

RESIDENTIAL MODELS FOR TODAY’S AND TOMORROW’S OLDER ADULTS

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Growing up, many of us heard stories about places like the Grand Concourse in the Bronx or Flatbush in Brooklyn where our grandparents lived with their parents and their grandparents. It was not unusual for three generations to live under the same roof or within walking distance. In 1900, 57 percent of adults 65 or older lived in multi-generational households.¹ At that time, only 6 percent of seniors lived alone.² Of course, much has changed since that time. Families are spread out across the country and seniors are living longer and healthier.³ By 1980, the number of seniors living in multi-generational households had plummeted to 17 percent and nearly 30 percent of older adults were living alone.⁴

These demographic changes generated new housing and health care options. By the turn of the 21st century, seniors had their choice of over-55 communities, assisted living, and significantly expanded home care options and continuing care retirement communities. In particular, the latter showed great promise as one-stop shopping offering lifetime

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1 Pew Research Ctr., *The Return of the Multi-Generational Household* (Mar. 18, 2010), www.pewsocialtrends.org/files/2010/10/752-multi-generational-families.pdf.

2 *Id.*

3 Kathryn Lawler, *Aging in Place: Coordinating Housing and Health Care Provision for America’s Growing Elderly Population* 6, Jt. Ctr. for Hous. Stud. of Harv. U. & Neighborhood Reinvestment Corp. (Oct. 2001), <http://www.nw.org/network/pubs/studies/documents/agingInPlace2001.pdf> (accessed June 20, 2013).

4 Pew Research Ctr., *supra* n. 1. The Pew study found a small resurgence of multi-generational households in recent years. It remains to be seen whether this will last beyond the economic difficulties that brought it on.

care for an up-front sum and a relatively modest monthly payment that never changed as levels of care increased.

Each of these trends in senior housing and long-term care has its benefits, offering care for persons in need of some supervision without placement in a skilled nursing facility. Still, these options have a number of drawbacks. First, they often result in an inappropriate level of assistance; either under- or over-care, due to the limited options available.⁵ Expense is also a major issue. These options are often costly and thus available only to middle and upper income persons.⁶ Lower income individuals tend to suffer the most from inappropriate levels of care, receiving either no assistance at home or being relegated to the most expensive form of senior care, nursing home care, which is available under the Medicaid program.⁷ The costs to the Medicaid program are overwhelming many state budgets.⁸

The greatest problem with the options available has been that, often, these models are not what people want. Seniors want to age in place. An AARP report found that 83 percent of those 55 to 64 want to remain in their home as long as possible. This percentage rose to 92 percent for those 65 to 74 and 95 percent for those 75 and over.⁹

Over the next several decades, the number of seniors is projected to more than double to over 81 million by 2040.¹⁰ We need better housing alternatives for older adults, as well as long-term care options that provide a home-like environment while ensuring quality care. Offering diverse housing and health care options allows individuals to customize their needs and remain as independent as possible. Aging in place is also more cost-efficient than unnecessary placement in a long-term care facility.

This article will focus on the residential trends that have emerged to facilitate aging in place. The health and social needs of seniors cannot be separated from their housing needs. This piece will focus on residential models.¹¹ All of the housing models described below share the planned integration of at least some health, long-term care and social services in or near an individual's home.

We will look at a number of residential options that have developed to address the needs of seniors. Our review is not meant to suggest that these models are panaceas or will solve all of the issues raised by aging in place. Other approaches exist. We are introducing these models as a way of furthering the developing discussion of aging-in-place options.

5 Lawler, *supra* n. 3, at 5.

6 As a result, we are seeing a slowdown in assisted living and other high-end options, with continued growth concentrated in a few markets. Natl. Inv. Ctr. for the Seniors Hous. & Care Indus., *5 Markets Dominate Sluggish Assisted Living Construction*, Long-Term Living (Apr. 10, 2012), <http://www.ltlmagazine.com/article/5-markets-dominate-sluggish-assisted-living-construction>.

7 *Id.*

8 Elizabeth P. Allen, Wendy Cappelletto & Shana Siegel, *The Impact of State Medicaid Reform on Vulnerable Populations Needing Long-Term Care Services and Supports*, 8 NAELA J. 125 (2012).

9 Lawler, *supra* n. 3, at 15.

10 U.S. Census Bureau, *Statistical Abstract of the United States: 2012* 12 (2012), www.census.gov/compendia/statab/2012/tables/12s0009.pdf.

11 A follow-up article will address innovations in the provision of long-term care services.

I. ACCESSORY DWELLING UNITS OR COTTAGES

One classic approach to aging in place is the so-called “accessory dwelling unit,” more traditionally known as an in-law suite. This separate living space is either connected to a family member’s house or a separate dwelling on the property.¹² This option provides many of the benefits of multi-generational households but with additional privacy sought by modern families. The senior is provided with a sense of independence and dignity, while having someone close by.

Local zoning laws often prohibit the use of accessory units in areas zoned for single-family homes, but this prohibition is beginning to ease.¹³ Generally, individual localities have addressed this issue, but Virginia is one of several states that has modified its zoning laws statewide to permit such units or “family health care structures” for individuals with either mental or physical impairment.¹⁴

Builders are increasingly incorporating technology and universal design¹⁵ into these units as a means of forestalling the need for additional care. Railings, soft flooring, medication reminders, medical monitoring, and alert systems are increasingly common features in accessory dwelling units.¹⁶ However, these units cannot adequately address the demographic and health care challenges facing many seniors, at least not without being combined with some of the community-based concepts outlined below.

II. NATURALLY OCCURRING RETIREMENT COMMUNITIES

The solution to housing problems sometimes just develops “naturally.” The emergence of naturally occurring retirement communities, affectionately termed “NORCs” is a perfect example of an organic solution to aging in place. NORCs, by definition, were not designed as senior communities. They just evolved.¹⁷

One of the best-known and earliest NORC is Penn South. Members of the International Ladies Garment Workers Union (ILGWU) initially developed Penn South as cooperative housing.¹⁸ Located in Chelsea in lower Manhattan, this co-op development encompasses 2,820 apartments in 10 high-rises.¹⁹ Founded by a major union, Penn South

12 Sage Computing, Inc., *Accessory Dwelling Units: Case Study*, prepared for U.S. Dept. of Hous. & Urb. Dev. Off. of Policy Dev. & Research (June 2008), <http://www.huduser.org/portal/publications/adu.pdf> (accessed June 20, 2013).

13 *Id.* See also Rodney L. Cobb & Scott Dvorak, *Accessory Dwelling Units: Model State Act and Local Ordinance*, AARP Pub. Policy Inst. (2000), http://assets.aarp.org/rgcenter/consume/d17158_dwelling.pdf (accessed June 20, 2013).

14 Nicholas Farber & Douglas Shinkle, *Aging in Place: A State Survey of Livability Policies and Practices*, Natl. Conf. of St. Legis. & AARP Pub. Policy Inst. (Dec. 2011), <http://www.ncsl.org/documents/transportation/Aging-in-Place-2011.pdf>.

15 Universal design is defined by the National Association of Home Builders as “design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.” It commonly includes no-step entry, wide doorways, and one-story living. See Natl. Assn. of Home Builders, *What is Universal Design?* <http://www.nahb.org/generic.aspx?genericContentID=89934> (accessed June 20, 2013).

16 Frederick Kunkle, *Pioneering the Granny Pod*, Wash. Post (Nov. 25, 2012).

17 See Farber & Shinkle, *supra* n. 14.

18 Lawler, *supra* n. 3, at 42.

19 *Id.*

embraces a number of collective endeavors, from its own electricity-generating facility to senior programming. Although the ILGWU remains only to provide pension services, union members joined together to form the Penn South Program for Seniors (PSPS) to bring social services, health services, and recreational services to Penn South residents. PSPS then formed its own nonprofit to contract with agencies, such as the Jewish Home and Hospital for the Aged, and seek outside funding.²⁰ To this day, a combination of municipal and state agencies as well as nonprofit and private entities supports the senior population at Penn South.²¹

Similar naturally occurring communities have developed throughout the country.²² However, the infusion of supportive services is the key to success for these communities. New York first passed legislation to fund NORC Supportive Services Programs in 1994 (with encouragement from PSPS).²³ In New York, its supportive service programs (N-SSPs) are joint ventures between the State, the housing corporation, and the service providers.²⁴ In 2002, Congress began to support the development and testing of N-SSPs and since that time just one agency, the Jewish Federations of North America, has secured federal demonstration grants in 45 communities in 26 states.²⁵

NORCs that include supportive services promote aging in place. They can also provide a means for convenient, efficient and cost-effective provisions for care and services. Therefore, the public policy implications of the NORC model are enormous.²⁶

By definition, the NORC cannot be a planned community.²⁷ However, the NORC model of aging in place with shared services and community support has spawned other initiatives.²⁸

20 *Id.* at 43.

21 For a full history of Penn South, *see* Penn South, <http://www.pennsouth.coop> (accessed June 20, 2013). This site offers a rich explanation of the development of Penn South into a NORC, the services provided, and the challenges faced.

22 *See* NORCs: An Aging in Place Initiative, *NORC Public Policy, Promoting Healthy Aging: Aging in Place, NORC Supportive Service Programs, and the "Community Innovations for Aging in Place" Program*, <http://www.norcs.org/page.aspx?id=160634> (accessed June 21, 2013).

23 Lawler, *supra* n. 3, at 43.

24 *Id.* *See also* NYC Dept. for the Aging, *NORC Concept Paper*, http://www.nyc.gov/html/dfta/downloads/pdf/norc_concept_paper.pdf (accessed June 21, 2013), in which the department announced it was seeking proposals from qualified vendors to provide NORC Supportive Service Programs.

25 NORCs: An Aging in Place Initiative, <http://www.norcs.org> (accessed June 21, 2013).

26 *See* NORCs: An Aging in Place Initiative, *supra* n. 22. The study notes that the status quo cannot continue because the elder population will reach close to 90 million by 2050. *See also* Lawler, *supra* n. 3, at 43, which notes that private investment in the model in New York dwarfs government funding and that state coffers have realized substantial savings in forestalling the need for more expensive care.

27 *See* Barbara A. Ormond et al., *Supportive Services Programs in Naturally Occurring Retirement Communities*, U.S. Dept. of Health & Human Servs. (Nov 2004), <http://aspe.hhs.gov/daltcp/reports/norcssp.htm> (accessed June 21, 2013).

28 *Id.* The NORC model fits well with the policy shift away from institutional care and toward community-based care. The NORC model also gives policy makers the opportunity to learn important lessons about what does work, what does not work, and why. This report reviews the history of NORCs and analyzes how NORCs serve the needs of communities. It also explores some of the challenges endemic to NORCs, including adequate communication, transportation, provision of services to all residents, and funding.

III. VILLAGES

Just as Penn South is the primordial NORC, Beacon Hill Village, a nonprofit organization formed in 2001, is the earliest example of the Village concept.²⁹ Beacon Hill Village is a member organization designed to assist and encourage persons to remain in the community. It promotes itself as “a member-driven organization for Boston residents 50 and over, [which] provides programs and services so members can lead vibrant, active and healthy lives, while living in their own homes and neighborhoods.”³⁰ Beacon Hill recognizes that a key component of living at home is enjoying the vibrancy of life. The Beacon Hill Village website explodes with activities and ways to improve the lives of its members.³¹

Members can join for an annual fee under \$1,000 — less for individuals and those with limited incomes.³² Beacon Hill Village offers members social activities, referrals for services at a discount, including home health care services, as well as some services at no cost. Similar to NORCs, the program is built around the existing community and is a grass roots, member-driven organization.³³

Unlike NORCs, Beacon Hill Village does not contract directly with governmental or private agencies to provide services to its members. Instead, it makes referrals to private providers they have vetted, often at a negotiated discount. As the Village encourages aging in place, these providers include handymen, caterers, computer technicians, companions, money managers, home health care providers, and geriatric care managers. To encourage a healthier lifestyle, Beacon Hill Village offers discounted gym memberships and personal trainers as well. Transportation is also available at a reduced cost to assist members with their daily activities, such as grocery shopping. Beacon Hill Village members also get free escorts to doctors and medical appointments.

Beacon Hill Village provides social and cultural programming as well. It sponsors trips to local cultural venues such as the Boston Pops, the Peabody Museum, and the Boston Ballet. It also brings in outside speakers on health and wellness, as well as academic, cultural and political topics. The success of Beacon Hill Village has spawned a movement of Villages nationwide.³⁴ Each Village is a nonprofit entity funded through membership fees. Relationships seem to be a key benefit of Villages. Because there is not generally the same agency collaboration as is seen with many NORCs, the role of volunteers, from both inside and outside the community, is very important.³⁵

29 See Beacon Hill Village, <http://www.beaconhillvillage.org> (accessed June 21, 2013).

30 *Id.*

31 *Id.*

32 Emily A. Greenfield et al., *A National Overview of Villages: Results from a 2012 Organizational Survey*, Rutgers Sch. of Soc. Work (Dec. 1, 2012), <http://documents.clubexpress.com/documents.ashx?key=kYA6bFCyEAFYTpercent2bTW4xG7fw0RCfsL0percent2f4Hpercent2fFAMAbqcKGaecmWW44ASlgpercent3dpercent3d>. This survey indicates that approximately two-thirds of Villages offer discounted membership for members in financial need.

33 Jane Gross, *Aging at Home: For a Lucky Few, a Wish Come True*, N.Y. Times (Feb. 9, 2006), http://www.nytimes.com/2006/02/09/garden/09care.html?pagewanted=all&_r=0 (accessed June 21, 2013).

34 Information on existing Villages as well as instructions for starting a Village community are available at Village to Village Network, <http://www.vtvnetwork.org> (accessed June 21, 2013).

35 Greenfield et al., *supra* n. 32, at 3.

As of this writing, somewhere in excess of 85 Villages exist across the United States, with 120 more in various states of development.³⁶ A map on the Village to Village Network website indicates that Villages have emerged in all but a handful of states.³⁷

The Rutgers School of Social Work issued a study in December 2012 with a detailed survey of Villages nationwide, including budgets, membership fees, and services as well as demographic information on membership.³⁸ This study indicated that the communities were successful at serving lower-income individuals; more than 12 percent of members were described as impoverished.³⁹ It also found that fewer than 25 percent of members needed assistance with daily chores.⁴⁰ Therefore, it remains to be seen how effective Villages will be at allowing members to remain at home as their care needs increase.⁴¹

IV. COHOUSING

Cohousing (also known as collaborative housing) is generally defined as a small clustered community of either attached units or single family homes with some common facilities and outdoor space.⁴² Resident management and participation is a central aspect. Residents may be expected to participate in maintaining the common space and join in regular community meals and other events.⁴³ Although each residence is a fully functional and independent unit, cohousing communities all have some common facilities, usually a common house with kitchen and dining area, a common lounge or sitting area, laundry and children's play area.⁴⁴ These communities can also have common libraries, workshops, and exercise rooms. Ideally, cohousing communities are designed and developed with the communal aspect in mind, as the neighborhood layout can be a key factor in the model. However, cohousing proponents can also retrofit existing housing.⁴⁵

The residents manage their communities in a horizontal, collaborative structure. Cohousing advocates refer to their communities as intentional neighborhoods, which distinguishes them from intentional communities that evolve around a particular ideology, such as ecology, or religion.⁴⁶ Cohousing draws from earlier concepts of planned com-

36 *Id.* at 2.

37 See Village to Village Network, http://www.vtvnetwork.org/content.aspx?page_id=0&club_id=691012.

38 Greenfield et al., *supra* n. 32.

39 *Id.*

40 *Id.*

41 Some Villages are beginning to address these issues directly. Capitol Hill Village, in Washington, D.C., formed a partnership with Washington Hospital Center's Medical House Call Program. In Pennsylvania, Crozer-Keystone Village is affiliated with and overseen by a health care institution. See Martha Thomas, *Villages: Helping People Age in Place*, AARP Mag. (May/June 2011), <http://www.aarp.org/home-garden/livable-communities/info-04-2011/villages-real-social-network.html>.

42 Keith Wardrip, *Cohousing for Older Adults*, AARP Pub. Policy Inst. (Mar. 2010).

43 See Cohousing Assn. of the U.S. website, cohousing, <http://www.cohousing.org> (accessed June 21, 2013).

44 See cohousing, *Tell me about common meals*, <http://www.cohousing.org/node/27> (accessed June 21, 2013). Cohousing units have their own full kitchens. Residents usually share two or three meals a week at the community house.

45 *Id.*

46 This is just one aspect that distinguishes cohousing communities from communes. See cohousing, *Cohousing Basics*, <http://www.cohousing.org/node/531> (accessed June 21, 2013), for a discussion of the

munities, such as Garden Cities and New Towns, but shrinks the model to facilitate even greater social interaction.⁴⁷

Cohousing communities were designed to embrace persons of all ages, including seniors. These communities encourage active neighborliness, promoting not just self-reliance, but interdependence. In some respects, cohousing is reminiscent of the multigenerational house. Only, in this case, community is the “family.” While there are no formal support services incorporated into these communities, informal supports may allow seniors to remain in the community longer than they otherwise could.⁴⁸

The Cohousing Association lists over 200 communities across the country ranging between 7 and 67 households.⁴⁹ The vast majority of these communities are intergenerational. However, more recently, a small number of senior cohousing communities have emerged.⁵⁰ As these communities mature, they may evolve to encompass some of the supports seen with Villages and NORCs, although their size may limit the ability to do so as efficiently.

V. LIVABLE COMMUNITIES

The concept of a livable community (also known as a lifetime community) has emerged in recent years, envisioning a community intentionally designed to include affordable, accessible and diverse housing options combined with nearby amenities, services and transportation.⁵¹ Like NORCs, livable communities promote public-private partnerships to improve amenities and services for seniors, as well as other community members. Such an initiative might involve grants from the state, demonstration programs, technical assistance, review of land use and zoning laws, and development of accessibility standards.⁵²

Livable communities do not necessarily involve new housing options, but intentional planning and collaboration to provide supports within close proximity to facilitate aging in place.⁵³ Florida has undertaken a statewide initiative with 160 communities bring-

basic characteristics of cohousing.

47 See e.g. Dennis Hardy, *From Garden Cities to New Towns* (Routledge 1991).

48 Wardrip, *supra* n. 42, at 2.

49 Cohousing Association of the United States, *Cohousing Directory*, <http://www.cohousing.org/directory> (accessed June 21, 2013). As noted above, there are larger, planned communities built on the garden city model that incorporate many of the same features as cohousing. These include Radburn, New Jersey, and Forest Hills Gardens, Queens.

50 See Wardrip, *supra* n. 42, at 2. See also *supra* n. 43 for a brief discussion of aging and senior cohousing at Cohousing, <http://www.cohousing.org/node/16> (accessed Aug. 7, 2013).

51 See e.g. Keith Wardrip, *Strategies to Meet the Housing Needs of Older Adults*, AARP Pub. Policy Inst. (Mar. 2010).

52 See e.g. Fla. Dept. of Elder Affairs, *Blueprint Communities for a Lifetime* (2007), <http://www.communitiesforalifetime.org/docs/blueprint2007web.pdf> (accessed June 21, 2013); Wardrip, *supra* n. 51; Farber & Shinkle, *supra* n. 14.

53 In 2006, the County of Westchester in New York launched the Livable Communities Initiative, which provides information and links to county wide programs that encourage seniors to age in place. Westchestergov.com, Livable Communities Initiative, <http://seniorcitizens.westchestergov.com/livable-communities> (updated June 11, 2013).

ing together local agencies, community organizations and nonprofits for collaboration.⁵⁴ While state funding has been very limited, the Florida program has resulted in a number of productive partnerships and pilot programs. These public-private initiatives include health self-management training, home modification programs, transportation services, new housing complexes, and intergenerational programming.⁵⁵

Transit is a key factor in whether many seniors can remain in the community. About one in five older adults do not drive.⁵⁶ Nearly half of all seniors do not currently have access to public transportation.⁵⁷ Adequate transit and affordable housing stock near transit are essential components to developing livable communities and promoting aging in place.

Affordable housing options are an important part of livable community planning. The federal Department of Housing and Urban Development (HUD) provides about 300,000 subsidized housing units under Section 202 for seniors nationally.⁵⁸ Subsidized housing is a small subset of the affordable housing units available to seniors. Approximately 1.4 million individuals over age 50 live in subsidized or public housing and over half of all subsidized units are occupied by older adults.⁵⁹

Diverse housing options within one community is also a key element of livable community planning, allowing seniors to downsize or find the residential option that fits them while remaining local. Universal design is an important element of planning for livable communities because of its emphasis on building to allow for aging in place. Simple design specifications like lever handles and faucets, roll-under counters and sinks, and barrier-free showers can be incorporated in new building initiatives and regulatory schemes.⁶⁰

In addition to transportation and housing, seniors need access to other services in close proximity. Shopping, recreation, health care, and senior services all need to be available within walkable distances.⁶¹ Walkable neighborhoods have become very desirable real estate. In recent years, the highest housing values per square foot have shifted from suburban communities to walkable urban neighborhoods in many metropolitan areas, reversing housing cost trends that have favored suburban settings since the 1960s.⁶²

54 Fla. Dept. of Elder Affairs, *supra* n. 52.

55 *Id.*

56 Wardrip, *supra* n. 51.

57 *Id.*

58 Elinor Ginzler, *From Home to Hospice: The Range of Housing Alternatives, in Independent for Life: Homes and Neighborhoods for an Aging America* 53 (Henry Cisneros, Margaret Dyer-Chamberlain & Jane Hickie eds., U. of Tex. Press 2012).

59 Wardrip, *supra* n. 51.

60 Farber & Shinkle, *supra* n. 14.

61 Elizabeth Plater-Zyberk & Scott Ball, *Longevity and Urbanism, in Independent for Life: Homes and Neighborhoods for an Aging America, supra* n. 58, at 197.

62 Christopher B. Leinberger & Michael Glynn, *Neighborhood Development, in Independent for Life: Homes and Neighborhoods for an Aging America, supra* n. 58, at 209.

VI. LESSONS FROM THESE TRENDS

The residential models discussed are all in their relative infancy. It is too early to draw conclusions and declare successes. It is notable, however, that these concepts all share several qualities.

A. Stakeholder Involvement

Many seniors have embraced Villages, cohousing, and livable communities because they are built on input and involvement by community members. Older adults do not want to be told what to do by a social worker half their age; they want to design their own solutions.⁶³ As policymakers, developers, and nonprofits continue to explore how to bring services to seniors, it is important not to lose sight of the fact that older adults are in the best position to define what services and supports they need and want. Community outreach will be a key to expanding these models beyond their current limited scope. Senior centers, and religious and civic organizations are just a few places that can provide forums for introducing aging-in-place models to the greater public and solicit support and involvement at the grass roots level.

One of the goals of these models is to bring back the ideal of interdependence and communal responsibility that we associate with the neighborhoods of our past. This is a central tenet of cohousing.⁶⁴ Livable communities, NORCs, and Villages also rely heavily on volunteers to provide needed support to older adults in the community.⁶⁵ They also allow opportunities for seniors to share their skills, time, and wisdom with younger community members. The intergenerational nature of many of these initiatives has been a major factor in their appeal, as well as their success.⁶⁶

B. Integrated Planning

Flexibility and choice are important features in most of these models. Many seniors reject the cookie-cutter approach that traditional over-55 communities offer.⁶⁷ However, these models prove that staying in large, multi-level homes in sprawling suburban communities is not the only option. Policymakers and developers would be wise to focus more on offering diverse housing options within close proximity to services and venues that seniors need or desire.

Although the focus of this article is on the residential component, it is clear that one of the most significant measures of the success of any model for aging in place is the ability to provide home and community-based services and supports in a cost-effective manner. As programs such as NORCs, Villages, livable communities, and cohousing mature, they promise to allow for delivery of services at a fraction of the cost of providing the

63 Gross, *supra* n. 33.

64 Wardrip, *supra* n. 42.

65 See e.g. Lawler, *supra* n. 3, at 43 and 46. Volunteer organizations that focus on supporting seniors in their homes have begun to spread. In White Plains, a membership organization has emerged that provides various services including transportation, meal assistance, home repair and maintenance, professional, and technology services. See *Aging in Place in White Plains*, www.aipwhiteplains.org (accessed June 21, 2013).

66 See Thomas, *supra* n. 41.

67 Gross, *supra* n. 33. See also Thomas, *supra* n. 41.

same services to individuals in traditional, suburban neighborhoods.

The ability to bring services to where people reside, as well as the ability to take advantage of economies of scale, is essential. Aging in place does not happen by chance — it comes about by focused and coordinated efforts. Whether through members, volunteers, and private service providers as in the Village model or through a formal collaboration of public, private, and nonprofits in livable communities and NORC SSPs, an intentional campaign to facilitate aging in place is needed.

C. Private-Public Collaboration

New York already has found that public and private collaboration can provide substantial return on its investment. The state legislation requires NORC Supportive Services Program grant applicants to match state dollars with private funds from the housing entity as well as private donations. The program has resulted in private investment far beyond the required levels, reaching nearly four times the initial state investment. New York has also estimated that the programs saved the state approximately \$11 million in reduced health care expenses.⁶⁸

Federal, state, and local governments must do more to promote aging in place. Despite the long-term savings potential, this may seem a difficult sell at a time when budgets are already facing deficits. Funding demonstration programs are important but Florida, for example, found that it can have an impact while spending relatively small amounts of public dollars by focusing on providing technical support and educational materials for local initiatives throughout the state.⁶⁹ Another potential for modest government investment is through the use of tax incentives. By offering tax incentives to private developers or other businesses, governments can encourage private enterprises to undertake aging-in-place initiatives. Tax incentives for private enterprises or joint public-private ventures may be an effective way to promote the costly infrastructure changes that are needed.

Securing funding poses a core challenge for comprehensive aging initiatives. Although the health, social service, and housing needs of seniors are closely entwined, government regulation and funding streams are generally separate.⁷⁰ Funding needs to be addressed in order to facilitate comprehensive aging-in-place initiatives.

The Affordable Care Act expands funding for preventive care and home and community-based care.⁷¹ These initiatives would be most effective if they were incorporated as one piece of a global approach to aging in place that could maximize the efficiencies in service delivery.

Likewise, private insurers would be wise to consider flexibility in reimbursing health-related and non-traditional services (such as accessibility renovations, transportation, medical monitoring, and Village fees), which might stave off the need for more

68 Lawler, *supra* n. 3, at 43.

69 See e.g. Fla. Dept. of Elder Affairs, *supra* n. 52. Likewise, the County of Westchester in New York launched its Livable Communities Initiative, which focuses primarily on providing information to seniors about services that are available to them. See Westchestergov.com, *supra* n. 53.

70 Lawler, *supra* n. 3, at 17, 28.

71 Shana Siegel, *The Affordable Care Act*, in *Health Care Law: A Practical Guide*, Chap. 1A-1 (Scott Becker, Ronald Lundeen Jr. & Alison Vratil Mikula eds., Matthew Bender & Co. 2012).

costly long-term care. This flexibility might increase the attractiveness of these policies for consumers and save money for insurers.⁷²

Even without governmental funding or widespread collaboration between public and private entities, nonprofits can still better facilitate aging in place by adopting a more global approach to the provision of services. Many charitable organizations focus on providing certain limited services to a needy population. In this time of shrinking resources, however, serving a more economically diverse population and providing a broader array of services may serve the community better and bring in needed revenue.⁷³ By reaching beyond traditional social services into ancillary services (such as geriatric care management, check writing, transportation, and shopping), some nonprofits may be able to better serve their constituents, while at the same time providing additional revenue to other struggling agency programs.

VII. CONCLUSION

As we prepare for the ranks of older adults to swell over the next generation, there is little doubt that the existing housing and service delivery models are not sufficient to meet the needs or desires of baby boomers. As a society we must develop coordinated efforts to better address the housing, health, and service needs of seniors. Successful aging in place requires involvement from the senior, the family, the community, local and state government, the private sector, and nonprofits. With public-private collaboration, integrated planning, and stakeholder involvement, we can realize cost savings while maximizing independence and choice, thereby allowing more older adults to remain in their homes and communities.

72 In an article in *The Wall Street Journal*, *Should You Purchase Long-Term-Care Insurance?* (May 14, 2012), <http://online.wsj.com/article/SB10001424052702303425504577352031401783756.html>, Prescott Cole, a senior staff attorney at California Advocates for Nursing Home Reform, argues that long-term-care insurance does not compare favorably with other insurance products on a cost-benefit basis.

73 Aging-in-place services are coordinated by Westchester Jewish Community Services (<http://www.wjcs.com>), a nonprofit agency based in White Plains, N.Y. Among the coordinated services are aging-in-place organizations and partnerships, adult group homes for the disabled, geriatric care management, senior center programs and meals, volunteer opportunities, geriatric outreach services, elder abuse counseling, home care, respite care, home delivered meals, home technology assistance, family caregiver networks, legal services, and geriatric think tank and planning strategies. Other agencies such as Jewish Family Service of North Jersey (<http://www.jfsnorthjersey.org>) also expanded its services to better serve seniors.

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