered manner. New Haven residents will receive assistance from a service coordinator to access these fragmented community based services and scarce funding resources.

Attached please find the chart which describes alternate care and services that are available for elders in the area.

Local Alternate Care and Services

SERVICE	EXTENT	TYPE	AVAILABILITY	COST	COMMENTS
Home Health Care	2 locally (within 5 mile radius)	Medicare/Medicaid Certified. Offer nursing, aide, all therapies, and specialty services	Primarily Mon-Fri. Weekends if needed, limited staffing. On-call 24-hours a day, 7 days a week	RN-Price per visit \$112.50-\$149.00	
Adult Day Health	3 locally (within 5 mile radius)	Medical	Monday-Friday 8 AM-5 PM	Price per client per day: Private Pay=\$75.00 Medicaid=\$63.55	No weekends, No major holidays
Housekeeping	3 private / public organizations within a 5-8 mile radius	Private	Very limited availability, only available certain days and times	Price per hour: Free if eligible - \$22.00-\$40.00 per visit . \$10-\$15 for laundry.	These agencies provide <i>light</i> housekeeping only. Community Action provides housekeeping services free of charge.
Meals Programs	2 options locally	Meals on Wheels, Towers Cafe	M.O.W: Monday-Friday (one meal/day) Cafe is open daily 8am - 1:30pm	Free and up	For M.O.W provided through CHCPE free of charge. Donations accepted up to \$2.50 daily.  For Senior Center(s) must register 2 days in advance.
Transportation	4 options locally	Greater NH transit district (My Ride), City of New Haven (Community Action) State of Connecticut (Logisticare), city bus.	Available 5-7 days a week.	My Ride \$2.50 each way. Community Action \$1.00 each way. Logisticare. City Bus service - Varies	Must call up to two weeks in advance for service. Wait times vary. Eligibility for programs are based on age, income and functional limitations.

**EXHIBIT 5**

*A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:*

*(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items in c. above)*

**Using the Analysis of Impediments to Fair Housing Choice to Document Need**

In the Analysis of Impediments To Fair Housing in New Haven compiled for the City of New Haven in 1996 and updated in 2003 [see attached], the following pertinent points are made:

1. Encourage the development of permanent supportive housing options.
2. Supportive housing services to help currently housed persons maintain their housing; and
3. Increase the level of services for persons who are currently housed, in order to increase their capacity to access and maintain permanent housing.

The project in New Haven, CT proposed by Tower One responds to these needs in the following ways:

1. The project calls for the conversion of units of safe, affordable housing for the elderly, which will include minority elderly.
2. The high level of supportive services available to the residents of this project will address the special needs of these elders.
3. The project provides affordable housing for very low income elders for at least the next 40 years.
4. Based on the provisions of the Section 202 and ALCP programs, the residents will pay no more than 30% of their income toward rent.

**As referred to in the attached letter from John DeStefano, Jr., Mayor of the City of New Haven, the ACLP project proposed by Tower One has responded to needs identified in the Analysis of Impediments prepared for the City of New Haven.**

ANALYSIS OF IMPEDIMENTS  
TO  
FAIR HOUSING CHOICE

CITY OF NEW HAVEN, CONNECTICUT

***DRAFT FOR PUBLIC COMMENT  
JANUARY 2003***

Originally Prepared: 1996  
Updated 2003

with the Housing Authority of New Haven and other city departments in order to encourage landlords to make accessibility modifications.

- Given the fact that persons with disabilities is the largest minority in the US, the Regional Workforce Development Board should have a representative on it's board from the City of New Haven who represents the interests of the Disability Community. A representative from the Dept. of Services for Persons with Disabilities should be invited to serve on the Regional Workforce Development Board.
- Provide housing search assistance resources to help families access housing opportunities in lower poverty neighborhoods of New Haven and its surrounding communities.
- Encourage the development of *permanent* supportive housing options.
- Reduce the incidence of homelessness through preventive measures, including supportive housing services to help currently housed persons maintain their housing.
- Increase the level of services, particularly mental health services, both for persons who are homeless and persons who are currently housed, in order to increase their capacity to access and maintain permanent housing.
- Conduct research to identify the mental health problems of residents, including "lower level" mental health problems such as depression that are too frequently unrecognized and untreated, and develop more effective service provision to help New Haven's families access and maintain appropriate housing.

The City of New Haven is committed to the provision of fair housing choice as evidenced by the numerous programs and activities it supports. As testament to its commitment, the City was one of the first in the nation to create a Commission on Equal Opportunities in 1964 followed by a Fair Housing Program in 1978. Current

## OFFICE OF THE MAYOR

165 CHURCH STREET • NEW HAVEN • CONNECTICUT 06510



JOHN DESTEFANO, JR.  
Mayor



*The vision of New Haven's children  
is our city's greatest resource.*

June 16, 2008

Dorothy Giannini-Meyers, CEO  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am writing to support the HUD Assisted Living Conversion Program grant application being submitted by the New Haven Jewish Community Council Housing Corp., Inc., a/k/a Tower One.

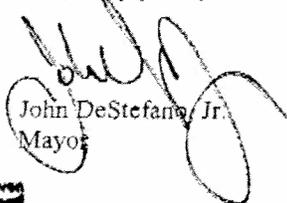
It is my understanding that this proposal will enable the continued modification and adaptation of the Tower One apartments and building, which is almost forty years old, so that it can meet the needs of current and future residents. The proposed project will increase the number of assisted living apartments in Tower One thus providing the accessible features necessary to meet the special needs of residents who need assisted living services.

The project also proposes to install a third elevator to the building to accommodate the safety, wellbeing and changing needs of the resident population. The current two elevators have become insufficient due to the large number of residents who now utilize walkers, wheelchairs and motorized scooters. Emergency medical personnel are often frustrated in their efforts to promptly reach a resident in need of emergency assistance because of long delays waiting for an elevator which places the safety of residents in jeopardy.

Meeting the needs of the elderly is a top priority for me. There is a serious need for affordable assisted living in our community and I believe that Tower One's ALCP project will continue to help us to meet that need.

If I can be of any further assistance please do not hesitate to call upon me or my staff.

Very truly yours,



John DeStefano, Jr.  
Mayor



phone 203.946.8200 fax 203.946.7683

*"This creative impression is the work of Jennifer Montalvo, a student at Nathan Hale School.*

**EXHIBIT 6**      *A description of the physical construction aspects of the ALF conversion, including the following:*

- (a)    *How you propose to carry out the physical conversion (including a timetable and a discussion of relocation planning).*

This application expands on the Assisted Living Conversion Program (ALCP) projects that were funded during ALCP FY 2000, FY 2001, FY 2002 and FY 2005. These projects accomplished the following:

ALCP FY 2000 - Tower One successfully converted three floors:

Converted 11 apartments into 10 fully accessible apartments and one common area on each floor to specifically support assisted living on each floor (total 30 apartments and 3 common/resident service areas.) Reorganized office space to meet resident service needs. Created a fully accessible entrance to the building.

ALCP FY 2001 – Tower One successfully converted the 5th floor:

Converted an additional floor of apartments (on the fifth floor) from 11 apartments to 10 fully accessible apartments and one common area specifically to support assisted living (total 10 apartments and 1 common/resident service area.) Restored dining space in the main dining room to replace the current dining area that will be incorporated into the new accessible entrance to the building. Developed a driveway to service the new accessible entrance that is off of the main road.

ALCP FY 2002 – Tower One successfully converted the 6th and 7th floors:

Converted two additional floors of apartments (the 6th and 7th floors) from a total of 22 apartments to 20 fully accessible apartments and two common areas specifically to support assisted living (all work conformed to UFAS). Each floor ended up with 10 assisted living units and 1 common/resident service area.

ALCP FY 2005 – Tower One successfully converted the 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> floors:

Converted three additional floors of apartments on the 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> floors from a total of 33 apartments to 24 fully accessible apartments and common area/laundry facility specifically to support assisted living (all work will conform to UFAS). The renovations on each floor will result in 8 assisted living units and 1 common/resident service area.

### **ALCP 2008 Apartment Conversion proposal**

We propose to impact 18 existing apartments on floors 11 through 20. The plan to renovate 2 existing units per floor to 16 assisted living units on floors 11 through 18. Two existing studio apartments, one each on floors 19 and 20 will be reconfigured into lobby/laundry areas. Included in this scope of work is the addition of a much needed assessable elevator, entrances to this new elevator through the creation of lobbies that join the existing elevator entries, laundry facilities, a mailroom and staff lounge that specifically support the assisted living activities. Most of the targeted units are presently occupied. We propose to move affected residents to apartments on other floors of Tower One or to apartments in Tower East, which is adjoined to Tower One. We project that it will take approximately 4 months to vacate residents. We will find comparable units through unit turnovers. We anticipate an average of 40 turnovers each year. This will enable us to relocate these residents temporarily. Once these floors are vacant, the renovation will begin. It is projected that it will take approximately 9 months to complete the renovation. Once the conversion is complete, we will begin relocating ALF eligible residents to the assisted living units.

#### **Relocation Plan during Physical Conversion**

Every effort will be made to **ease the transition of these elderly residents before and during the rehabilitation process**: staff will keep residents well informed of construction activities in advance and during the renovation process; the service coordinator and other service staff will attempt to **alleviate resident anxiety through regular face-to-face meetings with residents**, providing emotional support and counseling; management will assist residents in planning and conducting move-out and return to the resident units after the construction is completed.

**Tower One staff will notify the residents as soon as the ALCP funds are awarded to the project and the staff will be instructed that the project must adhere to the Uniform Relocation Act, as it is applicable.**

Please see attached to this exhibit, a certification from Tower One that the project will follow the standards and guidelines established by the Uniform Relocation Act and HUD handbook 1378.

Tower One has met with all residents who are impacted by this renovation to discuss this initiative. Please see the attached meeting notes.

### **The plan for relocation:**

- Inform residents of notification of selection and the applicability of the Uniform Relocation Act.
- Initiate temporary relocation of residents from their units to other units within the building. Vacancies will be created through attrition
- Construction will occur in phases. This project will convert 18 existing units into 16 assisted living units.
- Residents occupying the impacted units will be moved to the vacant units within our building.
- We estimate that the schedule for unit renovations will require 2-3 months to vacate the units and relocate the tenants in preparation for construction. Each unit will require approximately 4.5 months for the construction portion. Units will be renovated on a continuous schedule with the overall physical construction process taking 9 months. It will take 1 month to reoccupy a units once renovations are complete.
- ALF eligible residents will be relocated to the assisted living units

### **Construction Phasing of the Common areas:**

The conversion of the 16 residential units will be accomplished in concurrent phases. The general contract will start with 8 units and then continue with additional units. As each construction trade finalizes its work in one unit it will move on to the next. The work occurring in the common areas consists of regulatory improvements to the existing kitchen, upgrades to the existing dining room, upgrades to the existing grocery store, upgrades to the electrical system, a tub room and other common area spaces.

This work will occur concurrently with the phased conversion of the assisted living units. Tower One's goal is to achieve cost effectiveness and efficiency by careful scheduling of the trades as they are on the job site to accomplish the entire work scope (residential and common space renovations).

The relocation timeline for the project is as follows:

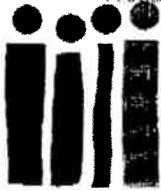
**Projected time line:**

Vacate Units: January 2009 – April 2009

Construction Period: May 2009 – December 2009

Re-Occupy Period: February 2010

**It is estimated that the physical construction period for the ALF Conversion will take approximately 9 months to complete.**



Tower One  
Tower East

Fostering Independence and Community - It's All Right Here

Certification of Intent to Follow the Uniform Relocation Act

This document is to certify that the New Haven Jewish Community Council Housing Corporation will follow the standards established in the Uniform Relocation Act. In addition, the management will notify all residents impacted by this initiative as stated in HUD Handbook 1378 Appendix 2 and will adhere to the guidelines specified in the HUD Handbook 1378

  
Dorothy Giannini-Meyers, President/CEO

*June 13, 2008*  
06/13/08



Tenants Advisory Council Board



Elderly, Male, Caucasian  
Elderly, Female, African-American  
Elderly, Female, African-American

March 27, 2008

**Tower One/Tower East  
Tenants Advisory Council Meeting**

Members present: about 50 tenants

Purpose of meeting: members given the opportunity to ask questions and give any complaints re: living quarters, activities, and whatever else they may feel.

Dorothy Moore will pass out to members and explain the Towers Local Service Directory.

Meeting now continued with Joe Mascia presiding. Tower East meeting room may be opened for 'take out delivery' from restaurants as Royal Palace Restaurant among others.

Reminder: April 6- Volunteer Registration Event to be held in the meeting room.

Sunday – May 4- Rosa DeLauro luncheon.

A large handmade quilt is being made for tenants to donate money and have their name placed on this quilt which will be exhibited on the wall in the dining room.

Questions – complaints or suggestions:

1. Saturday movies not being set up properly.
  - A. This is to be referred to Maintenance Dept. Resident Staff to be informed of such.
2. Question Starbucks coffee machine setup until 6PM
3. Elevator etiquette memo to be set up.
4. Super Bowl party set-up
5. Future set-up for Kentucky Derby party
6. Tower One will have trash cans for unwanted mail.

There were no other questions or comments at this time.

Mention was made of elevator on TE.

It has been showing floor #10 continuously, and it should be corrected soon.

More complaints about the long wait for an elevator in TO and questions about if another elevator is being planned. Hope for grant money from HUD to put an elevator on the outside of the Tower One building. Everyone agreed this is needed.

The bank is reluctant to place an ATM machine in this area next to the bank. Also the bank refuses to increase their working hours. Apparently Towers is considered a small client to the bank.

Client – Pearl remarked that we should be thankful for what we now have.

Question about suds backing up on the low floors in Tower East because of apparent problems with the plumbing where it is located now. Joe and Dorothy reported that a grant application will be sent to HUD for funding to make assisted living apartments on the 7<sup>th</sup> floor and to move the laundry room from there to the ground floor. Good news.

Re: The ruckus – it is up to Security to keep the ruckus down. We do not have a lot of patience, but we do have the time. The Towers is doing a fine job of solving our problems which are becoming less.

Joe says a schedule has been set up on Tower One with security for the future re: electric chair problem on the elevator.

(Problem ex.) A man was on elevator smelling like alcohol – had come in through TE doors. Outsiders are now unable to come in through TE door – must go around to TO entrance.

Copies of the local service directory were passed out to those who had no copy.

Meeting over at 7:55 PM.

Next meeting to be held on Thurs. April 24, 2008.

Joe Mascia, Presiding  
Dorothy Moore, Assistant  
Anna G. Webb, Acting Secretary

April 24, 2008

### Tower One/Tower East Tenants Advisory Council Meeting

Meeting opened at 7:00PM – Tenants present – 36 or more.

[REDACTED] opened the meeting with a review of pending problems, and how some of these problems are in process of being corrected. He said administration is working on a federal assisted living conversion program grant to adapt more apartments in Tower One for assisted living and build a third elevator. Tower One residents asked questions about which apartments will be affected and expressed unanimous support for the much needed elevator. A grant proposal will also be submitted for improvements to fifteen 7<sup>th</sup> floor apartments in Tower East. Part of the project will involve moving the laundry room from the 7<sup>th</sup> floor to the ground floor to eliminate the long standing and unsolvable problem of laundry suds backing up into sinks and toilets on the ground and first floors. Questions were asked whether there would be more washers and dryers because the current number are not sufficient. [REDACTED] will convey this request to administration at their next monthly meeting.

Re: Tenants survey sheets, received by the tenants. They were explained by Joe who also mentioned how the tenants may be assisted in filling out these forms.

Re: [REDACTED] luncheon to be held on Sunday May 4, 2008 at 1:00PM in the Main Dining room. Tenants' meals will be boxed and available 12:30-3PM. Lunches may also be purchased & boxed before 11:00AM. A special meeting to greet Rosa DeLauro will be held at 3:00PM. Mon. – There will be an Appreciation Ice Cream Social which will include the tenants to thank them for their patience, assistance, and understanding.

Additional directories were handed out by [REDACTED].  
The Brown Bag Party will be changed to April 30<sup>th</sup> held in the large Dining Room.

In the Tenants activities meeting held earlier, [REDACTED] explained the 'Buddy System.'  
A. Any tenant interested may sign up in the Residents Services Office. This is anyone interested in volunteering for same. Also 'Hearing Aids' may be available soon for those who have problems hearing at the meetings.

The Sidewalk Barbecue may open up soon at the front side entrance to the dining room.  
Other activities mentioned:

A. Ping-Pong table - size may be too large but will be checked out. Tenant [REDACTED] mentioned that there are portable ping pong tables available. These tables may be folded up.

B. Individual thermostats to be set up in the TE apartments.

C. New laundry room to be brought to the 1<sup>st</sup> floor (maybe Maintenance Room). Will more machines be available making it more convenient for the tenants?

D. A committee is being set up for other outdoor activities such as:  
Morris Music Hall Repertory.

**EXHIBIT 6**

*A description of the physical construction aspects of the ALF conversion, including the following:*

- (b) *A short narrative stating the number of units, special design features community and office space/storage, dining and kitchen facility and staff space, and the physical relationship to the rest of the project. Also, you must describe how this design will facilitate the delivery of services in an economical fashion in the most integrated setting appropriate to the needs of the participating residents with disabilities and accommodate the changing needs of the residents over at least the next 10 years.*

Tower One is a building originally comprised of 211 apartments with community and service areas spread over 21 floors (ground floor plus 20). However, subsequent to the conversion to assisted living units on 9 floors, there are now a total of 196 apartments and community service areas spread over 21 floors.

Tower One was previously funded for Phases 1, 2, 3, 4, 5, and 6 through the Assisted Living Conversion Program (ALCP) 2000, 2001, 2002 and 2005. In 2008 Tower One is proposing to create 16 assisted living units and add a new fully accessible 3500.lb elevator to the building. A new elevator is to be added to the exterior of the building. This new elevator is critical to meet the life safety needs of our residents. There have been numerous incidents where EMT and ambulance emergency response has been delayed waiting for an elevator as well as to accommodate the needs of the residents. Please see the attached letter from John DeStefano New Haven Mayor's office which support's this project and acknowledges the unsafe situation that exists and the extreme need for a third elevator. The existing elevators are small and are not able to adequately transport all of the residents, staff and aides. The building presently contains two (2) elevators that were recently modified and access the hallway to each floor. These two elevators are not sufficient to provide a timely evacuation in the case of emergency. Tower one has 198 residents who reside on floors 2- 20. Of these 198 residents over 86% are frail or at-risk. (Please see the attached demographic chart.) Many of these residents must use walkers, wheelchairs and electric scooters. The presence of aides is essential when considering an evacuation. Because of this we can only plan to fit between 1(with scooter) - 3 residents with aides at a time in each of the 2000 – 2500.lb existing elevators.

An evacuation of our facility would take 30-40% less time by adding the new larger 3500.lb elevator.

The renovations proposed in this phase will renovate 2 units on floors 11 through 18 into 16 assisted living units. One unit on each of floors 19 and 20 will be eliminated to create a lobby for the new elevator. All renovations will meet or exceed current applicable handicapped accessibility codes. The unit conversions will facilitate the delivery of services in an economic manner and accommodate the changing needs of the residents over at least the next ten years.

The basic premise for the design and reconfiguration of some of the Independent Living Units to Assisted Living Units is to assure that they are designed to meet the requirements to be fully accessible (Type A dwelling units) as defined by the American National Standard (ICC/ANSI A117.1-1998) and the Connecticut Building Code, which includes the International Building Code along with Connecticut Amendments, in addition to the Uniform Federal Accessibility Standards 1988 (UFAS) modified by the Connecticut Supplement – 1999. Also considered in the design is the State of Connecticut's Department of Public Health's Managed Residential Community definition and Public Health Code 19-13-D105 Assisted Living Services Agency.

### **The Scope of Work**

#### **New Elevator:**

A new ADA compliant elevator will be added to the South façade of the building from the Ground Floor to the 20th Floor. The structure will be a structural steel frame, fireproofed with a masonry skin, all on concrete foundation on piles. The exterior character of the new elevator tower shall be sympathetic to the existing Tower One designed by the noted American Architect, Charles W. Moore. Details will be consistent with other existing details and conditions. In order to add the new elevator, the following areas from the ground floor through 20th floor will be affected/reconfigured and/or reconstructed.

**Ground Floor:** On the exterior of the building, remove the existing concrete ramp, stairs, canopy and partially remove existing raised planter area. On the interior, remove and relocate existing laundry room to a new location on ground floor. The new laundry room shall house washers, dryers, folding tables and sinks. Remove and relocate mailroom adjacent to the new lobby. Mailroom shall have 200 mail boxes. Shelving will occur under the mailboxes for resident use. Mailroom will have direct

access from lobby. Remove maintenance facility and storage room and relocate to the ground floor of Tower East.

The existing elevator lobby area will be expanded from the new elevator to the existing elevators and from the new mailroom to the existing entry office area. New sitting areas and lounge areas will allow residents to interact and prepare for entrance to the dining facility at meal time. The existing vending area is to be located to corridor adjacent to a new staff lounge. The existing aides' locker room shall be reconfigured and will occur adjacent to the new laundry room.

The salon presently on the 3rd floor will be moved to the ground floor adjacent to the mail room. This will allow for the creation of a lounge area connecting the new elevator to the existing elevator lobby. Within the lounge area will be a new laundry with a washer, dryer and folding table, making areas to this type of facility easily accessible for the assisted living residents.

The salon on the ground floor will contain hair prep stations, wash stations, a hair dryer station and a manicure station. There will be the necessary casework in support of supplies for the beautician and the resident.

**First Floor:** There will be a structural provision made for access to new elevator and door, however, there will be no direct opening connection made at this time. As an Alternate, provide for a new opening in exterior wall to make full stop at this floor.

**Second Floor thru Seventh Floor:** The existing lounge area will now become the new lounge area/elevator lobby connecting the new elevator to the (2) existing elevators. There will be a new door separating the new elevator lobby (lounge area) from the existing elevator lobby due to code issues. The existing bathroom and laundry are to remain.

The Third Floor contains a beauty salon within the same configuration as the lounges on floors 2, 4, 5, 6, 7. This salon will move to the ground floor adjacent to the mail area. The existing salon area will be reconfigured into a lounge area/elevator lobby.

**Eighth Floor thru Tenth Floor:** Remove existing laundry room and create new elevator lobby connection to existing elevators. Develop new laundry room with (1) washer / (1) dryer and folding table off of lounge area/elevator lobby.

access from lobby. Remove maintenance facility and storage room and relocate to the ground floor of Tower East.

The existing elevator lobby area will be expanded from the new elevator to the existing elevators and from the new mailroom to the existing entry office area. New sitting areas and lounge areas will allow residents to interact and prepare for entrance to the dining facility at meal time. The existing vending area is to be located to corridor adjacent to a new staff lounge. The existing aides' locker room shall be reconfigured and will occur adjacent to the new laundry room.

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**Eighth Floor thru Tenth Floor:** Remove existing laundry room and create new elevator lobby connection to existing elevators. Develop new laundry room with (1) washer / (1) dryer and folding table off of lounge area/elevator lobby.

**Eleventh Floor thru Eighteenth Floor:** In order to create a new elevator lobby / lounge connecting the new elevator to the two (2) existing elevators, two (2) one bedroom apartments will be eliminated and become two (2) studio apartments, one on either side of the lounge. The necessity of the new elevator requires the elimination, for the time being, of the one bedroom apartments on these floors. However, it is in the scope of the master plan, that in the future several studio apartments be converted into one bedroom apartments.

There will be a new laundry room with (1) washer, (1) dryer and a folding table having direct access to the existing elevator lobby.

The newly reconfigured apartments will have fully accessible bathrooms, kitchens, doorways and lever hardware.

**Kitchens:** New kitchen cabinets and appliances are to be installed in each apartment. The refrigerator will be raised off the floor for easy access.

**Bathrooms:** New bathrooms, attempting to reuse existing chases, will be constructed. Bathrooms and kitchens will both meet Uniform Federal Accessibility Standards.

**Hallways:** Will meet Uniform Federal Accessibility Standards

**Closets and Doors:** Closets will be built with adjustable shelving and adjustable closet bars. All user doors such as entry doors, bedroom doors and bathroom doors will be 36" wide and will have compliant lever hardware.

**Nineteenth and Twentieth Floors:** In order to provide for a new elevator lobby / lounge, one (1) existing studio will be eliminated on each floor to create a new lobby / lounge which will connect the new elevator to the (2) existing elevators.

A new laundry room with (1) washer, (1) dryer and folding table will be constructed across from the (2) two existing elevators and the entrance to the new laundry is from the existing elevator lobby.

There are no apartment reconfigurations on these two floors.

**Please refer to the chart and architectural narrative which follows this exhibit.**

## OFFICE OF THE MAYOR

165 CHURCH STREET • NEW HAVEN • CONNECTICUT 06510



JOHN DESTEFANO, JR.  
Mayor



*The vision of New Haven's children  
is our city's greatest resource*

June 16, 2008

Dorothy Giannini-Meyers, CEO  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am writing to support the HUD Assisted Living Conversion Program grant application being submitted by the New Haven Jewish Community Council Housing Corp., Inc., a/k/a Tower One.

It is my understanding that this proposal will enable the continued modification and adaptation of the Tower One apartments and building, which is almost forty years old, so that it can meet the needs of current and future residents. The proposed project will increase the number of assisted living apartments in Tower One thus providing the accessible features necessary to meet the special needs of residents who need assisted living services.

The project also proposes to install a third elevator to the building to accommodate the safety, wellbeing and changing needs of the resident population. The current two elevators have become insufficient due to the large number of residents who now utilize walkers, wheelchairs and motorized scooters. Emergency medical personnel are often frustrated in their efforts to promptly reach a resident in need of emergency assistance because of long delays waiting for an elevator which places the safety of residents in jeopardy.

Meeting the needs of the elderly is a top priority for me. There is a serious need for affordable assisted living in our community and I believe that Tower One's ALCP project will continue to help us to meet that need.

If I can be of any further assistance please do not hesitate to call upon me or my staff.

Very truly yours,

[REDACTED]  
John DeStefano  
Mayor



phone 203.946.8200 fax 203.946.7683

*"This creative impression is the work of Jennifer Montalvo, a student at Nathan Hale School."*

# Project Resident Demographics

Project: Tower One ALCP, Phase VII 2008

## Resident Age Breakdown

Age	Male Residents	Females Residents	Total	Percentage
Under 62				
62-69	3	4	7	3
70-79	12	13	25	13
80-89	34	77	111	56
90+	13	42	55	28
TOTAL	62	136	198	100%

## Racial/Ethnic/Minority Breakdown

	Number of Residents	Percentage
Caucasian	174	88
African American	21	10
Hispanic	0	0
Asian American	0	0
Other:	3	2
TOTAL	198	100

**At-Risk Elderly:** Those individuals who are 62 years of age or old with limitations in 1 or 2 Activities of Daily Living (ADL)

Number of Residents	Percentage
118	60

**Frail Elderly:** Those individuals who are 62 years of age or old with limitations in 3 or more Activities of Daily Living (ADL)

Number of Residents	Percentage
32	16

**People with Disabilities:** Those individuals who have a disability as defined in the Sec. 223 of the Social Security Act, have a physical, mental or emotional impairment expected to be of long, continued and indefinite duration that substantially impedes the individuals ability to live independently or have a developmental disability as defined in Sec. 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

Number of Residents	Percentage

Floor	Common Areas	Residential ALCP Conversions
Ground	<ul style="list-style-type: none"> <li>•To accommodate the addition of the proposed elevator exterior modifications to include concrete and stair work, alterations to the canopy and planter are necessary.</li> <li>•The existing maintenance facility and storage will be relocated to the adjacent Tower East Building. The existing laundry will be relocated on the ground floor to create an expanded area for a lobby which combines the entrances of the existing and proposed elevators, the new laundry, mail room and staff lounge.</li> <li>•Adjacent to the new mailroom will be the Salon which is being relocated from the 3rd Floor to create the necessary space on that floor for entry into the proposed elevator.</li> </ul>	none
1st	Structural Modifications will be made to allow a future entrance to the newly proposed elevator.	none
2nd	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance	none
3rd	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance. Existing Salon will be moved to the ground floor to create necessary space for lobby.	none
4th	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance	none
5th	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance	none
6th	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance	none

7th	Lobby modifications to combine area the existing lobby area to the proposed elevator entrance	none
8th	Area of Existing Laundry reconfigured to create lobby area to combine existing elevators with new elevator entrance. New laundry area with washer dryer and folding area	none
9th	Area of Existing Laundry reconfigured to create lobby area to combine existing elevators with new elevator entrance. New laundry area with washer dryer and folding area	none
10th	Area of Existing Laundry reconfigured to create lobby area to combine existing elevators with new elevator entrance. New laundry area with washer dryer and folding area	none
11th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
12th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
13th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
14th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
15th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments

16th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
17th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
18th	Two apartments reconfigured from one bedroom units to studios. This will allow the space necessary to create new lobby area combining existing elevators entry with new elevator entrance.	2 one bedroom apartments converted into two ALCP studio apartments
19th	One Studio Lounge to be eliminated to create space for lobby area which serves the proposed and existing elevators. A laundry area will also be created with washer, dryer and folding area	elimination of one studio apartment
20th	One Studio Lounge to be eliminated to create space for lobby area which serves the proposed and existing elevators. A laundry area will also be created with washer, dryer and folding area	elimination of one studio apartment



June 19, 2008

**ARCHITECTURAL / ENGINEERING NARRATIVE:** HUD Project No. 0175SH006

Tower One 2008 ALCP Application  
Narrative in accordance with the  
2008 NOFA Federal Registration Requirements  
Vol. 73, No. 92 / Monday May 12, 2008

KANALSTEIN DANTON  
ASSOCIATES P.A.  
ARCHITECTURE PLANNING

PRINCIPALS  
GARY H. KANALSTEIN, AIA  
DAVID W. DANTON, AIA

SENIOR ASSOCIATE  
WILLIAM M. SCHRAMM

Owner:

New Haven Jewish Community Council Housing Corporation, Inc.

Tower One  
18 Tower Lane  
New Haven, CT 06519  
Dorothy Giannini-Meyers, President/CEO  
P.-203-772-1816 F.-203-777-5921

Housing Consultant:

GDA Assisted Living Consultants, LLC  
167 Dwight Road – Suite 302  
Longmeadow, MA 01106  
Kitty Potter, Project Manager  
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Architect/Planner/Interior Design:

Kanalstein Danton Associates P.A.  
227 Laurel Road, Suite 200  
Voorhees, NJ 08043  
David Danton – Principal in Charge  
P.-856-770-1060 F.-856-770-1059

Structural Engineer:

DiBlasi Associates, P.C.  
500 Purdy Hill Road  
Monroe, CT 06468-1661  
Thomas DiBlasi, P.E.  
P.-203-452-1331 F.-203-268-8103

Mechanical, Electrical, Plumbing, Fire Suppression Engineers:

Atkins, Koven, Feinberg (AKF) Engineers  
One Atlantic Street, 8<sup>th</sup> Floor  
Stamford, CT 06901  
John Rice, P.E.  
P.-203-323-4333 F.-203-323-2999

Construction Manager:

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30 Batterson Park Road  
Farmington, CT 06032  
Simon Etzel  
P.-860-284-7415 F.860-284-1174

Elevator Consultant:

Schindler Elevator  
Jeff Sherman  
860-502-2011

One Echelon Plaza  
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Office@kd-arch.com

Visit our web site at  
KD-Arch.com

### Mission

"The mission of the Towers organization is to provide older persons of varying means with high quality living arrangements and services based upon Jewish values and traditions."

### Existing Campus

- 346 apartments in two adjoining Towers that form an urban campus community on the southern edge of downtown New Haven, Ct.
- Independent and licensed assisted living
- Affordable retirement living funded by the U.S. Department of Housing and Urban Development (HUD)
- Enclosed gardens, courtyards and parking areas
- Coffee Shop and Dining Room, with meals prepared according to Kosher Dietary standards
- Full schedule of social, enrichment and cultural programs available

### Brief History

- Tower One constructed in 1971; designed by renowned architect Charles Moore
- Tower East opened for occupancy in 1982
- Winner of Best Practice Awards from U.S. Department of Housing and Urban Development and Connecticut Assisted Living Association
- Recipient of six HUD grants (2000, 2001, 2002, 2005(3 grants)) for assisted living conversion of nine floors of apartments in Tower One
- Governed by volunteer Board of Directors that includes community leaders from throughout New Haven County;
- Lloyd Nurick, Chairman of Board
- Dorothy Giannini-Meyers, M.Ed., President/CEO
- Cynthia D. Block, Vice President/CFO

### Service Provider Affiliations

- Utopia Assisted Living Service Agency
- Utopia Home Health Services for home health care and physical, speech or occupational therapy
- Hospital of St. Raphael's ElderCare Program for primary health care of St. Raphael, and HUD
- New Alliance Bank for full-service branch banking
- Sodexo for dining service operations

The following is a Scope/Narrative of the architectural portion of the Tower One project only, meeting the Eligibility Requirements for eligible conversion activities by Retrofitting to meet Section 504 accessibility requirements, minimum property standards for accessibility and/or building codes and health and safety standards for ALF's in that jurisdiction. As part of our exhibit, this narrative will show the proposal for physical construction/reconstruction of elevator, doors being widened, kitchen and bathroom reconfiguration, bedroom, and living/dining room modifications.

The basic premise for the design and reconfiguration of some of the Independent Living Units to Assisted Living Units is to assure that they are designed to meet the requirements to be fully accessible (Type A dwelling units) as defined by the American National Standard (ICC/ANSI A117.1-1998) and the Connecticut Building Code, which includes the International Building Code along with Connecticut Amendments, in addition to the Uniform Federal Accessibility Standards 1988 (UFAS) modified by the Connecticut Supplement – 1999. Also considered in the design is the State of Connecticut's

Department of Public Health's Managed Residential Community definition and Public Health Code 19-13-D105 Assisted Living Services Agency.

**Tower One:**

The conversion and the retrofit project consist of the reconfiguration of areas within the entire structure to better serve the Assisted Living Residents, accommodate staff providing services to the residents and meet accessibility requirements. Management has also determined in order to fulfill and develop a successful Assisted Living Residence and Independent Living Residence, it is important to develop proper common areas that will be able to meet the programmatic requirements necessary to deliver assisted living services.

Tower One has twenty-one (21) floors. The Ground Floor contains the main entrance, reception and security, gift shop, staff lounge, lobby and lounge areas, mailroom, laundry room and work room. The first floor contains administrative offices, assisted living services offices for nurses and aides, clinic, computer learning center, arts and crafts and resident support services. Apartments are on Floors 2 through 20.

The building presently contains two (2) elevators that were recently modified and are fully accessible and access the hallway to each floor. A new elevator is to be added to the exterior of the building to avoid EMT and ambulance emergency response being delayed waiting for an elevator as well as to accommodate the needs of the residents.

1. New Elevator:

A new ADA compliant elevator will be added to the South façade of the building from the Ground Floor to the 20<sup>th</sup> Floor. The structure will be a structural steel frame, fireproofed with a masonry skin, all on concrete foundation on piles. The exterior character of the new elevator tower shall be sympathetic to the existing Tower One designed by the noted American Architect, Charles W. Moore. Details will be consistent with other existing details and conditions. In order to add the new elevator, the following areas from the ground floor through 20<sup>th</sup> floor will be affected/reconfigured and/or reconstructed.

2. Ground Floor: On the exterior of the building, remove the existing concrete ramp, stairs, canopy and partially remove existing raised planter area. On the interior, remove and relocate existing laundry room to a new location on ground floor. The new laundry room shall house washers, dryers, folding tables and sinks. Remove and relocate mailroom adjacent to the new lobby. Mailroom shall have 200 mail boxes. Shelving will occur under the mailboxes for resident use. Mailroom will have direct access from lobby. Remove maintenance facility and storage room and relocate to ground floor of Tower East.

The existing elevator lobby area will be expanded from the new elevator to the existing elevators and from the new mailroom to the existing entry office area. New sitting areas and lounge areas will allow residents to interact and prepare for entrance to the dining facility at meal time. The existing vending area is to be located to corridor adjacent to a new staff lounge. The existing aides' locker room shall be reconfigured and will occur adjacent to the new laundry room.

The salon presently on the 3<sup>rd</sup> floor will be moved to the ground floor adjacent to the mail room. This will allow for the creation of a lounge area connecting the new elevator to the existing elevator lobby. Within the lounge area will be a

new laundry with a washer, dryer and folding table, making areas to this type of facility easily accessible for the assisted living residents.

The salon on the ground floor will contain hair prep stations, wash stations, a hair dryer station and a manicure station. There will be the necessary casework in support of supplies for the beautician and the resident.

3. First Floor: There will be a structural provision made for access to new elevator and door, however, there will be no direct opening connection made at this time. As an Alternate, provide for a new opening in exterior wall to make full stop at this floor.
4. Second Floor thru Seventh Floor: The existing lounge area will now become the new lounge area/elevator lobby connecting the new elevator to the (2) existing elevators. There will be a new door separating the new elevator lobby (lounge area) from the existing elevator lobby due to code issues. The existing bathroom and laundry are to remain.

The Third Floor contains a beauty salon within the same configuration as the lounges on floors 2, 4, 5, 6, 7. This salon will move to the ground floor adjacent to the mail area. The existing salon area will be reconfigured into a lounge area/elevator lobby.

5. Eighth Floor thru Tenth Floor: Remove existing laundry room and create new elevator lobby connection to existing elevators. Develop new laundry room with (1) washer / (1) dryer and folding table off of lounge area/elevator lobby.
6. Eleventh Floor thru Eighteenth Floor: In order to create a new elevator lobby / lounge connecting the new elevator to the two (2) existing elevators, two (2) one bedroom apartments will be eliminated and become two (2) studio apartments, one on either side of the lounge. The necessity of the new elevator requires the elimination, for the time being, of the one bedroom apartments on these floors. However, it is in the scope of the master plan, that in the future several studio apartments be converted into one bedroom apartments.

There will be a new laundry room with (1) washer, (1) dryer and a folding table having direct access to the existing elevator lobby.

The newly reconfigured apartments will have fully accessible bathrooms, kitchens, doorways and lever hardware.

Kitchens: New kitchen cabinets and appliances are to be installed in each apartment. The refrigerator will be raised off the floor for easy access.

Bathrooms: New bathrooms, attempting to reuse existing chases, will be constructed. Bathrooms and kitchens will both meet Uniform Federal Accessibility Standards.

Hallways: Will meet Uniform Federal Accessibility Standards

Closets and Doors: Closets will be built with adjustable shelving and adjustable closet bars. All user doors such as entry doors, bedroom doors and bathroom doors will be 36" wide and will have compliant lever hardware.

Nineteenth and Twentieth Floors: In order to provide for a new elevator lobby / lounge, one (1) existing studio will be eliminated. The new lobby / lounge will connect the new elevator to the (2) existing elevators.

A new laundry room with (1) washer, (1) dryer and folding table will be constructed across from the (2) two existing elevators and the entrance to the new laundry is from the existing elevator lobby.

There are no apartment reconfigurations on these two floors.

#### **INTERIOR DESIGN NARRATIVE:**

The expansion and conversion of the public common spaces has warranted a need for new wall, floor and ceiling finishes, as well as new furniture and accessories. The proposed finishes and furniture will not only accommodate residents and help create a more aesthetically pleasing space, but will also deliver a more functional, cleanable, and durable finished space.

1. Ground Floor Lobby & Corridor:
  - a. Wall Finishes: On the lower half of the walls, a decorative wallcovering will be used along with a wood moulded profile base. On the upper portion of the walls, a durable acrylic enamel will be used
  - b. Floor Finishes: The floors will be covered with new durable carpeting that has a moisture-barrier cushion backing.
  - c. Furniture: The furniture will be comprised of comfortable lounge seating such as sofas, club chairs, and side chairs, as well as accent tables, lamp and coffee tables, activities tables and storage bureaus.
  - d. Accessories: Accessories proposed include decorative table lamps, mirrors, and a few silk flower arrangements in decorative vases.
  - e. Interior Signage: There will be very minimal additions of directional signage. Signage will include and necessary room identification, elevator identification, egress signage, and directories.
2. Ground Floor Salon:
  - a. Wall Finishes: On the upper and lower portions of the walls, a durable acrylic enamel will be used.
  - b. Floor Finishes: The floors will be covered with new vinyl or pvc-free sheet flooring. A 4 inch tall moulded profile, rubber wall base will line the walls.
  - c. Furniture: The furniture will be comprised of guest seating, barber chairs, hair dryer chair, cutting and color stations, adjustable hair wash chair, manicure station and seating as well as side tables.
  - d. Accessories: Accessories proposed include mirrors.
  - e. Window Treatments: The window treatments proposed would be of 2 inch wide faux wood slat, horizontal blinds over the corridor windows for decorations. Wood valances would also cover the tops of the blind hardware and windows.

3. Ground Floor Laundry Room:

- a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
- b. Floor Finishes: The floors will be covered with new sheet flooring. A 4 inch tall vinyl or rubber wall base will line the walls.
- c. Ceiling Finishes: The ceiling will be of new or existing act ceiling grid. Some areas will be of new sprayed textured ceiling to match the existing ceilings
- d. Furniture: The furniture will be comprised of guest seating and a folding table.

4. Ground Floor Staff Lounge:

- a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
- b. Floor Finishes: The floors will be covered with new vinyl or pvc-free sheet flooring. A 4 inch tall moulded profile, rubber wall base will line the walls.
- c. Furniture: The furniture will be comprised of guest seating and tables.

5. Floors 2 through 7 Lobbies:

- a. Wall Finishes: On the lower half of the walls, a decorative wallcovering will be used along with a wood moulded profile base. On the upper portion of the walls, a durable acrylic enamel will be used.
- b. Floor Finishes: The floors will be covered with new durable carpeting has a moisture-barrier cushion backing.
- c. Furniture: The furniture will be comprised of comfortable lounge seating such as sofas, club chairs, and side chairs, as well as accent tables, lamp and coffee tables, activities tables, and storage bureaus.
- d. Accessories: Accessories proposed include decorative table lamps, mirrors, and a few silk flower arrangements in decorative vases.
- e. Interior Signage: There will be very minimal additions of directional signage. Signage will include and necessary room identification, elevator identification, egress signage, and directories.

6. Floors 2 through 7 Laundry Rooms:

- a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
- b. Floor Finishes: The floors will be covered with new sheet flooring. A 4 inch tall vinyl or rubber wall base will line the walls.
- c. Window Treatments: The window treatments proposed would be of 2 inch wide faux wood slat, horizontal blinds over the corridor windows for decorations.

7. Floors 8 through 10 Lobbies:

- a. Wall Finishes: On the lower half of the walls, a decorative wallcovering will be used along with a wood moulded profile base. On the upper portion of the walls, a durable acrylic enamel will be used.

- Floor Finishes: The floors will be covered with new, durable carpeting that has a moisture-barrier cushion backing.
- c. Furniture: The furniture will be comprised of comfortable lounge seating such as club chairs, and side chairs, as well as accent tables, activities tables, and lamp tables.
  - d. Accessories: Accessories proposed include decorative table lamps, mirrors, and a few silk flower arrangements in decorative vases.
  - e. Interior Signage: There will be very minimal additions of directional signage. Signage will include and necessary room identification, elevator identification, egress signage, and directories.
8. Floors 8 through 10 Laundry Rooms:
- a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
  - b. Floor Finishes: The floors will be covered with new sheet flooring. A 4 inch tall vinyl or rubber wall base will line the walls.
  - c. Window Treatments: The window treatments proposed would be of 2 inch wide faux wood slat, horizontal blinds over the corridor windows for decorations.
9. Floors 11 through 18 Lobbies:
- a. Wall Finishes: On the lower half of the walls, a decorative wallcovering will be used along with a wood moulded profile base. On the upper portion of the walls, a durable acrylic enamel will be used.
  - b. Floor Finishes: The floors will be covered with new, durable carpeting that has a moisture-barrier cushion backing.
  - c. Furniture: The furniture will be comprised of comfortable lounge seating such as sofas, club chairs, and side chairs, as well as accent tables, activities tables, lamp and coffee tables, and storage bureaus.
  - d. Accessories: Accessories proposed include decorative table lamps, mirrors, and a few silk flower arrangements in decorative vases.
  - e. Interior Signage: There will be very minimal additions of directional signage. Signage will include and necessary room identification, elevator identification, egress signage, and directories..
10. Floors 11 through 18 Laundry Rooms:
- a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
  - b. Floor Finishes: The floors will be covered with new sheet flooring. A 4 inch tall vinyl or rubber wall base will line the walls.
11. Floors 19 through 20 Lobbies:
- a. Wall Finishes: On the lower half of the walls, a decorative wallcovering will be used along with a wood moulded profile base. On the upper portion of the walls, a durable acrylic enamel will be used.

11. Floor Finishes: The floors will be covered with new, durable carpeting that has a moisture-barrier cushion backing.
  - c. Furniture: The furniture will be comprised of comfortable lounge seating such as sofas, club chairs, and side chairs, as well as accent tables, activities tables, lamp and coffee tables, and storage bureaus.
  - d. Accessories: Accessories proposed include decorative table lamps, mirrors, and a few silk flower arrangements in decorative vases.
  - e. Interior Signage: There will be very minimal additions of directional signage. Signage will include and necessary room identification, elevator identification, egress signage, and directories.
12. Floors 19 through 20 Laundry Rooms:
  - a. Wall Finishes: All walls will be painted with a durable, scrubable, acrylic enamel.
  - b. Floor Finishes: The floors will be covered with new sheet flooring. A 4 inch tall vinyl or rubber wall base will line the walls.
  - c. Window Treatments: The window treatments proposed would be of 2 inch wide faux wood slat, horizontal blinds over the corridor windows for decorations.

#### Miscellaneous Additional

It should be noted that since the building is almost 35± years old, there may be some areas that the building code cannot physically be met based on existing physical conditions. However, whenever we can meet the intent of the code, a building code modification will be requested.

Schedule of Units

<i>Tower One</i>	<i>Type of Unit</i>	<i>Existing Total per Floor</i>	<i>Proposed Total per Floor</i>
<b>Ground Floor</b>	Studio	0	0
	1 Bedroom	0	0
<b>Floor 1</b>	Studio	0	0
	1 Bedroom	0	0
<b>Floors 2-7</b>	Studio	8	8
	1 Bedroom	2	2
<b>Floors 8-10</b>	Studio	2	2
	1 Bedroom	6	6
<b>Floors 11-18</b>	Studio	9	11
	1 Bedroom	2	0
<b>Floors 19-20</b>	Studio	12	11
	1 Bedroom	0	0
<b>Bldg. Totals</b>	Studio	<b>150</b>	<b>164</b>
	1 Bedroom	<b>46</b>	<b>30</b>
<b>Total Units</b>		<b>196</b>	<b>194</b>

**STRUCTURAL NARRATIVE**

Existing Building

The existing building is 21 stories plus a two-story elevator penthouse. The building framing is of reinforced concrete flat-plate construction. Lateral wind and earthquake loads are resisted through reinforced concrete shear walls which are located at each of the chamfered corners of the building. A deep foundation system utilizing pressure-injected footings was utilized.

An entry stair and ramp with a concrete canopy are present at the proposed elevator tower location. These structures are not supported on deep foundations. These elements would be demolished as part of the elevator tower addition.

New Construction

The new elevator tower will include stops at all floors; above the 20<sup>th</sup> Floor will be an elevator machine room. The elevator tower will consist of a structural steel framework which will support the full weight of the shaft and the new wall system. The steel frame will be anchored at each floor level in order to provide restraint when the tower is subjected to lateral wind and earthquake loads. The Building Code permits such additions without reinforcing the existing bracing elements (e.g. the existing shear walls) provided that increase in load magnitude in the existing bracing elements is less five percent (5%). Based on the structural analyses, it has been confirmed that the increase in lateral load within the shear walls is, in fact, less than 5%.

Like the existing building, the new elevator tower will utilize a deep foundation system. In order to minimize vibrations and inhibit damage to the existing building during the foundation installation, either auger-cast piles or dilled mini-piles will be utilized rather than driven piles.

At the ground floor level, an opening will be cut through the existing concrete foundation wall to provide access to this level. At all other levels, the concrete masonry veneer, concrete masonry back-up and window system will be locally removed to create the new access openings; the steel relieving angles will be cut back at these locations as required.

## **MECHANICAL, ELECTRICAL AND PLUMBING NARRATIVE**

### **A. NEW ELEVATOR (ELECTRICAL)**

New elevator equipment will be connected to the 208 volt, 3-phase building electrical system. Elevator motor power will be provided from a normal and emergency source. Elevator auxiliary power for control, lighting, miscellaneous power, and associated fire alarm equipment will be provided from an emergency source.

Provide control accessories to coordinate the operation of the new elevator with the existing elevators under an emergency power condition. Include modifications to the existing elevator controllers so that the new elevator becomes part of the sequencing system for all three elevators.

### **B. GROUND FLOOR**

#### **HVAC**

Remove horizontal air handler suspended in the mechanical equipment room and associated ductwork and piping. Remove existing dryer exhaust ductwork, ceiling exhaust fan and ductwork from the laundry room. Remove exhaust ductwork routed through the mail room to the mechanical room and wall mounted exhaust fan adjacent to the loading dock.

Provide new horizontal air handler to serve the lobby area. Reconnect to existing ductwork in the lobby. New air handler to be located in mechanical room. Provide new general exhaust fan for mechanical room. Provide new air cooled condensing unit on grade outside mechanical room. Provide refrigeration and hot water piping, outside air duct from existing location and controls for new air handler.

Provide new general exhaust fans for the new laundry room and salon. Provide exhaust ductwork to new exhaust louver in existing location adjacent to loading dock. Provide dryer vents to wall caps on exterior. Provide new air outlets from lobby air conditioning system for new mail, laundry and salon rooms.

#### **ELECTRICAL**

Provide new light, power, and low voltage systems to support the renovated areas as follows:

**Distribution:** Provide new branch circuit panels to serve new laundry room and renovated lobby areas. Feed from existing distribution board located in electric room adjacent to the ground floor mechanical equipment room (MER).

**Lighting:** Provide branch circuitry to lighting specified by others. Provide an architectural dimming/relay system with master and entry control stations for entire lobby area. Other areas to have local line voltage switch control with occupancy sensors. Provide exit and emergency lighting as required per code in egress paths and at exits. Include wiring and a timeclock/photocell control system for site lighting specified by others.

**Power:** Provide convenience receptacles and circuitry for general area use and allow one duplex outlet per 60 square foot in cost. Provide dedicated receptacles and circuitry for laundry equipment, vending machines, and the like specified by others.

Provide power to support new and relocated mechanical equipment described in other sections herein.

**Fire Alarm:** Relocate existing control panel presently located in laundry room to an approved location. Add elevator recall detector and signaling device in new elevator lobby area. Relocate and add fire alarm devices consisting of detectors, stations, and signals to suit the renovation.

**Telecommunications, Security, and other IT Systems:** Provide an empty raceway and box system for equipment, devices, and wiring specified by others.

### **PLUMBING**

Remove all existing piping serving washing machines (hot and cold water, vent and waste) in laundry room. Remove existing gas piping serving the dryers. Remove existing mop sink and related piping in maintenance room. To expand the existing elevator lobby, relocate existing storm leader in front of elevator lobby and reconnect to the same underground storm main.

Modify and extend the existing plumbing and gas services to accommodate a new laundry room fixtures (floor drains, sinks, washers and dryers). Provide plumbing services to new sinks in the new hair saloon.

### **SPRINKLER**

To accommodate the new elevator lobby, remove all existing sprinkler heads in existing laundry room, elevator lobby area, mail room and maintenance room. Modify and extend the sprinkler piping to the new sprinkler heads location to provide adequate protection as required by the NFPA 13 for the renovated areas.

## **C. FIRST FLOOR**

### **HVAC**

Re-work existing ductwork to accommodate new elevator lobby. Remove section of hot water fin-tube radiation at new elevator opening and provide new hot water piping down through floor to reconnect loop.

### **ELECTRICAL**

Remove existing electrical outlets to facilitate a "clean" wall opening for elevator alternate to stop at this floor. Include an elevator recall detector and signaling device as part of this alternate cost.

### **PLUMBING / SPRINKLER**

No work.

## **D. SECOND THROUGH SEVENTH FLOORS**

### **HVAC**

Remove existing through-wall air conditioning unit(s) serving common area. Remove section of hot water fin-tube radiation at new elevator opening and provide new hot water piping down through floor to reconnect loop.

On floors two through seven, provide packaged terminal air conditioner (PTAC) unit(s) in exterior wall for lounge area and elevator lobby. Units shall be equipped with outside air intake ventilation capability.

### **ELECTRICAL**

Provide new light, power, and low voltage systems in newly created elevator lobbies as described for ground floor herein.

**PLUMBING**

No work.

**SPRINKLER**

No work.

**E. EIGHTH THROUGH TENTH FLOORS**

**HVAC**

Remove existing through-wall air conditioning unit serving laundry room. Remove section of hot water fin-tube radiation at new elevator opening and provide new hot water piping down through floor to reconnect loop. Remove two dryer vents.

Provide PTAC unit(s) in exterior wall for elevator lobby. Units shall be equipped with outside air intake ventilation capability. Provide new dryer vent duct to wall cap.

**ELECTRICAL**

Provide new light, power, and low voltage systems in newly created elevator lobbies and laundry facilities as described for ground floor herein.

**PLUMBING**

Remove existing plumbing fixtures and related piping in laundry room to accommodate a new elevator lobby.

Provide new plumbing services in new laundry room. All new fixtures should be reconnected to existing plumbing stacks in existing plumbing chase.

**SPRINKLER**

To accommodate the new elevator lobby, remove all existing sprinkler heads in existing laundry room. Modify and extend the sprinkler piping to the new sprinkler heads location to provide adequate protection as required by the NFPA 13 for the renovated areas.

**F. ELEVENTH THROUGH EIGHTEENTH FLOORS**

**HVAC**

Remove existing through-wall air conditioning units serving two existing apartments. Remove section of hot water fin-tube radiation at new elevator opening and provide new hot water piping down through floor to reconnect loop. Remove and cap toilet exhausts for two apartments.

Provide PTAC unit(s) in exterior wall for lounge area and elevator lobby. Units shall be equipped with outside air intake ventilation capability. Provide new dryer vent duct to wall cap. Reroute toilet exhaust duct to new location and provide new ceiling grille.

**ELECTRICAL**

Provide new light, power, and low voltage in newly created studio apartments served from the existing apartment branch panels. Provide new light, power, and low voltage systems in newly created elevator lobbies and laundry facilities as described for ground floor herein.

**PLUMBING**

Remove existing toilet room plumbing fixtures and related piping in two apartment units to accommodate a new elevator lobby. Provide plumbing services to new laundry room washer and sink.

For new studio apartments, provide new ADA plumbing fixtures in toilet room, and new kitchenette. All new fixtures should be reconnected to existing plumbing stacks in existing plumbing chase.

**SPRINKLER**

To accommodate the new elevator lobby, remove all existing sprinkler heads in two apartment units. Modify and extend the sprinkler piping to the new sprinkler heads location to provide adequate protection as required by the NFPA 13 for the renovated areas.

**G. NINETEENTH AND TWENTIETH FLOORS**

**HVAC**

Remove existing through-wall air conditioning units serving existing apartment. Remove section of hot water fin-tube radiation at new elevator opening and provide new hot water piping down through floor to reconnect loop. Remove and cap toilet exhaust in removed apartment.

Provide PTAC unit(s) in exterior wall for lounge area/elevator lobby. Units shall be equipped with outside air intake ventilation capability. Provide new dryer vent duct to wall cap.

**ELECTRICAL**

Provide new light, power, and low voltage systems in newly created elevator lobbies and laundry facilities as described for ground floor herein.

**PLUMBING**

Remove existing toilet room and kitchenette plumbing fixtures and related piping in one apartment unit to accommodate a new elevator lobby.

Provide new plumbing services in laundry room and new sink. All new fixtures should be reconnected to existing plumbing stacks in existing plumbing chase.

**SPRINKLER**

To accommodate the new elevator lobby, remove all existing sprinkler heads in one apartment unit. Modify and extend the sprinkler piping to the new sprinkler heads location to provide adequate protection as required by the NFPA 13 for the renovated areas.

**H. ELEVATOR MACHINE ROOM**

**HVAC**

Provide a PTAC unit in the exterior wall to cool the elevator machinery. Unit shall be equipped with electric heater; no outside air ventilation is required. Provide a smoke vent louver in the sidewall of the elevator shaft at the top.

**ELECTRICAL**

Provide general light and receptacles for this room in accordance with elevator consultant requirements. Include power and equipment indicated herein for elevator motor, auxiliaries and mechanical equipment. Provide fire alarm heat detector, station, and signaling devices.

**PLUMBING**

N/A

**SPRINKLER**

N/A

19-13-D105. Assisted living services agency

Assisted Living Services Agency

19-13-D105. Assisted living services agency

- (a) Definitions. As used in this section:
- (1) "Agency" means assisted living services agency.
  - (2) "Assisted living services" for the purpose of this section only means nursing services and assistance with activities of daily living provided to clients living within a managed residential community having supportive services that encourage clients primarily age fifty-five (55) or older to maintain a maximum level of independence. Routine household services may be provided as assisted living services by the assisted living services agency or by the managed residential community as defined in subsection (a)(13). These services provide an alternative for elderly persons who require some help or aid with activities of daily living as described in subsection (a)(4) or nursing services in order to remain in their private residential units within the managed residential community.
  - (3) "Assisted living services agency" means an entity that provides assisted living services.
  - (4) "Assisted living aide" means an unlicensed person who has successfully completed a training and competency evaluation program in accordance with Section 19-13-D8t(1), Section 19-13-D69(d)(2) or Section 19-13-D83(b) of the regulations of Connecticut State Agencies. An assisted living aide may assist clients with one or more of the following activities of daily living: ambulation, feeding, bathing, dressing, grooming, toileting, oral hygiene, transfers, exercise and supervision of self administration of medications.
  - (5) "Client" means the recipient of the assisted living services provided by licensed nurses or assisted living aides.
  - (6) "Client service program" means a written schedule of assisted living services to be provided to, reviewed with and agreed to by a client or client representative.
  - (7) "Commissioner" means the Commissioner of the Department of Public Health and Addiction Services, or the commissioner's representative.
  - (8) "Community" means managed residential community.
  - (9) "Core services" means the services described in subsection (c)(3) of this section which shall be made available in order for an assisted living services agency, for the purpose of this section only, to provide services within a managed residential community.
  - (10) "Department" means the Connecticut Department of Public Health and Addiction Services.
  - (11) "Full time" means on duty a minimum of thirty-five (35) hours per workweek.
  - (12) "Licensed nurse" means a registered nurse or licensed practical nurse licensed under chapter 378 of the Connecticut General Statutes.
  - (13) "Managed residential community" means a facility consisting of private residential units that provides a managed group living environment, including housing and services primarily for persons age fifty-five (55) or older.
  - (14) "Primary agency" means an assisted living services agency that contracts for the services of other organizations, agencies or individuals who provide care or services to its clients.
  - (15) "Private residential unit" means a living environment belonging to a tenant(s) that includes a full bathroom within the unit including a water closet, lavatory, tub or shower bathing unit and access to facilities and equipment for the preparation and storage of food.
  - (16) "Self administration of medications" means a client taking medication in accordance with directions for use and includes:

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