



October 31, 2016

Ms. Marjorianna Willman / Brenda Evans
Low Income Housing Tax Credit Program
Louisiana Housing Corporation

Dear Ms. Willman,

Thank you for the opportunity to present recommendations for the 2017 LHC Qualified Allocation Plan (QAP). We hope that these comments will help inform your team as you prepare to release the 2017 QAP. Included below are recommendations on behalf of National Church Residences which puts an emphasis on improving the lives for the Residents of Louisiana. Section headers and page numbers match the 2016 QAP.

1. Project Diversity (page 70)

Project Diversity awards 4-10 points if 40% to 60% of the units are designated market rate units.

- **National Church Residences recommends that existing acquisition/ rehabilitation developments that are already 100% affordable automatically receive the full 10 points.**

These preservation projects are not able to capture these points and are therefore not competitive for a LIHTC award as converting existing low income units to market rate units would displace the very Residents these buildings were built to serve. In addition, many of these properties such as the previous communities built under the LIHTC program have long term rental guidelines to ensure they serve low income residents for an extended period of time so they are unable to elect these points, regardless.

2. Geographic Diversity (page 70)

Geographic Diversity awards points for projects located in census tracts that are 120%-150% of the AMI for the Parish. High Income census tracts are NOT a good yard stick for occupied Preservation projects for the following reasons:

- Rehabilitations focus on enhancing and preserving existing community assets – they do not alter (or increase) the concentration of affordable housing in an area.
- Unless these existing assets are rehabbed in a timely manner, they will deteriorate from a community asset to a community liability.

- Finally, project sponsors do not have the ability to “re-locate” an existing project to higher income areas.

➤ **National Church Residences recommends Preservation projects receive 12 points regardless of the income level of the census tract of the project.**

3. Redevelopment Project (page 70)

Up to 6 points may be awarded if the project meets the definition of being located in a “Redevelopment Area”. The current definition of Redevelopment Area requires the project to be located in a Qualified Census Tract (QCT).

➤ **National Church Residences recommends that a Redevelopment Area NOT be required to be a QCT.**

Requiring Redevelopment Areas to be within a QCT is not an effective yardstick for an actual redevelopment area. Local government entities along with private investors designate redevelopment areas based on a variety of factors including population changes, access to services including healthcare and transit, employment opportunities and environmental factors NOT on if the land is characterized as a QCT. **Again, this scoring criteria discriminates against existing occupied Preservation projects as they CANNOT be moved to a different census tract.**

4. High Vacancy Projects (page 70)

Up to 6 points may be awarded if a Preservation project has a vacancy rate of a minimum of 25% (2 points) to over 75% (6 points). While we understand LHC’s desire to help save failing real estate assets, it is doing so at the cost of preserving existing low income housing that is successful with healthy occupancies.

➤ **National Church Residences recommends ELIMINATING the High Vacancy scoring criteria.**

This scoring criteria discriminates against true existing low income housing communities and the Residents that benefit from them. By making high occupancy Preservation developments uncompetitive, LHC risks turning these assets into liabilities as there are no other material options other than tax credits to fund critical repairs to maintain these buildings. If these Preservation developments cannot access LIHTCs to make crucial repairs, these properties will indeed become a failing asset. **It is our strong hope that LHC does not require existing, occupied Preservation projects to fall into such disarray that it is plagued by high vacancies before it can be competitive for tax credits.**

5. Non Scattered Site Rehabilitation vs. Infill Rehabilitation (I-E&F page74)

Current language awards 2 additional points for scattered site rehabilitation over non scattered site rehabilitation along with awarding extra points for vacant and abandoned projects.

➤ **National Church Residences recommends ELIMINATING scoring criteria for infill and abandoned buildings** for the following reasons also mentioned above:

- Rehabilitations focus on enhancing and preserving existing community assets – they do not alter (or increase) the concentration of affordable housing in an area.
- Unless these existing assets are rehabbed in a timely manner (regardless of scattered site or not), they will deteriorate from a community asset to a community liability.

6. Special Needs Households (p. 72)

National Church Residences strives to have on-site service coordinators at our Elderly projects.

Service Coordinators work to coordinate supportive services for the elderly and disabled residing in independent housing. Service Coordinators link residents to supportive services by providing information and community referrals to help maintain self-sufficiency. The Service Coordination best practices that result in achieving improved access to better healthcare at a lower cost and achieve better outcomes. The Service Coordinator model employs preventative outreach and proactive strategies to facilitate residents' aging in place.

The role of the Service Coordinator is currently of the utmost importance because of the large and rapidly expanding population of low-income older adults. Older adults are currently facing the ongoing challenges of finding affordable housing and affordable healthcare. As older adults age, an increasing proportion experience multiple chronic illnesses and have deteriorating physical and cognitive functioning. This translates into higher costs to Medicare and Medicaid, which are the primary health and long-term care payers. Service Coordinators are able to track health and outcome data on residents which allows them to be proactive and prevent avoidable and costly hospitalizations and healthcare expenses. As a result, residents live healthier and independently longer. See attached supporting articles.

➤ **National Church Residences recommends awarding additional 3 points for developments serving Elderly households that have a designated on-site service coordinator.**

7. Government Priorities (page 73)

Current language awards 2 points for “Governmental Priorities” located within a QCT or DDA. Associating Governmental Priorities with QCTs and DDAs is not an effective yardstick for an actual Government Priority. Government entities designate priority areas based on a variety of factors including population changes, access to services including healthcare and transit, employment opportunities and environmental factors NOT on if the land is characterized as a QCT or DDA. **Again, this scoring criteria discriminates against existing occupied Preservation projects as they CANNOT be moved to a different census tract.**

- **National Church Residences recommends ELIMINATING “Governmental Priorities” scoring criteria.**

In the alternate, National Church Residences recommends applicants receive a letter from the highest elected government official where the development is located as evidence that the development is indeed a Governmental Priority.

8. Optional Amenities (page 76)

- **National Church Residences recommends adding additional incentives to provide amenities that will further benefit the Residents we serve.**

Examples of Optional amenities to benefit residents include:

- 1 computer with free internet access per 50 units 2 points
- Exercise facility with 1 piece of equipment per 25 units 3 points
- Designated Library 3 points
- Designated on-site service coordinator 3 points
- Outside green space such as:
 - Gazebo 1 point
 - Resident Garden 1 point
 - Picnic Area 1 point

Thank you for the opportunity to provide comments. We would be happy to provide any additional information. We look forward to reviewing the 2017 QAP.

Sincerely,

A handwritten signature in blue ink that reads "Tracey Fine".

Tracey Fine

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Expanding the World of Possibilities for Aging

LeadingAge Study: Service Coordinators Linked with 18% Reduction in Resident Hospitalizations

by [Geraldyn Magan](#)

Published On: Nov 23, 2015

Updated On: Dec 08, 2015



The availability of an on-site service coordinator at federally subsidized senior housing reduced the odds of having a hospital admission among residents by 18%.

That's the main finding of a [new study](#) by the LeadingAge Center for Housing Plus Services and The Lewin Group.

The John D. and Catherine T. MacArthur Foundation funded the study, which was released on Nov. 20 at the Annual Scientific Meeting of the Gerontological Society of America (GSA).

Alisha Sanders, the center's managing director, presented the study's findings during the GSA meeting.



"The population as a whole is getting grayer and policymakers are under increasing pressure to rein in health care costs," said Sanders. "Federal and state agencies, as well as health care providers, should consider partnering with affordable senior housing properties to coordinate services. Our study indicates that such coordination and collaboration could save Medicare dollars for millions of low-income elderly residents."

About the Housing Plus Services Study

The MacArthur-funded study, described in [Affordable Senior Housing Plus Services: What's the Value?](#), is one of the first to examine the association between the availability of onsite services in affordable senior housing properties and residents' health care utilization and spending.

Researchers analyzed health care utilization and spending among 8,706 older adults in 507 properties located in 12 communities around the country. The median age of residents in the study was 80 years old. More than half (56%) of the residents were eligible for both Medicaid and Medicare. About half had 5 or more chronic conditions, which are associated with higher than average health care spending.

Importance of Service Coordinators

The study's key finding—that residents living in housing with onsite service coordinators had significantly lower hospitalization rates than those without this position—supports previous research showing the positive effects associated with service coordination, says Sanders.

Service coordinators help residents of affordable senior housing navigate the complex health care system and gain better access to needed services. Improving access to and coordination of health services for high-cost individuals is a primary component of many health reform efforts.

"The size of the senior housing population, and the health challenges that these residents face, suggest that substantial health care savings could be realized if more housing properties had service coordinators working on site," says Sanders.

The report outlines specific ways that a service coordinator could enhance an individual's ability to better manage his or her health conditions. For example, a service coordinator could:

- Help improve residents' access to primary care physicians by helping to coordinate doctor appointments and transportation to medical appointments.
- Help identify and access resources—like a Medicare Part D plan or a meal delivery program—that could help residents address challenges or barriers to maintaining good health.
- Encourage residents to visit their doctors when early warning signs or concerns are identified, rather than waiting until the condition worsens.

For More Information

Visit LeadingAge.org/housingservices to view all of the components of the Housing Plus Services study:

- [Findings from the analysis](#) that researchers conducted to gauge the association between onsite service availability and health care use and spending.
- [Results of a survey](#) exploring the availability of onsite services in HUD-assisted senior housing properties in 12 geographic areas.

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Affordable Housing Reduces Medicaid Costs

Affordable Housing Reduces Medicaid Costs, New Report Shows

Primary care visits increased, emergency department visits decreased while integrated health services were a key driver of improved health care access and quality

PORTLAND, Ore. – February 25, 2016 – A study released today shows that affordable housing paired with health care services significantly increases access to primary care and reduces emergency department visits while lowering Medicaid costs, according to research from [Center for Outcomes Research and Education](http://oregon.providence.org/our-services/ci/center-for-outcomes-research-and-education-core/) (CORE) and Enterprise Community Partners Inc. (Enterprise). *Health in Housing: Exploring the Intersection between Housing and Health Care* analyzed Medicaid claims data from January 2011 to June 2015 for more than 1,600 residents in 145 affordable housing properties in Portland. The study found that after moving into affordable housing, Medicaid costs were \$48 lower per resident per month, for an annualized reduction of \$936,000 for the study group.

The Enterprise/CORE study is one of the most comprehensive looks at how health care and affordable housing intersect. This report is one of the first studies examining health care in affordable housing using multiple populations: families with children, individuals living in supportive housing, and older adults and residents with disabilities.

The Health in Housing report found:

- Total Medicaid expenditures declined by 12 percent, with the greatest savings among seniors and people with disabilities at 16 percent
- Outpatient primary care use increased 20 percent while emergency department use fell by 18 percent
- Residents reported improved access to health services and quality of care, with about 40 percent saying it was better after move-in
- Housing with integrated health services was a key driver of health care outcomes, suggesting that increasing these services may result in even greater cost savings

"The Health in Housing study holds national implications for health care systems, payers and policy makers looking for upstream solutions to address major health care needs and fulfill reform goals," said Dr. Megan Sandel, associate professor of pediatrics at Boston University School of Medicine and a member of Enterprise's board of trustees. "Housing with integrated health services is an important solution toward bending the health care cost curve."

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The Health in Housing report indicates that the presence of health services and staff is a significant driver of reductions in health care expenditures and emergency department usage. As many state Medicaid programs are serving new populations following a 2014 expansion of the program, these states have begun looking at ways to provide better care while managing costs.

"Health reform has increasingly called upon health care systems to recognize the importance of upstream factors that drive health outcomes and affect health care costs. Our research shows that affordable housing is one of those key factors," said Bill Wright, Ph.D., director of CORE and lead researcher on the study. "We live in a profoundly interconnected world, and we may be moving past the time when any sector can go it alone."

CORE partnered with Health Share of Oregon, a local Medicaid coordinated care organization (CCO), to access a comprehensive Medicaid claims database to assess utilization and costs related to physical, behavioral health and dental claims. This database was then matched to 145 affordable housing properties in and near Portland.

"The report provides invaluable insights on how we can work with new partners and advance programs that fulfill the promise of accountable care," noted Janet L. Meyer, CEO, Health Share of Oregon. "Stable, affordable housing provides the foundation to provide readily accessible, patient-focused health care."

The research has informed Enterprise's recently released [housing policy platform](http://www.investmentinopportunity.org/) and additional work in the field. "Based on the findings of the study, especially those that quantitatively show that affordable housing drives down Medicaid costs and improves health care outcomes, Enterprise strongly advocates for policy and funding changes at the state and federal level that will increase Medicaid investments in affordable housing through capital, rental assistance and service coordination," said Amanda Saul, senior program director, Enterprise.

The findings also serve as the foundation for a pilot underway in Portland, Oregon, that will demonstrate positive outcomes associated with using Medicaid dollars for housing. This Enterprise-led pilot will test Medicaid Flexible Services funding for rental assistance, eviction prevention, rapid re-housing, transportation and service coordination for people experiencing a health and housing crisis.

Health in Housing was made possible through a grant from the Meyer Memorial Trust. Meyer has also provided support to Enterprise's Medicaid Flexible Services pilot.

Enterprise's generational goal is to end housing insecurity in the U.S., which means no more homelessness and no more families paying more than half of their income on housing. As a down payment toward that goal, by 2020 Enterprise will help provide opportunity to 1 million low-income families through quality affordable housing and connections to jobs, good schools, transit and health care.

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The Center for Outcomes Research and Education is an independent research hub based in Portland, Oregon. They work on research

projects to improve health system transformation and population health, particularly for Medicaid beneficiaries and low-income people. CORE partners with health systems, state agencies, and community groups to help them meet the triple aim of better health, better care and lower costs. Recent work includes quantifying how adverse life events impact health outcomes, and using cutting-edge data science to examine the intersection of health care with services such as housing, education, and corrections.

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Affordable Housing Providers Can Improve Health Outcomes and Reduce Costs

In your experience, what are some good examples of health and housing working together in ways that have promoted positive outcomes for seniors? What has made these programs successful? [View the full forum.](#)

By Bill Kelly

Most of my experience with constructive partnerships of housing and health care providers has grown out of my work with Stewards of Affordable Housing for the Future (SAHF) members.

SAHF's eleven non-profit members provide affordable rental apartments for 116,000 households—seniors, low-income families, and persons with disabilities. With support from the Kresge and Annie E. Casey Foundations, SAHF is tracking life outcomes of residents across the fields of health and wellness, income and assets, children and education, housing stability, and community engagement and developing ways of assisting residents to improve those outcomes.

With respect to health and wellness for seniors, SAHF members are engaged in a series of ongoing demonstrations around the country and are in discussions with health plans in four states with clusters of member properties, looking to form strategic partnerships.

Some members are partnering with hospitals and health systems through Community Benefit Programs. For example, Mary Washington Hospital in Richmond, Virginia supports a part-time nurse at an NHT/Enterprise property, primarily serving uninsured older adults not covered by Medicaid and not yet eligible for Medicare. The nurse reduces doctor and ER visits by helping residents understand their own health and how to navigate the health system.

In the Sacramento area, Mercy Housing is a host site for the Chronic Disease Self-Management Program sponsored by Dignity Health. Mercy and Dignity Health predict a savings of about \$590 per participant who completes the program, primarily due to reduced emergency room visits and hospitalizations.

Massachusetts General Hospital, through its Senior HealthWISE program, holds Weekly Wellness Centers at three Boston properties, including a property run by Preservation of Affordable Housing. The centers provide a variety of health, behavioral and social services, as well as referrals to community collaborators for a wide range of supportive services.

National Church Residences and Mercy Housing have improved quality of life and achieved costs savings by providing housing with supportive services that allows seniors to move into affordable housing from higher levels of care or the street. In the case of Mercy Housing, over a seven-year study period, the cost savings from moving 11 formerly homeless seniors out of a skilled nursing facility and into Mission Creek Apartments more than covered the additional health care costs of providing or arranging for supportive services to 39 formerly homeless seniors who also moved into the senior building. Of course, the benefits of enabling people to lead better lives are incalculable.

What are some of the patterns here? First, affordable housing providers are well-positioned to work with low-income residents to help them address the social determinants of health beyond safe shelter. Staff know the residents, are trusted by them and can assist them directly as well as link them to outside services. Second, the cost structures of housing organizations are radically different from and lower than that of the clinical health care world, opening the prospect for better health and wellness with a better experience and at a lower per capita cost—all in line with the goals of the Affordable Care Act (ACA). Third, the forms of partnership, the roles of each party, the nature of data sharing, and the economic arrangements vary widely based in part on how the ACA is administered in the various states.

Bill Kelly is a strategic advisor for Stewards of Affordable Housing for the Future (SAHF).

Welcome to the BPC Health and Housing Expert Forum. Each month contributors from different parts of the health and housing sectors will be invited to respond to a discussion topic. Have a question you'd like us to consider? Please leave it in the [comments](#).

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