MassPACE
Massachusetts State Association of PACE Programs

LeadingAge® Massachusetts

Considerations for Combining PACE with Housing

Developed by MassPACE and LeadingAge MA.

With input and consultation from the Executive Office of Elder Affairs and MassHealth

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INTRODUCTION

In recent years, there has been a recognition of the importance of social determinants of health, including the impact of where a person lives on their overall health and well-being. This is especially true for older adults, for whom safe, accessible, housing with integrated health and long-term care services (such as home care, housekeeping, and nutrition support) is the key to remaining in the community.

Housing providers have been increasingly interested in seeking programs and developing relationships aimed at enabling older residents to remain safely in their homes for as long as possible. In Massachusetts, there are many organizations that operate programs designed to assist older adults. These range from organizations that provide companionship, villages that support affinity groups, home health agencies that provide in-home assistance with activities of daily living, adult day health centers, adult foster care, and care coordination programs.

The Program of All-Inclusive Care for the Elderly (PACE) offers all these services and more and has proven to be a valuable partner to housing agencies that operate affordable housing for older adults.

Massachusetts recently launched an initiative to expand PACE to every zip code in the Commonwealth, making this an ideal time for housing agencies to learn more about PACE and PACE-Housing Partnerships.

There are already many PACE-Housing partnerships in place across the state, and while these models can vary in their design and structure, all PACE-Housing models seek to maximize the ability of residents to remain in their homes through access to housing stabilization services, enhanced support, health-related services, and collaboration between PACE Organizations and housing partners.

This document is designed to introduce and provide examples of PACE-Housing partnerships to stakeholders in the housing arena (e.g., landlords, property managers, developers, etc.), and to highlight opportunities for housing agencies to further support tenants through relationships with PACE Organizations.

ASSISTED LIVING

Older adults living in Assisted Living Residences can be eligible for PACE. **In July of 2022, approximately 27% of PACE participants resided in traditional or memory care Assisted Living**. However, this document has been designed for housing agencies that create or operate public housing or private-assisted affordable housing targeted to older adults as opposed to certified Assisted Living Residences.

UNDERSTANDING PACE

The Program of All-Inclusive Care for the Elderly (PACE) is operated by PACE Organizations that incorporate a provider team, a care location, and an insurance-type entity that contracts and pays for Medicare, Medicaid, and other services needed by the PACE participant.

PACE can best be understood through its 50-year history as a unique provider of health care services and its origins as a Center for Medicare and Medicaid Services (CMS) demonstration that brought new ideas to community-based care for older adults.[1] From its inception, PACE built on the concept of the Adult Day Health Center as a location for socialization, meals, health services, and monitoring, but added an interdisciplinary care team – care providers representing multiple disciplines – who work together in a single location (known as the *PACE Center*) where they provide direct care and other services.

The innovation of an interdisciplinary team operating in the PACE Center[2] is responsible for eliminating fragmentation across the critical disciplines that are key to maintaining an older adult's health and reducing stress on families who often bear responsibility for coordinating care and providing transportation for loved ones with complex care needs. In PACE, the participant comes to the PACE Center, often multiple times each week, creating opportunities for socialization, ready access to the entire team of direct care providers, and participant-centric interdisciplinary care planning, treatment, monitoring, and care coordination. Regular attendance at the PACE Center is not required, though on average participants attend 2-3 days per week in addition to receiving care as needed in the home, hospital, nursing home, or other care and treatment locations (dialysis centers, for example). However, even before the pandemic moved more care into the home, some participants preferred to use the PACE Center like a doctor's office, only attending appointments as needed, while receiving personal care and other services in the home setting.

The PACE Interdisciplinary Team

The PACE Interdisciplinary Team (IDT) consists at minimum of a primary care provider, nurse, social worker, physical therapist, occupational therapist, dietician, activities coordinator, home care coordinator, personal care assistant, driver, and PACE Center manager; all of these professionals provide direct care to PACE participants.[3] Many PACE Organizations also employ licensed behavioral health staff, speech and respiratory therapists, spiritual counselors, and others, with a goal of integrating these critical disciplines into the IDT to provide accessible, coordinated, and comprehensive day-to-day care.

[1] PACE became a permanent provider option the Medicare and Medicaid programs in 1997. PACE is regulated primarily through Medicare but operates under a 3-way agreement that includes the Massachusetts Executive Office of Health and Human Services. In Massachusetts, PACE operations sit at MassHealth's Office of Long-Term Services and Supports.

[2] In contrast to a multi-disciplinary team, professionals representing multiple disciplines, each operating independently with the help of a coordinator who coordinates care across disciplines and locations, an interdisciplinary team is a single provider consisting of multiple disciplines.

[3] The minimum membership of the PACE IDT is defined in the PACE Regulation 42 CFR Part 460.

Among its other functions, the IDT is responsible for working with each participant to develop a care plan that promotes independence and the highest levels of functioning, while allowing choice and dignity. The IDT is also responsible for providing care-planned services directly or alternatively, ensuring that services are delivered by a provider in its contracted network, for monitoring progress toward participant goals, remaining alert to changes in status (including changes reported by family, caregivers, resident service coordinators, and others), and updating the care plan as needed. They accomplish this by monitoring health trends across participant populations (including housing locations), close monitoring of individual participants, and by meeting daily to identify what is needed to address participants' new health care and social needs and implementing real-time interventions, such as primary care or behavioral health visits, therapy evaluations, or changes in home health services.

PACE Benefits and Services

Under a shared arrangement between the Executive Office of Health and Human Services/MassHealth and Medicare, PACE is defined as a PROVIDER (like a physician, hospital, or community health center) that takes full financial risk for provision of all Medicare and Medicaid benefits. This means that in addition to being a provider of multi-disciplinary care, PACE is the participant's INSURER under the Medicare and Medicaid programs.[4]

To avoid conflict between the IDT's dual role in authorization of care (typically an insurance role) and care provider, the PACE Regulation (42 CFR.460) is highly prescriptive about how services are provided to participants, how the PACE Interdisciplinary Team is constructed, operates, and monitors delivery of services, and how participants' rights to receive necessary services are protected. Those protections meld rights usually associated with provision of care – such as the right to an interpreter – with rights more strongly associated with insurance – such as the right to request services and the right to appeal benefit or coverage decisions.

PACE can provide almost any service that is needed to advance the participant's health and ability to live safely in the community, regardless of whether those services are typically covered by Medicare or Medicaid. Under the PACE regulation, services are prescribed and authorized by the IDT based on individual assessment of medical, physical, social, and emotional need and may include but are not limited to medical, social, and behavioral health services, nutritional assistance, and housing support such as

- Health treatment from a dedicated team of health care professionals who work together and coordinate all care and services
- Specialty care, such as medical specialists, behavioral health, physical, occupational and speech therapy
- Transportation to and from the PACE center and medical appointments
- Assistance at home with activities of daily living
- Durable medical equipment
- A day program for socialization and activities
- Nutritional support
- Caregiver support
- Medication management
- Housekeeping, cleaning, and minor repairs or adaptations not otherwise provided by the housing operator
- Inpatient care
- Other services approved by the IDT to improve the participant's overall health status.

In addition to the services mentioned above, every PACE participant must have 24/7 access to PACE providers and administrators through an on-call system. This on call system enables PACE staff to directly intervene in potentially problematic situations, such as disruptive behavior related to a behavioral health event, 911 medical calls necessitating intervention by emergency personnel, or staffing issues that could disrupt access to personal care assistance or meals.

As mentioned above, many PACE services are delivered at the PACE Center. However, it is important to remember that the IDT is responsible for ensuring delivery of all services outlined in the participant's care plan in settings consistent with the participant preferences and medical, social, emotional, and other needs. In practice, PACE provides a significant amount of

[4] Under the PACE regulation, Medicare beneficiaries with incomes that exceed Medicaid eligibility requirements can buy into PACE to receive full Medicaid benefits (along with Medicare benefits).

UNDERSTANDING PACE

in-home care and allows most services to be delivered in the participants home, wherever that may be.

PACE Housing support includes traditional services such as housekeeping, but may also include intervention by the IDT, in collaboration with the housing provider, on issues that could impact the participant's tenancy, such as hoarding. As an example, hoarding interventions might include behavioral therapy, while the housing provider and PACE collaborate on removal services and ongoing monitoring. Although direct payment of rent and utilities by the PACE Organization is not an allowable expense under the PACE regulation, PACE Organizations can pay for small repairs and adaptations and other services designed to maintain independence and safety (if not normally covered by the housing provider).

PACE Contracted Service Areas

Each PACE Organization serves individuals who reside in a specific geographic area, zip codes approved by the Commonwealth and CMS consistent with requirements that PACE participants have ready access to a PACE Center where they can receive integrated health, socialization, and other services.

Since Massachusetts allows multiple PACE Organizations to operate in the same zip code, older adults living in a particular zip code may have multiple options for PACE enrollment. Similarly, housing organizations may have multiple options for PACE-Housing partnerships.

With rapid expansion in Massachusetts, there are unprecedented opportunities for development of housing partnerships in new and existing housing.

Appendix A includes contact information for making referrals and for exploring development of new PACE Housing partnerships. To find out which PACE Organization(s) serves your building's zip code, visit **https://masspace.net/find-pace/**

Eligibility

PACE eligibility is based on a variety of criteria including age, income, clinical eligibility, living in contracted service area, and one's ability to live safely in the community (with PACE services) at the time of enrollment.[5]

- Age: PACE participants must be **age 55 or older** when they enroll. The average age for PACE participants in Massachusetts is 78, with 12% of participants being age 55-64. Most other care management services (and housing) for older adults, target eligibility to those 65 and above, but PACE is unique in allowing younger adults, those who quality for Medicare and Medicaid based on chronic disability to enroll. Chronic disabilities that contribute to younger adults meeting nursing home criterion, as required to enroll in PACE, often involve significant physical, psychiatric, or cognitive impairment, typically accompanied by long-term unmet needs for care.
- Clinical Eligibility: Unlike other integrated care insurance programs, **individuals must have complex health, medical, and/or behavioral health needs that put them at risk of nursing facility**

PACE CUSTOMER SATISFACTION

While there is great diversity among PACE participants, PACE has uniformly been able to meet their varied needs. PACE Organizations in Massachusetts have high rates of participant satisfaction and very low disenrollment rates. In 2022, in an independent survey completed by 7 of the 8 PACE Organizations in Massachusetts, 95% of PACE participants reported being satisfied with their care, 92% reported that PACE improved or maintained quality of life, and 91% would recommend PACE to a close friend or relative. Most participants remain in PACE until death. A very small number, an average of 42 participants per program, disenrolled from PACE in for reasons other than death in the period between September 2021 and September 2022.

[5] SPACE participants must reside in a community setting (not a nursing home) at the time of enrollment. This requirement can be met by individuals who are in transition from a nursing home, shelter, or other setting during the enrollment process, though nursing home residents, must have a community address at the time of enrollment. Participants who decline once enrolled and can no longer reside safely in the community may move to a nursing home but remain in PACE. Housing partnerships, and particularly partnerships that include enhanced services, can significantly impact the ability of at-risk individuals to enroll and the length of time participants can remain in the community.

placement to be eligible for PACE. Prior to enrollment, PACE staff conduct an assessment to determine whether an applicant meets the State's "nursing home level of care" criteria, but the final determination of clinical eligibility is made by the State. Individuals who may be clinically eligible for PACE include those with a combination of conditions such as:

- Needs help with daily activities, such as bathing, walking, dressing, eating, meal preparation and light housekeeping
- Uses insulin or oxygen
- Needs assistance managing their medication
- Has skilled care needs, such as nursing, physical or occupational therapy
- Needs a wheelchair, walker, or other types of medical equipment
- Needs medical transportation
- Has a severe mental illness, substance use disorder, and/or other chronic health conditions

- Geographic Eligibility: As noted earlier, to be eligible for PACE, an individual must live in one of the cities and towns covered by a PACE program. PACE is currently available in over 271 cities and towns across Massachusetts, including 55 new towns and cities added in June of 2022. However, there are still gaps, particularly in Western and Southeastern Massachusetts. Working together with MassHealth, PACE Organizations currently operating in Massachusetts expect to add new PACE Centers in towns and cities to help address this gap.

Payment

While it is not a condition of eligibility, PACE participants must have the means to pay PACE premiums. For most participants, premiums are paid by Medicare and MassHealth.

To receive PACE services for free, participants must be financially eligible for Medicaid. This means that the participant must have a monthly income that is no more than 300% of the Federal Benefit Rate (FBR). The FBR is set each year and in 2022 was equal to $841/month. MassHealth income eligibility for PACE is tied to 300% of the FBR or $2523/month or $30,276/year in 2022. In addition, countable assets must be less than $2,000. In Massachusetts, 2022 MassHealth income eligibility for PACE participants is roughly equal to 40% of the current statewide Area Median Income (AMI).

PACE is also available to individuals who have incomes that exceed 300% of the FBR and are therefore not eligible for Medicaid. In these cases, the individual must contribute to the cost of the services by paying the MassHealth share of monthly premium plus a Medicare Part D (Pharmacy Coverage) premium.[6] This contribution often makes PACE cost prohibitive for older adults with moderate incomes.[7] Of the 5215 participants enrolled in Massachusetts PACE Organizations on October 1, 2022, about 1% pay privately for premiums that would otherwise be borne by Medicaid.

To find out if PACE is available in your housing location, go to: **https://masspace.net/find-pace/**

PACE Centers

There are currently 8 PACE Organizations operating in Massachusetts, some of which are part of larger organizations and health systems. For example, Harbor Health Elder Service Plan/PACE is an integral part of the Harbor Health System, which includes multiple Community Health Centers, while CHA PACE is part of the Cambridge Health Alliance hospital system, and Summit Elder Care is part of Fallon Health Plan. Other Massachusetts PACE organizations are standalone, including Element Care PACE and Serenity Care PACE. All PACE Organizations currently operating in Massachusetts are not-for-profit entities.

Today, PACE Organizations in Massachusetts serve more than 5000 participants through 24 PACE Center and similar service locations.[8] These locations are listed in *Table 1*. New PACE service areas and PACE Centers will be added as PACE continues to expand. Please check **https://masspace.net/** for the latest information.

[6] Some long-term care insurance policies allow payment for PACE premium.

[7] Pending Federal legislation seeks to make PACE more affordable for higher income populations. Additionally, PACE Organizations nationally are advocating with CMS to institute demonstration programs for higher income populations and for individuals with complex conditions who are not yet nursing home eligible.

[8] Under the PACE regulation, a PACE Center incorporates a social day center, a primary care clinic, a rehabilitation gym, and space for social workers and other members of the Interdisciplinary Team to deliver care and coordinate services. Every PACE participant must have ready access to a PACE Center, should they choose to attend, but PACE Organizations may also operate multi-service settings known in regulation as Alternative Care Settings (ACS). An ACS is a PACE service location that offers a sub-set of the full array of PACE services, including services designed to meet the unique cultural, clinical, or other needs of defined cohorts of PACE participants. Such alternative settings may be owned and operated by the PACE Organization itself, or under contract with another organization, such as an Adult Day Health Center. Limited services settings, such as a single room utilized as a nursing clinic in a housing location, is not considered an alternative care setting, and is not impacted by the need for CMS or State approval.

TABLE 1: PACE LOCATIONS

PACE ORGANIZATION	PACE LOCATIONS:
Cambridge Health Alliance PACE	❖ **Cambridge:** 163 Gore St. ❖ **Malden:** 195 Canal St.
Element Care	❖ **Beverly:** 100 Cummings Center Suite 166D ❖ **Gloucester:** 29A Emerson Ave. ❖ **Lynn:** • 20 School St. • 62 Market St. ❖ **Lowell:** 166 Central St. ❖ **Methuen:** 12 Ingalls Ct.
Fallon Health's Summit Elder Care	❖ **Leominster:** 55 Cinema Blvd. ❖ **Lowell:** 1081 Varnum Ave. ❖ **Springfield:** 101 Wason St. ❖ **Webster:** 108 Thompson Rd. ❖ **Worcester:** 288 Grove Street
Elder Service Plan of Harbor Health	❖ **Brockton:** 479 Torrey St. ❖ **Mattapan:** 1135 Morton St.
Mercy LIFE	❖ **West Springfield:** 200 Hillside Drive, Suite 1
Neighborhood PACE	❖ **East Boston:** • 225 Sumner St. • 151 Addison Street ❖ **Revere:** 10 Garofalo St. ❖ **Winthrop:** 26 Sturgis St. ❖ **Everett:** 795 Broadway
Serenity Care	❖ **Springfield:** 604 Cottage St.
Upham's PACE	❖ **Boston:** • **Nubian Square:** 36 Dearborn St. • **Jackson Square:** 125A Amory St. • **Savin Hill:** 1140 Dorchester Ave.

PACE AND HOUSING

In Massachusetts, there are over 100,000 units of subsidized affordable housing targeted to older adults including public housing and privately owned assisted housing. Since many residents of affordable senior housing may be eligible for and can benefit from PACE, partnerships and collaborations between PACE Organizations and housing providers provide an excellent opportunity to further support a building's frailest residents. Many public housing properties in Massachusetts are restricted to older adults (age 60/62 and older) or younger people with disabilities. Public housing is also deeply subsidized and requires that applicants have limited incomes to be eligible.

Early on, local housing authorities that own and operate public housing properties saw the value in working closely with PACE to better support their older residents. As a result, there are many PACE-Housing partnerships based in public housing properties.

Appendix C includes a sample Memorandum of Understanding (MOU) between a Local Housing Authority and a PACE Organization.

Massachusetts also has many private-assisted affordable housing properties that are targeted to older adults. Usually funded through a combination of federal, state, and local housing resources, many of these properties serve residents with slightly higher incomes, often up to 60% AMI, which exceeds the MassHealth income eligibility for PACE. Although such higher-income residents can enroll in PACE, as mentioned earlier, private-pay PACE can be expensive. As a result, current PACE-Housing partnerships are usually based in housing with rent subsidies for residents with incomes low enough to qualify for MassHealth.

PACE-Housing Partnership Models

PACE-Housing relationships may be informal, for example actively referring residents to PACE or collaborating to solve problems for individual residents, or formal, ranging from units prioritized for PACE participants to a full PACE Center co-located in the housing property. **Whether formal or informal, the goal of partnership is to establish and maintain collaborative efforts between housing and PACE staff, creating conditions that support the well-being of residents, and that encourage longer tenancy.**

Sometimes partnerships form around simple collaboration that set the stage for exploration of additional partnership activities. Other partnerships may involve more complex agreements to prioritize housing units, address service needs of residents who might otherwise be at risk for nursing home placement, or in the case of new housing, build a comprehensive health services location such as a PACE Center, into the building design and rent-up plan.

While PACE-Housing Partnerships always require collaboration and communication, those requirements may take different forms depending upon the other service elements included in the partnership. For example, the simplest form of partnership may arise when there are one or more residents enrolled in PACE in a single housing property. In this situation, both the PACE Organization and the housing staff (Resident Service Coordinator, Property Manager, Landlord, etc.) may see opportunities to increase coordination and communication.

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For example, to build on existing, though informal collaborations, two PACE Organizations, Elder Service Plan of Harbor Health and Neighborhood PACE sought to implement a more formal relationship with housing partners. The model builds on the usual role of Resident Service Coordinators by paying a small per participant fee in recognition of the additional work required to collaborate with the resident' PACE IDT. While neither of the proposed partnerships have been implemented, there is interest in developing and testing the model to understand whether it improves coordination for existing residents/participants and encourages referral of other residents who might benefit from PACE.

Even under relatively simple models, **ongoing collaboration between Property Managers, RSCs, and PACE Organizations may identify and address broader trends across building populations** that arise as residents age, or the building population or environment changes, along with the needs of individual residents. In such cases, the collaboration can lead to enhanced onsite services available to support PACE participants. As an example, during the pandemic, PACE Organizations were able to deploy personal technology for remote visits, activities packages, and specialized remote-technology activities including support groups to combat isolation for PACE participants.

PACE-Housing partnerships can also lead to **enhanced onsite services** in the housing property. For example, the PACE Organization may be able

to provide access to 24/7 in-home personal care services for building residents enrolled in PACE. Because access to 24/7 care can be critical to keeping a high-risk resident safe in the community, and reducing resident issues and turn-over, this service is attractive to housing organizations as well as PACE Organizations. Other examples of onsite care that PACE might provide as part of a PACE-Housing partnership include locating a nursing office in the housing as illustrated below.

> ***EXAMPLE: Bethany Communities (Haverhill) and Element Care PACE:*** Bethany Communities consists of three campuses: Phoenix Row, Mission Towers, and Merrivista. Phoenix Row and Mission Towers have independent living only. Merrivista has independent and assisted living apartments comingled throughout the building. Bethany Communities provides home health services for residents across the entire campus. Element Care contracts with Bethany Communities to provide reimbursement for individual services for PACE participants living in independent living apartments (and Assisted Living apartments) and operates a local nursing office to provide ready access to skilled care for PACE participants living across the campus. The partnership also features monthly meetings between the Element Care Interdisciplinary team and Bethany Communities staff to coordinate care and address new housing-related issues, and regular outreach and health education events for Bethany Community residents who are not enrolled in PACE.

It is important to note that 24/7 personal care services pose operational challenges to both housing providers and PACE Organizations. Housing providers may be asked to designate space for PACE staff and operations, which can in some instances lead to a loss of rental income.[10] PACE Organizations need to invest in resources, including overnight staff, and incorporate a connection to on-call nursing, which may require investment in call systems or other technology. As a result, PACE-Housing partnerships that involve more comprehensive and complex onsite services usually depend on the housing property having a larger number of residents enrolled in PACE.

[10] While it is helpful for PACE 24/7 in-home personal care staff to have reserved space in the building, PACE-Housing partnerships have been creative about identifying space and instituting services in the absence of a dedicated space.

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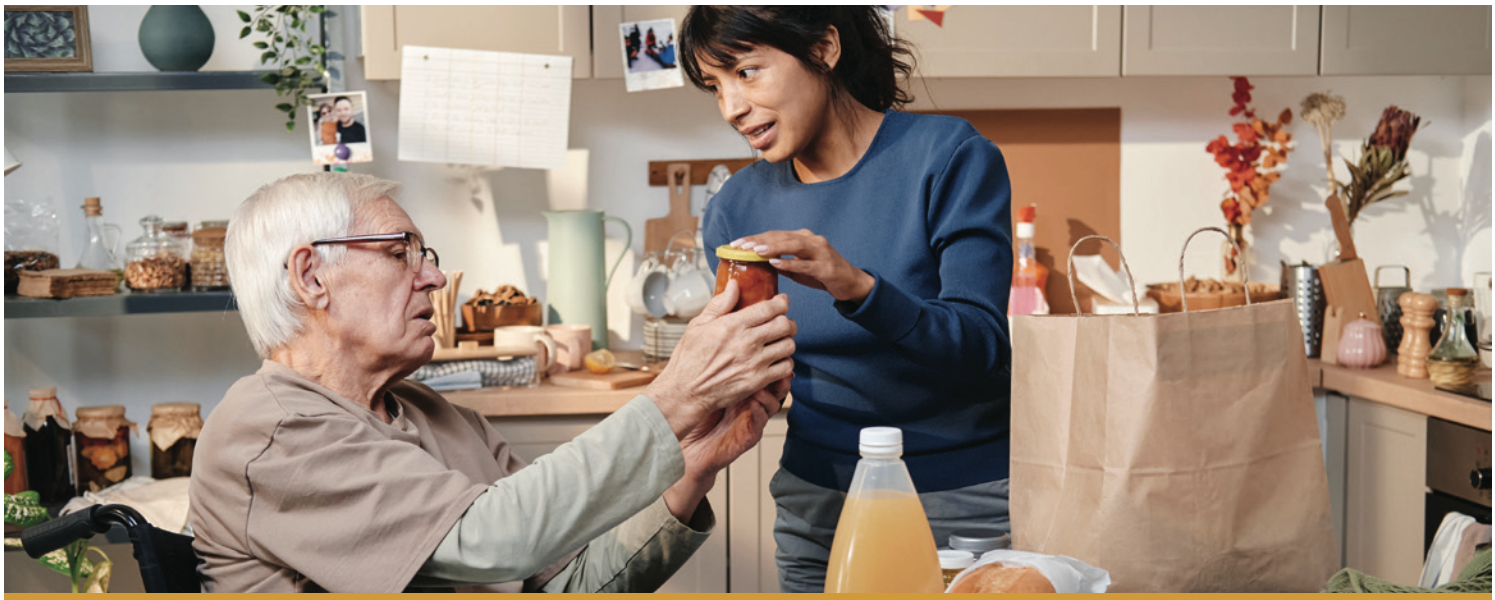
HOW DOES PACE OPERATE 24/7 BUILDING-BASED PERSONAL CARE SERVICES?

Typical home health services consist of 1-2 scheduled personal care visits each day with little to no ability to respond to unscheduled needs and no ability for personal care workers to communicate directly with the resident's primary care team when urgent needs arise. PACE participants living in buildings with 24/7 onsite personal care services have greater access to both scheduled and unscheduled personal care, and, personal care staff (as well as participants), have direct access to PACE nurses and providers to address urgent needs.

PACE Organizations provide access to 24/7 personal care services by staffing a building with round-the-clock personal care workers (PCWs) and call systems that enable the participant to contact the PCW for help. Embedding personal care services in a building where a significant number of PACE participants reside is efficient for the PACE Organization since one or more PCWs can travel from apartment to apartment to provide scheduled and unscheduled care. For participants, greater access to personal care services can make the difference between remaining in the community or having to move to a nursing home. Personal care, which can include monitoring visits as well as physical care, can be scheduled with greater frequency than would otherwise be feasible and unscheduled care can be provided as needed. For example, a PACE participant with a urinary tract infection that is accompanied by episodes of incontinence resides in a building with 24/7 PACE staff onsite can be temporarily scheduled to receive help with toileting every two hours, but the participant can also call for help should they experience an episode of incontinence. Similarly, a participant in the same building with a recent history of falls can be scheduled for every 2-hour safety checks, an enhanced service not available to participants living in buildings where 24/7 services are not available, and potentially a difference-maker in the volume of emergency calls to the building and the resident's ability to remain in the housing.



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Growing a critical mass of PACE participants living in a single housing property can happen organically but typically requires active intervention. For example, an RSC could actively identify and refer individuals – current or incoming residents – who might benefit from PACE. The RSC could also make the PACE Organization aware of upcoming vacancies, while the PACE Organization can ensure ready availability of marketing and enrollment staff who can work with the RSC to encourage residents to enroll and assist housing applicants to collect documents needed for housing applications.

EXAMPLE: Lewis Mall Apartments (East Boston) and Neighborhood PACE. Lewis Mall apartments, a HUD Section 202 housing project for adults aged 62 and above, operates its PACE- Housing partnership under the auspices of a formal agreement between the East Boston Neighborhood Health Center (which operates Neighborhood PACE) and the East Boston Community Development Corporation. As a result of this long-time partnership, 38 of the 47 studio apartments in the building are currently occupied by PACE participants. The building also incorporates a PACE Center. Located in a neighborhood in East Boston that features several other senior housing sites within walking distance of Lewis Mall (managed by other housing entities), the Lewis Mall PACE Center provides services for Lewis Mall residents, as well as PACE participants who live in the neighborhood. Given the high degree of frailty of Lewis Mall residents, Neighborhood PACE keeps its PACE Center open 7 days a week, hosts a daily supper club, and locates 24/7 personal care workers in the building to facilitate extended monitoring, oversight, and socialization for PACE participants.

Collaborations with Unit Preferences in Existing Housing

One of the most effective ways of getting to a critical mass of PACE participants in a housing property is by creating a formal preference or priority for housing units by PACE participants. Given that most subsidized housing receives some government funding, partnerships that include units for PACE participants may require adopting or amending key documents – such as a Tenant Selection Plan in private housing or a Housing Authority's Admission and Continued Occupancy in public housing – and getting approval from the applicable government housing agency. The process of developing or revising plans will take time and may require educating funders about PACE.

PACE-Housing Partnerships that involve existing housing units being prioritized for PACE participants can be more difficult than when "starting from scratch" in new construction or extensive renovation (described later). Prioritizing units in existing housing takes time to implement because PACE units need to be filled with PACE participants as vacancies arise. However, if there is a shared vision for increasing the building's PACE population and services over time, existing tenant selection plans and policies can be revised to build toward this vision. During this period, formalizing aspects of a PACE-Housing Partnership that build toward the goal of filling preferred units with PACE participants, can move the partnership forward. Examples include increasing PACE visibility through health

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education and other events, increasing referrals of existing tenants, and early identification of upcoming vacancies that can be filled with PACE participants eligible for the housing.

EXAMPLE: Sunset Towers (Leominster) and Summit ElderCare. Sunset Towers is Chapter 667 state-funded public housing property with 116 units that is owned and operated by Leominster Housing Authority. Through a Memorandum of Understanding (MOU), 10 units are set-aside for older adults who are both eligible for the housing and enrolled in Summit Elder Care PACE; additional units may be filled by PACE participants (through the usual housing application process) as they come available. When vacancies arise in the set-aside units, Summit is responsible for identifying individuals and making referrals to the housing agency for applications and screening. Summit maintains an internal wait list for this purpose, to ensure that participants who are most at risk for long-term nursing home placement are prioritized for housing at Sunset Towers. Summit offers enhanced services including onsite 24/7 personal care services to PACE participants residing at Sunset Towers.

PACE PARTNERSHIPS IN CONGREGATE HOUSING

Some existing housing is based on a congregate model, in which the residents have a private bedroom but share some or all amenities (e.g., bathroom, kitchen, living areas) with other residents. PACE programs have partnered with housing agencies to support older adults residing in Congregate Housing. For example, Summit ElderCare PACE and the Ludlow Housing Authority have an MOU that has set-aside a 3-bedroom congregate unit in a Chapter 667 public housing property for 3 PACE participants.

EXAMPLE: Colony Retirement Homes (Worcester) and Summit Elder Care PACE. Colony Retirement Homes is a federally funded affordable property financed through the HUD Section 202 program. The building is owned and operated by a private non-profit, Colony Retirement Homes. Through a Memorandum of Understanding (MOU), 8 units are set-aside for older adults enrolled in Summit ElderCare PACE. When vacancies arise in the set-aside units, Summit is responsible for identifying individuals and making referrals to the housing agency for applications and screening. Colony Retirement Homes provides meals and recreational activities for all building residents. Summit provides 24/7 access to onsite personal care services for PACE participants.

EXAMPLE: Harborlight House (Beverly) and Element Care PACE. Harborlight House is an age restricted, Low Income Housing Tax Credit affordable housing property operated by Harborlight Homes. A PACE Center is located nearby. A Tenant Selection Plan allows for a PACE preference for all 30 units in the building though some units are currently occupied by non-PACE residents. Element Care PACE provides 24/7 access to onsite personal care services for PACE participants. An example of a Tenant Selection Plan with a preference for PACE participants is included in Appendix C.

SERVICE PARTICIPATION REQUIREMENTS

Housing rules prohibit owners from requiring that residents participate in services as a condition of occupancy. Similarly, participants may choose to disenroll from PACE at any time. Given this, individuals who move into housing as part of a PACE-Housing partnership can later disenroll from PACE or switch to a different PACE program and will still be able to stay in the housing. Before entering a formal partnership, the housing agency and the PACE Organization should discuss how this type of situation would be handled.

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PACE-Housing Partnerships in New Construction/Major Renovation

The pre-development period, when the vision for a new housing project is still being finalized, provides many opportunities to integrate PACE services into the physical design and service structure of the property. While not always possible given space and other constraints, several new PACE-Housing partnerships have incorporated a PACE Center.

EXAMPLE: Amory Street (Boston) and Upham's PACE. The Amory Campus is an affordable housing complex with a PACE Center co-located on the campus. Originally developed by the Boston Housing Authority (BHA), the property is now owned and managed by The Community Builders (TCB). The 125 Amory building has 12 subsidized (Section 8) set-aside units for older adults who are both eligible for the housing and enrolled in Upham's PACE. When vacancies arise in the set-aside units, Upham's PACE is responsible for identifying individuals and making referrals. In doing so, Upham's first prioritizes participants most at risk of long-term nursing home placement. Applications for units are handled jointly by BHA, which is responsible for Section 8 vouchers, and TCB. Once vetted by BHA, applications are handed off to TCB to complete the screening process and lease. For efficiency, PACE units are located together in one wing of the building, which also includes a retrofitted apartment for use by PACE. As is the case in other PACE-Housing Partnership arrangements, PACE participants are not restricted to residing in set-aside units and PACE participants, as building residents, have access to housing agency services, such as congregate meals, that are available to all residents in the building. At Amory Street, PACE participants who apply for housing through the standard wait list and application processes are scattered throughout the building, as are individuals who enroll in PACE while already living in the building. PACE provides 24/7 onsite access to personal care services for all PACE participants residing in the building, along with 24/7 access to on-call nurses and providers who can deploy additional supports (such as Community Paramedics who can assess and treat under the PACE provider's direction to avoid unnecessary emergency room visits).

EXAMPLE: Ann Lynch (Boston) and Harbor Health PACE. Ann Lynch housing is newly renovated affordable housing that is operated by Beacon Communities. Harbor Health Elder Service Plan/PACE was selected as a PACE partner through a Request for Proposals issued by Beacon as part of the renovation plan. Through a Tenant Selection Plan, older adults enrolled or eligible for PACE and seeking enrollment in Harbor Health PACE receive a preference for 38 of the 55 units in the building. Harbor Health was responsible for identifying eligible tenants and making referrals to the housing agency for applications and screening. Residents began moving into those units in May of 2022. Harbor Health PACE will also be responsible for filling vacancies for the PACE units as they arise. While the PACE participants receive intense

PACE AND HOUSING

individualized supports, all building residents have access to onsite wellness programming such as health education and screening, provided by a Harbor Health PACE nurse. PACE participants living at Ann Lynch utilize the existing Harbor Health PACE Center in Mattapan, and while Harbor Health did not incorporate onsite 24/7 personal care services into the building at opening, they are open to providing such services as the need arises among the PACE participants living there.

EXAMPLE: Hillside Residence (West Springfield) and Mercy Life PACE. Hillside Residence is an example of age restricted affordable housing building consisting of 34 units of new construction operated by Sisters of Providence. Through a Tenant Selection Plan, older adults who are eligible for or seeking enrollment in Mercy Life PACE program receive preference for 32 resident units in the building (Mercy Life reserves an additional two units for short-term respite for families who provide care for participants). The housing is located right next to the Mercy Life PACE Center. In the housing building Mercy LIFE provides onsite meals, personal care and homemaker services, and group-based services such as exercise programs. With a contiguous PACE Center, most of the medical, behavioral health, therapeutic, social work, and recreational services required by participants/residents are easily and seamlessly provided in the PACE Center. When vacancies arise, Mercy LIFE is responsible for identifying individuals and making referrals to the housing agency for applications and screening.

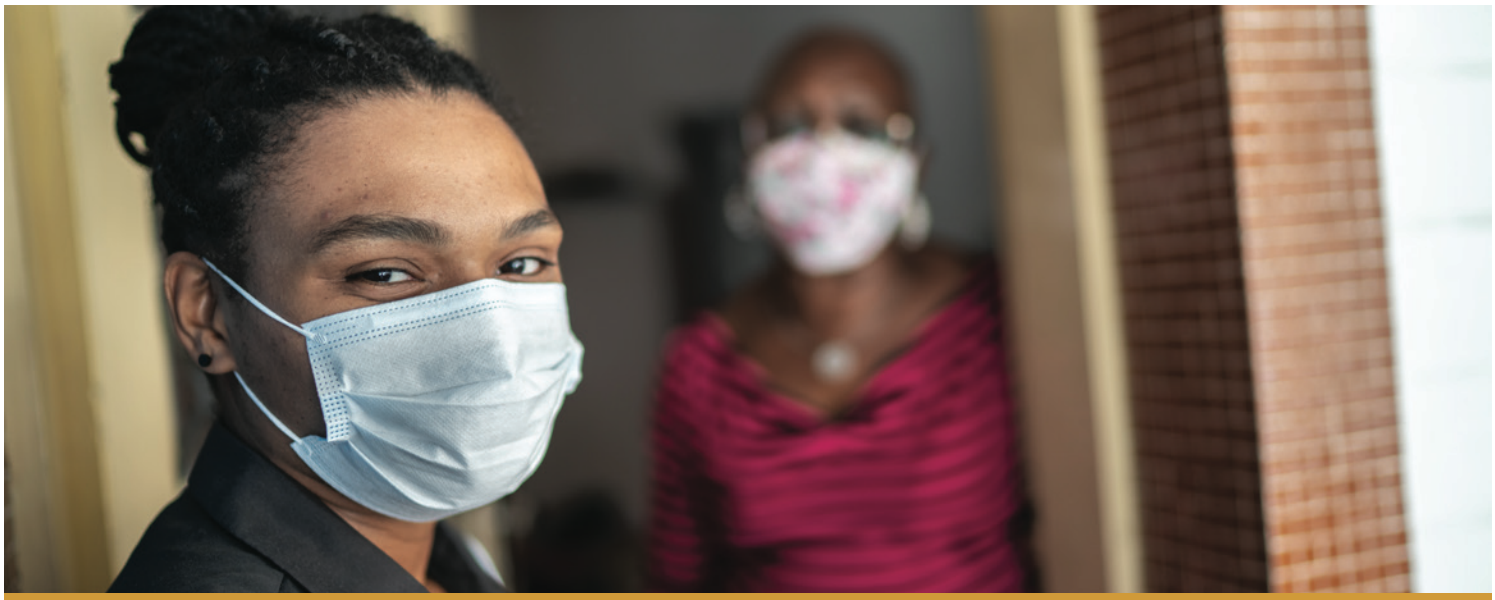
EXAMPLE: St. Therese (Everett) and Neighborhood PACE. St. Therese is new age restricted affordable housing being built by The Neighborhood Developers (TND) and managed by Winn Residential. As part of the new construction, TND entered into an agreement with Neighborhood PACE to build an onsite center for use by PACE participants residing in the building and PACE participants living in the near-by community. The initial property rent-up was managed via lottery, which included preferences outlined in the Tenant Selection Plan. Among other preferences, the Tenant Selection Plan enabled older adults who qualify for PACE (but may not be enrolled) to receive preference for 20 of the 77 units in the building. As vacancies occur, the 20 preferred units will be filled by PACE-qualified candidates including referrals made by Neighborhood PACE.

EXAMPLE: JJ Carroll (Boston) and Element Care PACE. Once renovation is complete, JJ Carroll housing will include 142 units of renovated age restricted affordable housing. The building is owned and operated by 2Life Communities and is located on a campus that includes four buildings, a community garden, fitness areas, an art studio and convenience store. 2Life also sponsors activities programs for its residents. As part of its renovation plan, 2Life Communities issued a Request for Proposal for a PACE program that would build an onsite PACE Center. The PACE Center will serve eligible JJ Carroll residents who choose to enroll in PACE along with PACE participants who live in the surrounding community. The Center has capacity to remain open for extended hours should the need arise among participants. In addition to operating the PACE Center, Element Care plans to provide 24/7 onsite personal care services for residents who require care at home when the PACE Center is closed. Once open, under a Tenant Selection Plan, older adults enrolled in Element Care PACE or in-process for PACE enrollment process will receive a preference for a designated number of housing units.

PACE AND HOUSING

CASE STUDY

Mrs. A, a 67-year-old woman with a long-time history of severe depression, multiple chronic medical conditions, and frequent night-time falls was referred to PACE by the property manager of her apartment building. Once enrolled in PACE and after assessment by her Primary Care Provider (PCP), Occupational Therapist, Physical Therapist, Behavioral Health team (Social Worker and Psychiatric Nurse Practitioner), PACE Home Care Coordinator, and other members of the IDT, the team met with the participant to devise a plan of care with the goal of reducing the risk of injurious behavior from multiple falls, reducing 911 calls (that are disruptive to the building and can result in unnecessary hospitalization), and improving management of depression. The participant agreed to the proposed plan, which included multidisciplinary treatment and a coordinated approach to care at home and at the PACE Center. As part of the plan, the PACE PCP adjusted medication that could contribute to falls. PACE provided behavioral health visits to treat depression and monitor medication, physical therapy to improve balance and mobility, and frequent check-ins by the 24/7 personal care worker (PCW) who was schooled in both behavioral health intervention and fall avoidance and safety. The participant agreed to call the on-site PCW rather than 911 for assistance other than immediate, life-threatening emergencies. In turn, the PCW reported calls to the participant's primary or on-call nurse, who triaged the call and took steps as needed for follow up. The outline of the plan was communicated to the Resident Service Coordinator for the purpose of coordinating tenant management services with PACE. The plan and its outcomes were monitored and adjusted over time with input from the participant, the IDT, and the housing manager.



NEXT STEPS

There are many different models of PACE-Housing partnerships and housing agencies should be thoughtful when determining how the partnership is shaped. It is important to remember that while both PACE Organizations and housing agencies must meet regulatory requirements, partnerships can be shaped and customized to meet the individual circumstances of each building and the people who live there.

Finally, it is important to remember that both the PACE Organization and the housing agency are responsible for making the partnership work. Overall, this means effective communication and an understanding of each other's roles, responsibilities, and limitations. Clear goals and expectations about outcomes and interventions are key to a good working partnership.

Below are some examples of questions that could be helpful when talking with PACE program about a possible partnership.

General

- Which towns do you serve?
- Where is the closest PACE Center and do you operate any other service locations nearby? Are you able to meet my building's need for……?
- As a building manager/resident services coordinator, what types of support can I expect of PACE? What will the PACE Organization expect of me?

Partnership Experience

- Are you currently involved in any PACE-Housing partnerships?
- Do these partnerships include designated units for PACE participants? If not, were you able to increase the number of PACE participants living in the building? If yes, how? If not, do you have recommendations about how we might increase enrollment among new and existing building residents?
- Do these partnerships include any on-site services such as a PACE Center, nursing clinic, wellness activities, or 24/7 personal care? What does the PACE Organization need from housing staff to implement and operate these services?
- What activities would you anticipate taking place in the building for residents who are not enrolled in PACE, wellness activities or outreach events for example? How have these worked in other buildings?
- What can I say to a resident who would like to enroll in PACE but wants to keep their doctor?
- What lessons have been learned from your other partnership experiences?

NEXT STEPS

Future Partnerships

- What services would PACE be interested in providing onsite? (Or would PACE be able to provide ___ services onsite?)
- What size and type of space will be needed to deliver these services? Would you want space for professional staff? Would you want space for 24/7 onsite personal care staff? Would you want larger space for group activities or meetings? Could these be shared spaces?
- If housing units are set aside for PACE participants, what are your capabilities for identifying eligible PACE participants to fill these units? What can the housing organization do to help identify individuals for these units? What happens if we cannot find any PACE participants that are eligible for or interested in the housing?
- How will the application process work? What type of assistance will PACE provide to applicants in completing paperwork and collecting the required documentation?
- If a resident dis-enrolls from PACE after moving in, what will PACE do to assist with the transition to another provider and/or integrated care plan?
- How do you anticipate communicating critical "need to know" information about residents with housing staff while maintaining resident confidentiality (e.g., relevant changes in participant care plans)?

APPENDIX A – PACE CONTACTS

Housing agencies interested in learning more about PACE and exploring PACE-Housing partnerships can contact the PACE Organization serving their zip code (see https://masspace.net/find-pace/)

CHA PACE

https://www.challiance.org/services-programs/older-adult-services/cha-pace

Outreach and Enrollment: 617-575-5850

Business Development (New Housing Partnerships):
Jed Geyerhahn, lgiovino@challiance.org

Element Care PACE

www.elementcare.org

Outreach and Enrollment: 877-803-5564

Business Development (New Housing Partnerships):
John Coolong, jcoolong@elementcare.org

Harbor Health Elder Service Plan PACE

https://www.hhsi.us/elder-service-plan/

Outreach and Enrollment: Boston: 617-533-2400

Outreach and Enrollment: Brockton: 774-470-6700

Business Development (New Housing Partnerships):
Julie Richer, jricher@hhsi.us

Mercy Life

https://www.trinityhealthpace.org/massachusetts/mercy-life-ma/

Outreach and Enrollment: 1-413-827-4238

Business Development (New Housing Partnerships):
Emmanuel Cheo, emmanuel.cheo@trinity-health.org

Neighborhood PACE

https://neighborhoodpace.org/

Outreach and Enrollment: 617-568-6377

Business Development (New Housing Partnerships):
Pamela Pattavina, pattavip@ebnhc.org

Serenity PACE

http://www.serenitypace.org/

Outreach and Enrollment: 413-241-6321

Business Development (New Housing Partnerships):
Rimma Zelfind, rimma.zelfand@ihserv.org

Summit Elder Care

https://www.summiteldercare.org/

Outreach and Enrollment: 877-837-9009

Business Development (New Housing Partnerships):
Dinah Olanoff, dinah.olanoff@fallonhealth.org

Uphams PACE

https://uphamscornerhealthcenter.org/uphams-elder-service-plan-pace/

Outreach and Enrollment: 617-740-8007

Business Development (New Housing Partnerships):
Michelle Burris, miburris@uphams.org

APPENDIX B – KEY SECTIONS OF SAMPLE MOU BETWEEN PACE AND LOCAL HOUSING AUTHORITY FOR UNITS SET-ASIDE FOR PACE PARTICIPANTS AND STAFF

Memorandum of Understanding

This Memorandum of Understanding (MOU) is entered into by and between the Anytown Authority (Authority) and ABC PACE (PACE) for the purpose of providing supportive housing services for ABC PACE Participants who have been approved by PACE for the collaborative Supportive Housing Arrangement at the Generic Apartments located at 345 Main Street (the "Development").

Definitions and Abbreviations

Average Monthly Resident Rental Amount: An amount determined by the Authority each year In November, based on the average of the resident rental rates for the Development during the previous 12 months and the projected average rental rate for the upcoming calendar year. This amount will be the rental amount payable by PACE to the Authority for the handicapped accessible unit with handicapped accessible bathing facilities, contiguous to the units assigned to the Participants, designated for PACE staff use ("Staff Unit") and will be effective for the calendar year beginning January 1 of the following year. The rental amount for the first term of this MOU Is reflected In Attachment A.

Care Plan: A goal-based Participant specific plan developed by the PACE Interdisciplinary Team (IDT) based on assessments and the care and service needed to meet the Participant's medical, physical, emotional, and social needs.

Eligible Participants: individuals who meet Housing Eligibility Requirements and have also been approved by the IDT for the Supportive Housing Arrangement.

Housing Eligibility Requirements: Financial and other eligibility requirements defined by the Authority in accordance with its regulatory guidelines.

Interdisciplinary Team (IDT): The PACE Organization's team of elder care professionals who, in accordance with the PACE regulations, are responsible for assessment; development of Care Plans; and provision, monitoring and facilitation of needed services for Participants.

PACE - A Program of All-inclusive Core for the Elderly: A federally recognized model of care and coverage designed to help frail elders continue to live safely in the community as an alternative to nursing home placement.

Participant: An individual enrolled in the ABC PACE program.

Supportive Housing Arrangement: An arrangement between a housing provider and PACE that enables PACE to work collaboratively with a housing provider to provide onsite supportive services for Participants in accordance with the Participant's Care Plan.

Obligations

Whereas the Authority wishes to work collaboratively with the PACE to provide priority access to a mutually defined number of contiguously located units for Participants; and whereas PACE wishes to manage and arrange the supportive services for Participants residing in these designated units, the parties agree to the following terms:

<u>The Authority shall:</u>

1. Make available a mutually agreeable number of contiguous apartments for the Supportive Housing Arrangement to be rented by Participants in accordance with Housing Eligibility Requirements.
2. Provide PACE with exclusive access to the Staff Unit, contiguous to the Participants units, at a cost not to exceed the Average Monthly Resident Rental Amount.
3. By November 30 each year, provide PACE with written notice of the Average Monthly Resident Rental Amount to be effective for the next calendar year in the form of Attachment A of this agreement. This notice will be sent to the PACE Executive Director.
4. Supply legally requisite heat during the period September 15 through June 15 of each year to the Staff Unit at no additional cost.
5. Supply legally requisite hot water in sufficient quantity and pressure for designated use to the Staff Unit at no additional cost.
6. Provide routine extermination services for the Staff Unit as necessary at no additional cost. If adequate notice is provided and PACE fails to adequately respond to unsanitary conditions identified by the Authority, PACE may be charged for reasonable special extermination services required as a consequence of its failure to keep the Staff Unit clean and sanitary.
7. Provide adequate parking for onsite support staff. Between the hours of 4:30pm and 7am, one parking space will be available in the parking lot behind the building.
8. Maintain structural elements of the building, all common areas and community spaces, furniture, and equipment.
9. Be responsible for tenant selection for the building, management of a priority approval wait list process for Participants, building management and lease enforcement.
10. Provide 24-hour access to the building for PACE's designated staff.
11. Meet periodically with PACE's designated Supportive Housing Arrangement liaison and other designated PACE staff to discuss Participant issues and marketing of the PACE program to other building residents.
12. As PACE is a regulated program, shall cooperate with PACE in ensuring compliance with applicable regulatory requirements, including but not limited to PACE's efforts to confirm that the Authority, its employees, or downstream entities have not been debarred, suspended, or otherwise excluded from participation in PACE. If it is determined during the term of this MOU that PACE is prohibited by applicable law or regulation from continuing its Supportive Housing Arrangement program with the Authority or at the Development, PACE may terminate this agreement with reasonable notice to the Authority, and the Authority. shall permit an orderly transition of the program and Eligible Participants as may be required.
13. Carry during the term of the agreement. at its own cost and expense, the following Insurance:

    a. "All Risk" property insurance in an amount adequate to repair or replace Lessee's persona l property and improvements to the Premises.

    b. Comprehensive general liability Insurance having a minimum limit of liability of $1,000,000 for injury or death arising out of one occurrence and $1,000,000 for damage to the property from any one occurrence and excess/umbrella coverage of $2,000,000.

APPENDIX B – KEY SECTIONS OF SAMPLE MOU BETWEEN PACE AND LOCAL HOUSING AUTHORITY FOR UNITS SET-ASIDE FOR PACE PARTICIPANTS AND STAFF

PACE shall:

1. Pursuant to its agreement with Participants, provide supportive services to Participant residents of the Development residing In the Supportive Housing Arrangement designated units. Supportive services may Include but are not limited to the following:

   a. Periodic assessments

   b. Ongoing monitoring and care management

   c. 24-hour on site staffing

   d. Homemaker services

   e. Personal Care Services

   f. Approved medical transportation

   g. Assistance with meals and nutrition

   h. Medication management

   i. Social activities

   j. Other services as approved by the IDT

   These services shall be provided in accordance with each participant's IDT-approved Care Plan, as determined by assessment of each participant's needs.

2. Assign a liaison to the Authority to assure prompt attention to identified issues and to foster a positive working relationship.
3. Agree that no tenancy is created for Supportive Housing Arrangement staff assigned to the Development and that such staff shall not have the rights of a tenant under law.
4. Ensure that all direct care staff providing service for Participants has all required screenings and background checks prior to providing service.
5. Maintain occupancy of the Staff Unit In accordance with such Authority rules, regulations, and requirements that tenants of the Development must abide by.
6. Vacate the unit at the end of the term of this MOU. Should PACE fail to vacate within the 45 days, PACE will be considered a trespasser and is liable for the use and occupancy of the unit at the private market rental rate.
7. Preserve the confidentiality of all residents of the Development.
8. Refrain from making alterations, additions and improvements to the Staff Unit and the office space until the Authority has provided written approval of any such change. Before making any such change, PACE shall obtain all required permits and approvals.
9. Allow the Authority at reasonable times, or at any time in case of emergency, to enter the Staff Unit for the purposes of inspecting it or to make repairs.
10. Carry during the term of the agreement, at its own cost and expense, the following insurance:

    a. "All risk" property insurance in an amount adequate to repair or replace Lessee's personal property and Improvements to the Premises.

    b. Comprehensive general liability insurance having a minimum limit of liability of $1,000,000 for Injury or death arising out of one occurrence and $1,000,000 for damage to the property from any one occurrence and excess/umbrella coverage of $2,000,000.

    c. Worker's compensation Insurance providing statutory limits; and

11. Name the Authority an additional Insured under its liability policies and requires Its Insurance company to give at least thirty (30) days' written notice of termination or cancellation of the policy to the Authority.
12. Deliver to the Authority a certificate of insurance within thirty {30) days from the execution of this agreement from a reputable insurance company that is authorized to write that type of insurance under the laws of the Commonwealth of Massachusetts.
13. In the conduct or operation of the program to not discriminate against any person or persons because of race, religion, color, national or ethnic origin, ancestry, age, sex, handicap, sexual orientation, marital status, military status, or receipt of public assistance.
14. Not transfer, sublet, assign, hypothecate or otherwise alienate this agreement or its interest in and to all or any part of the Staff Unit or the designated Supportive Housing Arrangement units, nor shall It grant any other party other than those hired or contracted by PACE to provide service any license or permission to use the Staff Unit, without Authority's prior written consent on each occasion. Any other attempted transfer, subletting, assignment, license to use, hypothecation or other alienation of this agreement shall be void and shall confer no rights on third parties.
15. Make reasonable efforts to anticipate upcoming vacancies of Supportive Housing Arrangement units and make best efforts to facilitate the application and placement of a new Participant tenant within 45 days of the date that the unit was vacated and available for rental {Consider inserting language about payment for extended vacancies in set aside units}.
16. Give priority consideration to Anytown residents when more than one Participant Is potentially eligible for the Supportive Housing Arrangement and the IDT has determined that their needs are similar.
17. Assist with reasonable, mutually agreeable tenant relocation costs within the building and standard apartment preparation costs associated with the initial transitions to a contiguous group of designated units for the Supportive Housing Arrangement.

Effective Date

This MOU shall be become effective on (Date) and shall automatically renew unless either party terminates by providing at least ninety (90) days prior written notice to the other party.

APPENDIX C – KEY SECTIONS FROM SAMPLE TENANT SELECTION PLAN WITH PACE PREFERENCE

123 Main Street project creates a new housing model for at-risk frail older adults. The model partners a qualified housing provider with an elder service organization, ABC Program of All Inclusive Care for Elders (PACE) program, to provide affordable housing integrated with a continuum of health, psycho-social, and supportive services to lower income seniors.

As a service-enriched, affordable housing initiative, the Commonwealth of Massachusetts require the project to reach out to and select residents who require coordinated support services to live independently successfully. The Services will be provided by ABC PACE program. The PACE program is equipped to manage the often complex medical, functional, and social needs of the frail elderly.

Occupancy at 123 Main Street will be limited to older adults over 62 years of age who need coordinated supportive services to maintain independent living. Preference will be given to applicants who participate in the PACE program. Participant selection criteria will be objective and nondiscriminatory without regard to religion, race, creed, national origin, economic status, sex, sexual orientation, marital status, familial status, disability, gender identity, public assistance recipiency, and are applied equitably to all potential participants. The procedures used for selection of participants shall be in compliance with all applicable Federal and State statutes and regulations.

Initial Outreach

The marketing period will begin at least 60 days prior to initial lease-up. ABC PACE will initiate the marketing to existing PACE participants followed by outreach through a network of community organizations and elder service providers. The marketing will include informational sessions at ABC PACE site(s) and elder service program locations. The sessions will include information on housing eligibility, available services, and assistance with the application process. To ensure the fairness of the application process, completed applications will be accepted by mail or hand-delivered to 123 Main Street Management Office.

PACE Preference Criteria for Applicants

Enrolled in ABC PACE Organization; or

Eligible for enrollment in PACE and willing to sign enrollment agreement with ABC PACE

Eligibility and Screening Criteria

Applicants are subject to the following eligibility and screening criteria:

- Income eligible.
- Demonstrate the ability to meet the meet lease requirements when provided the integrated, comprehensive services offered by ABC PACE, or with other reasonable accommodation(s), including maintaining both person and apartment in a manner which is not detrimental to the safety and well-being of other residents.
- Determined to be suitable for housing based upon a satisfactory review of criminal background check and factors as detailed within 123 Main Street CORI policy.
- Demonstrate a history of rental payment in accordance with the lease agreements.
- Demonstrated a willingness and ability to comply with lease terms.

Rejecting Applications:

Applicants can be rejected if any one of the following apply:

- Not income eligible.
- Substantial risk that applicant is unable or unwilling to pay rent.
- Substantial risk that the applicant will interfere with the rights of other residents to have a peaceful enjoyment of their properties.
- Substantial risk that the applicant will interfere with the health, safety and/or security of the property.
- Substantial risk of intentional damage or destruction to the unit and/or surrounding premises by the applicant.
- Substantial risk of committing criminal acts that may threaten the health, safety and security of other residents or staff on the property.
- Substantial risk of interference with the management of the property.
- Submitting an incomplete or falsified application.
- Recent disruptive or threatening behavior by a potential resident who exhibits either of the following:
  - a resident whose behavior jeopardizes the safety of others; or
  - a resident with decision-making capacity who consistently refuses to comply with the terms of the Occupancy Agreement/Lease.

In making determinations relative to rejecting an applicant, the following considerations will be made:

- The possible biases, attitudes and motives of all references and sources of information will be considered.
- All information used in consideration of the applicant will be current. The possibility of mitigating factors will be considered in every case.
- Consideration will be given to the applicant's present income to rent ratio and whether the rent level for the unit for which the applicant is applying would help eliminate financial hardship when judging an applicant's payment record.

The Property Manager will review all rejections and supporting documentation. All eligibility factors must be verified in writing and maintained in the applicant's file.

The Property Manager shall promptly notify the applicant in writing of the rejection and explain the reasons for the rejection. The notice will explain why the applicant has been rejected and will also explain the procedures to appeal the rejected decision. The applicant has 14 days to respond in writing or to request a meeting to discuss the rejection. The request for an appeal should be addressed to Property Manager at 123 Main Street

The applicant can expect a written response regarding the outcome of the appeal within 14 days of the receipt of the written request for an appeal or a meeting, whichever applies. All rejected applicants and supported documentation shall be maintained at the Property Manager's office in a manner which respects the applicant's right to privacy.

APPENDIX C – KEY SECTIONS FROM SAMPLE TENANT SELECTION PLAN WITH PACE PREFERENCE

Initial Lease-up Processing Steps:

1. Upon receipt of an application, the Property Manager will date stamp the application and conduct a completeness review.
2. Complete applications will be reviewed for eligibility; notice of deficiencies will be sent to applicants whose application is deemed incomplete. Deficiency notices will provide a deadline for submission of required information.
3. Completed applications will be reviewed for income eligibility.
4. Qualified applicants should be assigned a registration number. Only applicants who meet the applicable eligibility requirements shall be entered into a lottery.
5. Ballots with the registration number for applicant households are placed in all lottery pools for which they qualify. There will be two pools, one for the handicapped accessible units and the second pool for the remaining applicants. Within each pool, applicants who qualify for PACE-preference status will be granted that status.
6. A lottery will be held at a public, wheelchair accessible location. At the lottery, the ballots of PACE-Preference applicants are randomly drawn and listed in the order drawn, by pool. Non-PACE preference applicants will be processed after all PACE-preference applicants have been processed.
7. Units will be awarded until all available units have been assigned.
8. The Property Manager will interview the chosen applicants, check references, credit history and rental history. The applicant will be informed of the decision to accept or reject their application. If an applicant is rejected, a letter will be sent to the person, which details the reason(s) for the rejection. If the applicant is accepted, he or she will be offered a unit subject to subsidy administrator's approval. HAP Housing will determine final eligibility for Rental Subsidy units.

Wait List Maintenance

After the initial lottery, 123 Main Street will retain a list of applicants who were not awarded a unit, in the order they were drawn on a waiting list. These waiting lists will be maintained, added to, and updated so that they remain consistent with the objectives of the housing program. Applications will be reviewed in the order in which they are received, and eligible applicants will be added to these waiting lists.

A new vacancy triggers the selection process, whereby, applicants on the waiting list will be processed for unit eligibility and eligibility for the PACE preference (updated). If the waiting list should be vacant, the marketing plan for initial lease-up will be followed but limited to 20 days. Applications will be processed in the order in which they are received and ordered pursuant to a random drawing as described above.

The Property Manager will interview the applicant, confirm, and update all information provided on the application, obtain current information of income and other information needed to certify eligibility.

Certifications and Annual Re-certification

Some funding sources require documentation of income during initial certification and annual re-certifications on an annual basis. 123 Main Street Management will obtain adequate documentation in accordance with funding source requirements. The requirement of residents to cooperate and comply with the annual recertification is a provision within the occupancy agreement. Source documentation will include a minimum of two-month period for income and assets. Recertification will be initiated 90 days prior to the recertification date.

LeadingAge Massachusetts is an association dedicated to supporting the work of not-for-profit aging service providers. Their members are collaborative, respected, forward thinking organizations focused on meeting the needs of older adults. LeadingAge Massachusetts serves the full spectrum of aging services providers in the Commonwealth, championing the mission driven organizations that are the backbone of their communities.

MassPACE is a non-profit 501(c)(6) association which serves to support its affiliated PACE (Programs of All Inclusive Care for the Elderly) organizations to advance and grow their healthcare membership. An alternative to nursing home placement, PACE is a federally and state funded provider of medical care and in-home services which also serves as a health insurer. This unique arrangement ensures that decisions about medical coverage are in the hands of the member and their health care team.

LeadingAge® Massachusetts

MassPACE
Massachusetts State Association of PACE Programs