

PETITION FOR AN ADJUSTMENT TO A NEED DETERMINATION

**Petition for a Special Need Determination for Adult Care Home Beds
in Orange County in the *2018 State Medical Facilities Plan***

PETITIONER

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INTRODUCTION

I, Whit Rummel, and my wife Christen have been residents of the Town of Chapel Hill for 25 years. During this time, we raised our family here, have both always tried to take an active part in civic affairs, and have been actively involved in the community in a variety of ways. My wife Christen has been active in senior affairs for several years through her church, which partners with Orange County's Seymour Center for several events throughout the year. I currently serve as a member of the Chapel Hill Planning Commission and have also served on several other Town boards and commissions through the years including:

- Chapel Hill-Carrboro City School System's School Governance Committee,
- Chapel Hill Arts Commission,
- Chapel Hill Transportation and Connectivity Board,
- 15/501 Joint Planning Committee (to plan for future growth near Southern Village), and
- The Central West Committee (to plan for future growth at the intersection of Martin Luther King Jr and North Estes Drive, which led to the creation of the Central West Small Area Plan).

Senior care issues have become important to both of us since we first looked into the possibility of moving our parents here when they were no longer able to live by themselves. We discovered that there were very few choices nearby, other than continuing care retirement communities that were well beyond our budget. My mother decided on a rental independent living facility in her hometown of Waterville, Maine, where she eventually transferred to the memory care facility that was part of the complex. My wife's mother and her husband had lived in an independent living community in Dallas, Texas for the last twelve years, but a recent fall led to a difficult search for an assisted living facility.

Like many adults with aging parents, we have become increasingly concerned with understanding what resources exist for seniors in our community and with what appears to be a gap in housing options for modest to middle-income seniors who are faced with moving from their homes to an assisted living facility. My wife and I have personally experienced the many challenges and difficulties that come with securing high quality and affordable assisted living accommodations for an aging parent. I have friends in the Chapel Hill and Orange County community who have faced the same challenges and difficulties. As I have become more aware

of these challenges, I have sought ways to get involved in affecting positive change for our community.

In my quest to better understand the resources available and the process for making additional resources available, I have met with various organizations and individuals including representatives from the Orange County Board on Aging, members of the Orange County Board of Commissioners and the Chapel Hill Town Council, current and past local government officials and community leaders, and my peers who have found themselves facing this issue. Through these conversations, I have consistently found agreement with my concerns over the lack of high quality, affordable assisted living resources that are accessible to individuals of modest and middle-income means in Orange County, especially in Chapel Hill. Demonstration of community support for this concept and request for a special need determination is included as Attachment 1 to this petition.

STATEMENT OF THE PROPOSED CHANGE

Mr. Whitcomb Rummel and Ms. Christen Rummel (“Petitioner”) respectfully petition the State Health Coordinating Council (SHCC) to create a special need determination for 80 adult care home (ACH) beds in Orange County in the *2018 State Medical Facilities Plan (SMFP)*. In order to ensure that the beds do not duplicate services already available in the area, while also providing access to the target population, the Petitioner suggests that the following language be added to the need determination, if approved:

In response to a special need petition, the State Health Coordinating Council approved an adjusted need determination for 80 adult care home beds in Orange County. In choosing among competing applications, priority will be given to applicants who propose to develop the adult care home beds in Chapel Hill and who propose to develop a reasonable portion of the beds as special care unit beds for memory care, sufficient to meet the needs of the population proposed to be served. Applicants must also demonstrate, through the proposed charge structure, how they will improve accessibility to individuals of modest and middle-income means (e.g. as addressed in the report “Senior Housing in Orange County: Bridging the Gap Between Current and Future Senior Housing”).

REASON FOR THE REQUESTED ADJUSTMENT

Reasons for the requested adjustment include the following:

1. Overstated surplus of ACH beds for Orange County in the *Proposed 2018 SMFP*;
2. Lack of access to non-exclusive ACH beds in Orange County, and Chapel Hill in particular;
and
3. Need for non-exclusive ACH memory care capacity in Orange County.

Each of these will be discussed in turn below.

Overstated Surplus of ACH Beds in Orange County

As the SHCC is aware, the methodology for ACH beds in Chapter 11 of the *Proposed 2018 SMFP* includes in Step 3 a provision to exclude from the existing inventory one-half of the ACH beds that were developed as part of a qualified continuing care retirement community (CCRC) – or “LTC-1 beds.” *SMFP* Policy LTC-1 provides a plan exemption for the development of ACH beds in a qualified CCRC such that a qualified CCRC may develop ACH beds absent a need determination in the *SMFP* so long as the following conditions are met:

1. The ACH beds will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. The CCRC will provide for the provision of nursing services, medical services, or other health related services as required for licensure by the North Carolina Department of Insurance.
3. ***The ACH beds will be used exclusively to meet the needs of people with whom the facility has continuing care contract*** [emphasis added] (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
4. The proposal reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. ***The CCRC will not participate in the Medicaid program or serve State-County Special Assistance recipients*** [emphasis added].

In determining need for additional ACH beds in each county, the *SMFP* need methodology excludes a portion of LTC-1 beds to account for the fact that those beds are generally not available to the public and are not available to Medicaid or State-County Special Assistance recipients. Prior to enactment of legislation (Senate Bill 937) in 2001, the development of ACH beds was not regulated under the Certificate of Need Law. Any ACH beds developed prior to 2002 were developed absent Certificate of Need approval and therefore were not developed pursuant to Policy LTC-1. As such, any ACH beds developed prior to 2002 – whether in a CCRC or not – are not excluded from the inventory of existing beds in the *SMFP* need methodology because they are not designated as LTC-1 beds.

One existing CCRC – as defined by the North Carolina Department of Insurance – is currently located in Orange County. Carol Woods Retirement Community, established in the late 1970s, currently operates as part of the CCRC a total of 89 ACH beds in three separate facilities on its campus in Chapel Hill. Because the ACH beds at Carol Woods were developed prior to 2002 –

and therefore, not pursuant to Policy LTC-1 – none are excluded from the inventory of existing beds in the *Proposed 2018 SMFP*. However, Carol Woods operates as a typical CCRC in that its ACH beds (and nursing facility beds) are utilized by its independent living residents with whom it has continuing care contracts when such time arises that they require assisted living services and transfer to an ACH bed. Given this operational model, the ACH beds at Carol Woods are in essence “closed beds” and not accessible to residents outside of those independent living residents with whom the CCRC has a continuing care contract. As such, the ACH beds at Carol Woods operate no differently than LTC-1 beds and are not accessible to an Orange County resident who does not have a continuing care contract with Carol Woods. And yet, they are included in the inventory of ACH beds and in the need methodology in the *Proposed 2018 SMFP* suggesting that they are available to any resident of Orange County when in fact they are not.

Table 11A in the *Proposed 2018 SMFP* indicates a total planning inventory of 490 ACH beds in Orange County, with no exclusions made for the beds at Carol Woods. Table 11B calculates a projected bed need in Orange County of 436 ACH beds, resulting in a surplus of 54 ACH beds. The exclusion of one-half of Carol Woods’ 89 ACH beds would bring the inventory down to 445.5 beds ($490 - 44.5 = 445.5$) and the need methodology would result in a surplus of only 9.5 beds in Orange County (445.5 available ACH beds – 436 needed beds = 9.5). The overstated surplus of ACH beds in Orange County is further exacerbated by the lack of access to non-exclusive ACH beds as discussed below.

Lack of Access to Non-Exclusive ACH Beds

As discussed above, the ACH beds at Carol Woods are available only to residents with whom the CCRC has a continuing care contract. CCRCs are generally inaccessible to individuals of modest and middle-income means. The most expensive of all long-term care options, CCRCs require an upfront entrance fee as well as monthly charges that vary based on a number of factors. According to the North Carolina Department of Insurance’s 2016 CCRC Reference Guide, entrance fees at Carol Woods range from \$91,100 to \$416,300 and monthly fees range from \$2,413 to \$5,010. Carol Woods is inaccessible to those who do not have the means to afford an entrance fee of up to \$400,000 plus annual fees up to \$60,000.

Similarly, while not a CCRC, Brookdale Meadowmont – which operates 64 ACH beds in Hillsborough – offers high end senior housing options catered to high-income private pay residents. In fact, its website¹ even describes the facility as follows: “Brookdale Meadowmont, located in Chapel Hill, North Carolina, is an **exclusive** senior living community [emphasis added].” Again, while Brookdale Meadowmont is not a CCRC, it is out of reach for non-private pay patients and individuals of modest and middle-income means, and as such, it is unreasonable to assume that its 64 ACH beds are available to any resident of Orange County in need. If one-half of Brookdale Meadowmont’s ACH beds were excluded from the planning inventory to account for the inaccessibility of these beds in addition to the exclusion of one-half of Carol Woods’ ACH beds, the need methodology would generate a deficit of 22.5 beds as shown in the table below.

¹ <https://www.brookdale.com/en/communities/brookdale-meadowmont.html>

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Total Planning Inventory	490
Minus ½ of Carol Woods’ Beds	- 44.5
Minus ½ of Brookdale’s Beds	- 32
Revised Planning Inventory	413.5
Projected Bed Need	436
Surplus/(Deficit)	(22.5)

From a practical standpoint, Carol Woods’ ACH beds are fully inaccessible to the general Orange County population. Therefore, to even more accurately reflect available ACH beds in Orange County, the table below excludes 100 percent of Carol Woods’ beds and one-half of Brookdale Meadowmont’s beds, which results in a deficit of 67 beds.

Total Planning Inventory	490
Minus 100% of Carol Woods’ Beds	- 89
Minus ½ of Brookdale’s Beds	- 32
Revised Planning Inventory	369
Projected Bed Need	436
Surplus/(Deficit)	(67)

This analysis is further supported by a report entitled “Senior Housing in Orange County: Bridging the Gap Between Current and Future Senior Housing” authored on behalf of The Orange County Department on Aging by Cherie Rosemond, PhD, Director of the University of North Carolina at Chapel Hills’s Partnerships in Aging Program (See Attachment 2). Following is an excerpt from that report:

As part of the 2017-2022 Master Aging Plan, Orange County aims to ensure an array of housing options that reflects the diverse preferences and abilities our older adult population portrays. We need to conceptualize a continuum of housing types to accommodate rapid growth in our senior population and then, invest in development of preferred housing models.

To accomplish this aim, the Department on Aging has 1) conducted an inventory of current and future senior-designated housing, 2) engaged in research to understand the types, prevalence, costs, and availability of housing currently available in the County and 3) surveyed Orange County seniors to understand their housing preferences.

This work culminated in the finding that “Although Orange County currently has a variety of housing models that serve seniors with a range of care needs and low and high-income statuses, we have a paucity of high quality housing options for people of modest and middle-income means. For example, the continuing care retirement community model offers high quality care services but the long wait list, combined with the high fees required for admission, put such a model out of reach for all but a small minority of seniors.” Of note, a survey of availability and cost at each existing facility in Orange County found that the facilities that are highly occupied

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represent lower cost alternatives and those with available capacity (with the exception of Crescent Green of Carrboro) are higher cost alternatives.

The petitioner also analyzed the available bed capacity at other “non-exclusive” ACH facilities in Orange County². The table below provides occupancy rates for each of the remaining ACH facilities as well as a calculation of “available beds,” defined as the difference between the facility’s total number of ACH beds at a target occupancy of 85 percent (consistent with the ACH bed need methodology in the *Proposed 2018 SMFP*) and its total patient census [“Available Beds” = (85% x Total ACH Beds) – Total ACH Census].

Facility	City	Total Beds	Ending Census*	Total Occupancy	“Available Beds”
Brookshire Nursing Center	Hillsborough	20	11	55%	6
Carillon Assisted Living of Hillsborough	Hillsborough	96	64	67%	17.6
Crescent Green of Carrboro	Carrboro	120	82	68%	20
The Stratford	Chapel Hill	77	69	90%	(3.5)
Adorable Senior Living ³	Hillsborough	17	14	82%	0.5

*As of July 31, 2016

Source: 2017 License Renewal Applications

Note: Table 11A in the *Proposed 2018 SMFP* includes seven ACH beds at Legion Road Healthcare; however, according to its 2017 LRA, it was not in operation during the 2016 reporting period and there is no evidence to suggest that it is in operation now.

As demonstrated above, the effective capacity of available non-exclusive ACH beds in Orange County is 43.6 beds, notably all of which are located in facilities that routinely accept Special Assistance (SA)/Medicaid patients. Based on conversations with the Orange County Department on Aging and on the findings cited in its report, there is an abundance of high-end ACH options

² Brookdale Chapel Hill also operates two additional ACH facilities in Chapel Hill that are not included in this analysis as they are located in the Durham County portion of Chapel Hill and as such, are not included in the *SMFP* inventory or need methodology for Orange County. Further, as previously discussed, Brookdale facilities offer high end alternatives to senior living catered to high-income private pay residents and are not accessible to individuals of modest and middle-income means. In fact, Brookdale Chapel Hill’s website describes the facilities as follows: “Brookdale Chapel Hill is a **luxury** senior living community in Chapel Hill, North Carolina [emphasis added].”

(<https://www.brookdale.com/en/communities/brookdale-chapel-hill-al.html>)

The Cedars of Chapel Hill is also located in the town of Chapel Hill, but within the borders of Durham County. The North Carolina Department of Insurance indicates that The Cedars of Chapel Hill operates four ACH beds that are 100 percent occupied; however, these beds are not listed in the DHSR list of licensed ACH facilities nor are they reported in Table 11A of the *Proposed 2018 SMFP* or prior *SMFPs*. Additionally, The Cedars is a CCRC and not accessible to the general population of Chapel Hill.

³ Adorable Senior Living (HAL-068-034) was formerly known as Villines Rest Home (HAL-068-003) prior to a change in ownership and licensure that was effective November 17, 2016. Neither entity reported any utilization data on a 2017 LRA. As such, for the purpose of this analysis, the data provided for Adorable Senior Living reflects 2015 utilization data reported on Villines Rest Home’s 2016 LRA.

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and also sufficient access to SA/Medicaid ACH beds in the county. However, nothing is available to address the gap that exists for individuals who do not qualify for SA/Medicaid but who also cannot afford high-end, costly facilities.

It should also be noted that all of the existing capacity of ACH beds is located in Hillsborough and Carrboro. While the town of Chapel Hill has more than sufficient access to CCRCs (including Carol Woods as well as The Cedars of Chapel Hill as previously noted) and high end exclusive ACH facilities (including Brookdale Meadowmont as well as the two Durham County Brookdale facilities previously noted) and to SA/Medicaid beds, it has no available ACH bed capacity in non-exclusive facilities that are accessible to individuals of modest and middle-income means.

In fact, an analysis of Chapel Hill ZIP code population data applied to the same statewide use rates by age cohort assumed in the ACH bed need methodology in the *Proposed 2018 SMFP* to project bed need, then compared to the number of existing ACH beds in those ZIP codes suggests that the town of Chapel Hill actually has a deficit of 19 ACH beds. The following table shows the projected 2022 population for the town of Chapel Hill and the *Proposed 2018 SMFP* statewide use rates per 1,000 population as well as the resulting projected bed utilization for the Chapel Hill population.

	Age Group					Total
	<35	35 – 64	65 – 74	75 – 84	85+	
2022 Population*	54,930	35,390	11,162	5,136	2,098	108,716
<i>Proposed 2018 SMFP</i> Use Rate per 1,000 Population	0.05	1.28	5.25	18.37	74.39	--
Projected Bed Utilization	3	45	59	94	156	357

*Includes the following Chapel Hill ZIP code areas: 27514, 27516, 27517, and 27599
Source: ESRI

This analysis utilizing the *Proposed 2018 SMFP* methodology suggests that the Chapel Hill population alone is projected to need a total of 357 adult care home beds. The table below includes an inventory of the existing adult care home beds that are located within one of the Chapel Hill ZIP code areas.

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Facility	ZIP Code	ACH Beds
Brookdale Chapel Hill AL*	27517	70
Brookdale Chapel Hill*	27517	38
Brookdale Meadowmont	27517	64
Carol Woods	27514	65
Carol Woods – Building 6	27514	12
Carol Woods – Building 7	27514	12
The Stratford	27516	77
Total	--	338
Projected Bed Need for Chapel Hill ZIP Codes	--	357
<i>ACH Bed Deficit in Chapel Hill</i>		19

*As previously noted, Brookdale Chapel Hill is located in a Chapel Hill ZIP code, but within Durham County limits.

Consistent with the previous analysis, if one-half of the ACH beds at Carol Woods and Brookdale facilities were excluded from the planning inventory to account for the inaccessibility of these beds, the *SMFP* need methodology would generate a deficit of 150 beds as shown in the table below

Total Chapel Hill Planning Inventory	338
Minus ½ of Carol Woods’ Beds	- 44.5
Minus ½ of Brookdale’s Beds	- 86
Revised Chapel Hill Planning Inventory	208
Projected Bed Need for Chapel Hill	357
Surplus/(Deficit) in Chapel Hill	(150)

As previously discussed, from a practical standpoint, Carol Woods’ ACH beds are fully inaccessible to the general population. Therefore, to even more accurately reflect available ACH beds in Chapel Hill, the table below excludes 100 percent of Carol Woods’ beds and one-half of the beds in Brookdale facilities, which results in a deficit of 194 beds.

Total Chapel Hill Planning Inventory	338
Minus 100% of Carol Woods’ Beds	- 89
Minus ½ of Brookdale’s Beds	- 86
Revised Chapel Hill Planning Inventory	163
Projected Bed Need for Chapel Hill	357
Surplus/(Deficit) in Chapel Hill	(194)

Further, the existing non-exclusive Orange County facility with the most available capacity – Crescent Green of Carrboro – was given a two-star rating based on its most recent DHSR

inspection in June 2016 that was a follow-up to its annual inspection in March 2016 during which the facility received 25.5 demerits and was designated a one-star facility.

Need for Non-Exclusive ACH Memory Care Capacity in Orange County

Of additional note, only two of the existing non-exclusive Orange County facilities have special care unit beds for memory care, both of which are fully occupied as shown in the table below.

Facility	SCU Beds	SCU Ending Census*	SCU Occupancy
Brookshire Nursing Center	0	NA	NA
Carillon Assisted Living of Hillsborough	24	24	100%
Crescent Green of Carrboro	0	NA	NA
The Stratford	33	33	100%
Adorable Senior Living	0	NA	NA

*As of July 31, 2016
 Source: 2017 License Renewal Applications

As shown above, there is no available capacity of ACH memory care beds in non-exclusive facilities in Orange County, which is of critical importance as the need for additional memory care capacity in Orange County is expected to increase in future years as the population continues to age. As shown in the table below, nearly 70 percent of the projected population growth in Orange County by 2020 is attributable to persons age 65 and older.

Orange County Population by Age Group

Year	Age Group					Total
	<35	35 – 64	65 – 74	75 – 84	85+	
2016	70,768	52,768	11,627	4,668	1,873	141,704
2020	71,700	53,768	14,228	6,085	2,148	147,929
CAGR	0.3%	0.5%	5.2%	6.9%	3.5%	1.1%

Source: NC Office of State Budget and Management (OSBM); September 2016 projections, accessed July 2017.

While the same trend holds true for the state, Orange County’s elderly population is growing faster than North Carolina overall.

North Carolina Population by Age Group

Year	Age Group					Total
	<35	35 – 64	65 – 74	75 – 84	85+	
2016	4,623,163	3,975,860	932,479	449,732	177,241	10,158,475
2020	4,733,292	4,069,614	1,056,805	531,797	192,868	10,584,376
CAGR	0.6%	0.6%	3.2%	4.3%	2.1%	1.0%

Source: NC OSBM; September 2016 projections, accessed July 2017.

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A summary of Orange County’s aging population compared to North Carolina is shown in the table below.

Year	Age 65+		Age 85+	
	Orange County	NC	Orange County	NC
2016	18,168	1,559,452	1,873	177,241
2020	22,461	1,781,470	2,148	192,868
CAGR	5.4%	3.4%	3.5%	2.1%

Not surprisingly, 85 percent of Orange County’s ACH utilization is attributable to the population age 65 and older as shown in the table below.

Facility	Ending Census by Age Group*					
	<35	35 – 64	65 – 74	75 – 84	85+	Total
Brookdale Meadowmont	0	0	6	15	24	45
Brookshire Nursing Center	0	0	2	2	7	11
Carol Woods	0	0	0	6	46	52
Carol Woods – Building 6	0	0	0	1	11	12
Carol Woods – Building 7	0	0	0	2	10	12
Carillon Assisted Living of Hillsborough	0	0	5	16	43	64
Crescent Green of Carrboro	0	37	28	13	4	82
The Stratford	0	16	15	14	24	69
Affordable Senior Living^	0	0	1	7	6	14
Total	0	53	57	76	175	361
Total % by Age Group	0%	15%	16%	21%	48%	100%

*As of July 31, 2016

^Refer to Footnote 2

Source: 2017 License Renewal Applications

As shown above, nearly 50 percent of total ACH bed utilization in Orange County is attributable to the population age 85 and older, which contributes to a higher than average ACH use rate per 1,000 population among this age group. As illustrated in the table below, the Orange County ACH use rate per 1,000 population for persons age 85 and older is significantly higher than the statewide use rate assumed in the ACH bed need methodology in the *Proposed 2018 SMFP*.

	<35	35 – 64	65 – 74	75 – 84	85+
Orange County Census	0	53	57	76	175
2016 Population	70,768	52,768	11,627	4,668	1,873
Use Rate per 1,000	0.0	1.0	4.9	16.3	93.4
<i>Proposed 2018 SMFP</i> Statewide Use Rate	0.05	1.28	5.25	18.37	74.39

Sources: 2017 License Renewal Applications, NC OSBM, and *Proposed 2018 SMFP*

This is particularly relevant with regard to the need for adequate access to ACH memory care services. Age is the greatest risk factor for Alzheimer's dementia, with the vast majority of people with Alzheimer's being age 65 or older. According to the 2017 Alzheimer's Disease Facts and Figures report issued by the Alzheimer's Association, the percentage of people with Alzheimer's dementia increases dramatically with age: three percent of people age 65 to 74, seventeen percent of people age 75 to 84, and **32 percent** of people age 85 and older have Alzheimer's dementia. As previously noted, the age 65 and older cohort as well as the age 85 and older cohort are projected to grow faster in Orange County over the next few years than the state overall. The aging of the population combined with Orange County's comparatively high ACH use rate among those age 85 and older demonstrates the need for additional access to ACH memory care services. It is critical that sufficient capacity of ACH memory care services is accessible by all, not only those who have the means to select a CCRC or high end alternative that caters to high-income private pay residents.

Please note that the Petitioner is aware of the current moratorium on special care unit beds; however, it has no way of knowing whether the moratorium will be extended past its current expiration date of July 1, 2019. Further, the Petitioner is familiar with the Special Care Unit Moratorium Exception process outlined by the Department of Health and Human Services, and has no reason to believe that a request submitted according to that process by a provider seeking to develop memory care beds in Orange County would not be approved. Finally, if this petition is approved and a special need determination is made for ACH beds in Orange County in the *2018 SMFP*, the established filing date for the review could be as late as November 15, 2018 with a CON issued as late as early June 2019. As such, the development of any special care unit beds pursuant to the special need determination requested in this petition prior to July 1, 2019 is unlikely if not impossible.

ADVERSE EFFECTS IF PETITION IS NOT APPROVED

If not approved, residents of Orange County, and the Town of Chapel Hill in particular, will continue to have limited access to affordable ACH services. As previously discussed, the town of Chapel Hill is saturated with exclusive, high end senior housing options, including two CCRCs and three facilities operated by Brookdale Senior Living that cater to high-income private pay residents. On the contrary, while some capacity does exist in Hillsborough and Carrboro, Chapel Hill has no available capacity of non-exclusive ACH beds. If this petition is not approved, residents of Chapel Hill of modest and middle-income means who cannot afford the hefty entrance fees and monthly fees associated with CCRCs and high end ACH facilities will continue to have limited choice for ACH services locally.

Perhaps more pressing is the fact that if the petition is not approved, no additional capacity of non-exclusive ACH memory care beds will be created in Orange County. As previously discussed, only two non-exclusive ACH facilities in Orange County offer special care unit beds for memory care and both are 100 percent occupied. With the rapid growth in the elderly population and comparatively higher ACH use rate among those age 85 and older in Orange County, the need for sufficient ACH memory care services will continue to increase. The Petitioner believes that the need for additional ACH memory care beds must be met in such a way that promotes access to all in need, not only those with the means to choose a CCRC or

high end ACH facility model of care. If the petition is not approved, Orange County residents of modest and middle-income means will have very limited or no access to ACH memory care beds.

ALTERNATIVES CONSIDERED

The Petitioner considered various alternatives to petitioning for ACH beds in Orange County. First, maintaining the status quo was considered, but given the limited access to non-exclusive ACH beds in Orange County, and in Chapel Hill in particular, as well as the complete lack of access to available non-exclusive ACH memory care beds, the Petitioner determined that maintaining the status quo was not in the best interest of the residents of Orange County.

Next, the Petitioner considered the alternative of seeking a provider interested in applying for CON approval to develop ACH beds under Policy LTC-1. However, to do so would require development of a CCRC. As noted throughout this petition and as concluded in the Orange County Department on Aging's senior housing report included in Attachment 2, Orange County, and Chapel Hill in particular, has more than sufficient access to CCRC and similar models of care. The development of an additional CCRC in Orange County would not address the need for additional capacity of non-exclusive ACH beds nor would development of a CCRC for the sole purpose of adding ACH memory care capacity be practical.

Next, the Petitioner considered the alternative of requesting an allocation of fewer than 80 beds. However, based on research and discussions with various organizations and individuals, the Petitioner believes that 80 beds is a practical minimum size in order to ensure a sustainable and financially viable facility that does not cater to the very wealthy. A facility of smaller size would most likely need to operate as a high-end option with higher entrance and/or monthly fees in order to be sustainable and financially viable, which would be duplicative of resources already in existence in the county.

Finally, the Petitioner considered petitioning for ACH beds in Orange County without the stipulations proposed in this petition. However, as with the previous two alternatives considered, this would not address the need for additional capacity of non-exclusive ACH beds that are accessible to individuals of modest and middle-income means in Orange County, and Chapel Hill in particular, nor would it ensure that an applicant propose to meet the need for additional non-exclusive ACH memory care beds in Orange County.

For the reasons stated above, the Petitioner believes that its petition as outlined herein represents the most effective alternative.

UNNECESSARY DUPLICATION

As noted in the statement of proposed change in this petition, in order to ensure that the beds do not duplicate services already available in the area, while also providing access to the target population, the Petitioner suggests that the following language be added to the need determination, if approved:

In response to a special need petition, the State Health Coordinating Council approved an adjusted need determination for 80 adult care home beds in Orange County. In choosing among competing applications, priority will be given to applicants who propose to develop the adult care home beds in Chapel Hill and who propose to develop a reasonable portion of the beds as special care unit beds for memory care, sufficient to meet the needs of the population proposed to be served. Applicants must also demonstrate, through the proposed charge structure, how they will improve accessibility to individuals of modest and middle-income means (e.g. as addressed in the report "Senior Housing in Orange County: Bridging the Gap Between Current and Future Senior Housing").

As such, this petition was designed specifically to ensure it would not result in a duplication of existing services. While minimal capacity of non-exclusive ACH beds exists in Hillsborough and Carrboro, none exists in Chapel Hill, which is saturated with CCRC and other high end models of care. In addition to these high end models of care, sufficient capacity exists for SA/Medicaid recipients, but nothing is available to address the gap that exists for individuals who do not qualify for SA/Medicaid but who also cannot afford the cost of an exclusive, high-end facility. Similarly, no access to non-exclusive ACH memory care beds exists in the county. Further, as previously discussed, based on an analysis of Chapel Hill ZIP code population data, the Town of Chapel Hill has a deficit of up to 194 ACH beds when accounting for the inaccessibility of the existing CCRC and high-end facilities in town.

BASIC PRINCIPLES

Safety and Quality

Healthcare facilities in North Carolina, including ACH facilities, are highly regulated. ACH facilities are routinely inspected to ensure compliance with applicable laws and regulations in a manner that protects the health and safety of residents. The Adult Care Licensure Section and Construction Section of DHSR conduct inspections or surveys of ACH facilities, including routine inspections (annual or biennial), complaint investigation, and follow-up inspections. Any ACH facility developed pursuant to the special need determination requested in this petition will be held to these same standards and regular inspections. Further, only two non-exclusive ACH facilities in Orange County offer special care unit beds for memory care and both are fully occupied with no available capacity. As a result, the only Orange County residents who have access to high quality ACH memory care services are those who have the means to afford the CCRC or other high end, exclusive model of care. The approval of this petition will create the opportunity for an applicant to obtain CON approval to develop additional ACH memory care

bed capacity that is accessible by individuals of modest and middle-income means, thereby improving the quality of existing ACH memory care services available in the county.

Access

As noted throughout this petition, Orange County residents, and Chapel Hill residents in particular, have very limited choice in affordable, non-exclusive ACH services. While the county has more than enough access to CCRC and other high end and costly options – all located in Chapel Hill – it has very limited capacity of ACH beds in non-exclusive facilities in the county as a whole and no available capacity of non-exclusive ACH beds in the town of Chapel Hill. Further, no available capacity of ACH memory care beds in non-exclusive facilities exists anywhere in the county. Approval of this petition and a subsequent CON application will ensure increased access to these services to all in need, including those of modest and middle-income means.

Value

The primary driver of this petition is lack of access to affordable ACH services in Orange County. The Petitioner believes that all residents of Orange County should have access to high quality ACH services, including memory care, regardless of their financial status. The stipulations proposed in this petition for the special need determination will ensure a positive impact on the value of ACH services available to Orange County residents.

CONCLUSION

The Petitioner supports the adult care home bed methodology in the *SMFP*. Further, the Petitioner acknowledges that the SHCC is likely to review the adult care home need methodology in 2019. However, any change to the methodology that might result from that review would not go into effect until the *2020 SMFP* at the earliest. Given the unique factors relative to senior housing in Orange County, particularly Chapel Hill, that exist today, such as the saturation of CCRC and other high end alternatives that cater to high-income private pay residents juxtaposed with insufficient access to non-exclusive ACH beds that are accessible to individuals of modest and middle-income means, as well as a complete lack of non-exclusive ACH memory care bed capacity, the Petitioner believes that the residents of Orange County, particularly those in the Chapel Hill area, would best be served by the creation of a special need determination for adult care home beds in Orange County in the *2018 SMFP* that affords the opportunity for an applicant to address the need for access to lower cost alternatives to high quality ACH services, including memory care, in Chapel Hill.

Attachment 1
Letters of Support



CHAPEL HILL TOWN COUNCIL
Town of Chapel Hill
405 Martin Luther King Jr. Blvd.
Chapel Hill, NC 27514
phone (919) 968-2714 fax (919) 969-2063
www.townofchapelhill.org

July 26, 2017

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Michaud:

I am writing to express my support for the special need petition requesting the allocation of 80 additional adult care home beds in Orange County. As I understand it, the requested special need determination would have a focus on development of an affordable assisted living facility in Chapel Hill, including memory care beds. As a current member of the Town Council, I am proud of Chapel Hill's model continuing-care retirement communities. However, these serve only the wealthier segment of our population and are simply out of reach for most of our seniors.

As a minister and a public servant, I am personally (and painfully) aware that Chapel Hill has very limited choice in assisted living facilities that do not require hefty entrance and/or monthly fees. In addition, there is little to no access in the county to affordable adult care home memory care. With the rapid growth in our county's senior population and the associated increased risk of Alzheimer's disease, it is critical that we have adequate access to memory care services.

Chapel Hill provides a wealth of services for seniors of modest means, from free transportation to an amazing public library and Senior Center. However, when our seniors can no longer live independently, they face having to leave the community that they have served during their working life and where they have roots and support systems. I believe the best location for a lower cost option is in the Town of Chapel Hill. I believe that all members of our community should have access to high quality assisted living services, including memory care – not just those who can afford a CCRC or other high end, costly alternatives.

For the reasons outlined above, I fully support the petition that will create an opportunity for a provider to seek Certificate of Need approval to develop additional adult care home beds, including memory care beds, that are accessible to people of modest and middle-income means. Please let me know if I can be of further assistance. I can be contacted by email at mpalmer@townofchapelhill.org, or by phone at (919) 260-4361.

Sincerely,

Maria Palmer
Chapel Hill Town Council

July 26, 2017

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Michaud:

I am writing to express my support for a special need petition requesting the allocation of 80 additional adult care home beds in Orange County. As described in the petition, the requested special need determination would have a focus on development of an assisted living facility in Chapel Hill, including memory care beds, that is affordable to individuals of modest and middle-income means. As a current Orange County Commissioner, I am aware of the need for adequate senior housing options for our county's growing senior population. I also understand that there is currently a lack of access to senior housing such as assisted living for the segment of our population that is of modest and middle-income means.

While we have a high concentration of continuing care retirement communities and other high end, costly alternatives for senior housing, residents of Orange County – and Chapel Hill in particular – have very limited choice in affordable assisted living facilities that do not require hefty entrance and/or monthly fees. While we appreciate these high quality and necessary facilities, they are simply out of reach for most seniors in our community. There is also little to no access in the county to affordable memory care beds in assisted living facilities. The elderly population of Orange County is growing rapidly – faster than the state overall. Given that the incidence of Alzheimer's disease increases with age, having adequate access to memory care services is critical for our county.

I believe that all members of our community should have access to high quality assisted living and memory care services, including those of modest and middle-income means. Given the saturation of continuing care retirement communities and other high-cost facilities in Chapel Hill and the lack of affordable options in the town, I believe the best location for a lower cost option is in the Town of Chapel Hill. For these reasons, I fully support the petition that will create an opportunity for a provider to seek Certificate of Need approval to develop additional adult care home beds, including memory care beds, that are accessible by even people of modest and middle-income means.

Please let me know if I can be of further assistance in your efforts.

Sincerely,

A handwritten signature in black ink that reads "Penny Rich". The signature is written in a cursive, flowing style.

Penny Rich
Orange County Board of Commissioners



Orange County Department on Aging

Robert & Pearl Seymour Center | 2551 Homestead Rd. | Chapel Hill, NC 27516
Jerry M. Passmore Center | 103 Meadowlands Dr., PO Box 8181 | Hillsborough, NC 27278

July 26, 2017

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Michaud:

As Chair, and on behalf of the Orange County Advisory Board on Aging, I am writing to express our support for a special need petition requesting the allocation of 80 additional adult care home beds in Orange County. We are keenly aware of the aging of our county's population and continued need for more access to senior services, including an identified need for high quality senior housing options for individuals of modest and middle-income means.

As part of the 2017-2022 Master Aging Plan, Orange County aims to ensure an array of housing options that reflects the diverse preferences and abilities our older adult population portrays. To accomplish this aim, the Department on Aging has 1) conducted an inventory of current and future senior-designated housing, 2) engaged in research to understand the types, prevalence, costs, and availability of housing currently available in the County and 3) surveyed Orange County seniors to understand their housing preferences. Through this effort, we have found that while Orange County has a wide variety of continuing care retirement community and other high-cost models for senior housing, there is a marked lack of high quality housing options for people of modest and middle-income means.

While this need exists for Orange County overall, we have found that the need seems to be greatest in Chapel Hill given the size of the population and the lack of affordable senior housing options in the town. As you may be aware, the Town of Chapel Hill has a high quality continuing care retirement community and other high end, costly alternatives for senior housing, but very limited choice in affordable private pay adult care home facilities. While we appreciate the presence of these facilities and recognize their importance to the community, continuing care retirement communities and other high-cost alternatives are out of reach for all but a small minority of seniors.

In addition, there is little to no access to quality, affordable adult care home memory care beds in the county. Our county's senior population is growing rapidly. The incidence of Alzheimer's

Visit us online @ www.orangecountync.gov/departments/aging
Like us on Facebook @ www.facebook.com/OrangeCountyDepartmentOnAging


dementia increases steadily with age; in fact, 32 percent of people age 85 and older have Alzheimer's dementia in the United States. With the continued aging of our population, having adequate access to memory care services is critical for our county.

We recognize that important consideration must be made to the financial feasibility of any new assisted living facility, and that a facility with a particular focus on meeting the needs of modest and middle-income individuals must be of sufficient size to be financially viable. We believe an allocation of 80 additional beds would allow for the development of one or more facilities to meet this need in a fiscally responsible manner.

In summary, we believe that members of our community of modest and middle-income means should have access to high quality adult care home services, including memory care – not just those who can afford a CCRC or other high end, costly alternative. Given the saturation of those types of facilities in Chapel Hill and the lack of affordable options in the town, I believe the best location for a more reasonable cost option is in the Town of Chapel Hill. For these reasons, we fully support the petition that will create an opportunity for a provider to seek Certificate of Need approval to develop additional adult care home beds, including memory care beds, that are accessible by even people of modest means.

Please let me know if I can be of further assistance in your efforts.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Cohn".

Margaret D. Cohn, RN, PhD, Chair
Orange County Advisory Board on Aging

Mark Kleinschmidt
102 Boulder Ln.
Chapel Hill, NC 27514

July 26, 2017

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Michaud:

I am writing to express my support for a special need petition requesting the allocation of 80 additional adult care home beds in Orange County. As described in the petition, the requested special need determination would have a focus on development of an assisted living facility in Chapel Hill, including memory care beds, that is affordable to individuals of modest and middle-income means. I served as Mayor of the Town of Chapel Hill from 2009 through 2015. In this capacity, and as a resident of the community, I am aware of the need for adequate senior housing options for our growing senior population. I also understand that there is currently a lack of access to senior housing such as assisted living for the segment of our population that is of modest and middle-income means.

While we have a high concentration of continuing care retirement communities and other high end, costly alternatives for senior housing, the residents of Orange County – and Chapel Hill in particular – have very limited choice in affordable assisted living facilities that do not require hefty entrance and/or monthly fees. While I recognize the important role these facilities play in our community, they are simply out of reach for most seniors in our community. There is also little to no access in the county to affordable memory care beds in assisted living facilities. The elderly population of Orange County is growing rapidly – faster than the state overall. Given that the incidence of Alzheimer's disease increases with age, having adequate access to memory care services is critical for our county.

I believe that all members of our community should have access to high quality assisted living and memory care services, including those of modest and middle-income means. Given the saturation of continuing care retirement communities and other high-cost facilities in Chapel Hill and the lack of affordable options in the town, I believe the best location for a lower cost option is in the Town of Chapel Hill. For these reasons, I fully support the petition that will create an opportunity for a provider to seek Certificate of Need approval to develop additional adult care home beds, including memory care beds, that are accessible by even people of modest and middle-income means.

Please let me know if I can be of further assistance in your efforts.

Sincerely,



Mark Kleinschmidt

Roger S. Waldon, FAICP
108 Bristol Drive
Chapel Hill, NC 27516
(919) 824-6549
rogerwaldon@gmail.com

July 21, 2017

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Michaud:

I am writing to express my support for a Special Need Petition, requesting the allocation of 80 additional Adult Care Home beds in Orange County. I am writing to you as a resident of Orange County, and from my perspective of having served for over 20 years as Chapel Hill's Planning Director.

This requested allocation would help address a critical need in this community: the need for development of an affordable assisted living facility that includes memory care services. I know that there are multiple opportunities in and around Chapel Hill that offer continuing care retirement community options, including high end, costly alternatives for senior housing. I also know that there is currently a shortage of access to senior housing such as assisted living for the segment of our population that is of modest and middle-income means.

Chapel Hill in particular has very limited options when it comes to affordable assisted living facilities that do not require hefty entrance and/or monthly fees which are out of reach for most seniors in our community. In addition, there is little access in Orange County to affordable Memory Care beds. With the rapid growth in Orange County's senior population and the associated increased incidence of individuals suffering with Alzheimer's disease, it is becoming increasingly important to provide adequate access to memory care services in the county. All members of our community should have access to high quality assisted living services, including memory care.

Chapel Hill is a unique center of culture and diversity in NC, and a vibrant destination for senior living. Given the shortage of affordable housing options in this community, I believe that Chapel Hill is a prime location for developing lower cost senior living choices. I fully support the petition that will create an opportunity for a provider to seek Certificate of Need approval to develop additional affordable Adult Care Home beds, including Memory Care beds.

I hope that this allocation for additional Adult Home Care beds in Orange County can be made. Please let me know if I can be of further assistance in your efforts.

Sincerely,



Roger Waldon

Cheryle Jernigan Wicker
209 W University Dr
Chapel Hill, NC 27516

Ms. Denise Michaud, Chair, Long-Term and Behavioral Health Committee, SHCC
c/o North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

July 21, 2017

Dear Ms. Michaud,

As a 69-year-old Chapel Hill native I'd like to lend my support for more affordable senior care beds in Orange County, particularly for memory care services which is a very big issue for the elderly.

My 94-year-old mother is one of the fortunate who was able to enter Carolina Meadows because of the help she was able to receive from her four children. If we had been unable to assist her, she would have been in a terrible situation.

Both my grandmothers had dementia and died in less than ideal state facilities due to lack of resources. I have very bad memories of those places, thus my concern for the many who will be facing their options in the near future.

Chapel Hill has a very limited choice in affordable assisted living facilities that do not require very big entrance and/or monthly fees such as Carol Woods and the Cedars. These places are wonderful but they are simply out of reach for most seniors in our community.

There is little access to affordable adult care home memory care beds in the county as well. Orange County's senior population has an increased risk of Alzheimer's disease so we really need to do everything in our power to address this problem.

I fully support the petition to develop additional adult care home beds, including memory care beds, that are accessible by even people of modest and middle-income means in the town of Chapel Hill.

Sincerely,



Cheryle Jernigan Wicker

July 23, 2017

Ms. Denise Michaud
Long Term & Behavioral Health Committee, SHCC
c/o NC Division of Health Services Regulation
Healthcare Planning & Certificate of Need Section
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Ms. Michaud,

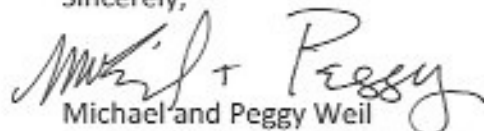
As the baby boomers age in our community (and there are plenty of us), attention needs to be paid to continuing care retirement communities, as part of the next step for all of us in growing old. Orange County, in particular, has a population (65 and older) that is increasing faster than the state. This is concerning to me, as I am part of this population.

Additionally, the risk of Alzheimer's increases as we age. My 70-year old brother has just been diagnosed with dementia, so I am experiencing this dilemma first hand. Orange County does not have adequate memory care beds to accommodate the upcoming need.

While Chapel Hill does have continuing care retirement communities, most of them are unaffordable. We need to insure that everyone in our community is taken care of as they age and make sure this is affordable to everyone.

All of that being said, I would like to offer my support for a special need petition that will allow a Certificate of need request to be put through, seeking approval of 80 additional adult care beds in Chapel Hill.

Sincerely,

A handwritten signature in cursive script that reads "Michael + Peggy". The signature is written in dark ink and is positioned above the typed name of the signatories.

Michael and Peggy Weil
1119 Roosevelt Drive
Chapel Hill, NC 27514
919.624.1716

Attachment 2

Orange County Department on Aging

Senior Housing Report

Senior Housing in Orange County

Bridging the Gap between Current and Future Senior Housing

OVERVIEW

Orange County's older adult population is expected to increase dramatically in the coming years. Many of us will struggle to stay in homes that are not designed to accommodate our changing needs. We will change in many ways, emotionally, physically, spiritually, and financially. Our relationships will change. Family members and friends will become more or less important and more or less available. We all want to live comfortably and safely in our homes, wherever they are or whatever they look like. We must anticipate and adapt to the changes associated with our aging.

As part of the 2017-2022 Master Aging Plan, Orange County aims to ensure an array of housing options that reflects the diverse preferences and abilities our older adult population portrays. We need to conceptualize a continuum of housing types to accommodate rapid growth in our senior population and then, invest in development of preferred housing models.

To accomplish this aim, the Department on Aging has 1) conducted an inventory of current and future senior-designated housing, 2) engaged in research to understand the types, prevalence, costs, and availability of housing currently available in the County and 3) surveyed Orange County seniors to understand their housing preferences.

Since 2013, the speaker series entitled Aging in Community: Planning for Our Future, has convened community members to learn about and discuss their preferences and hopes for how and where they want to live. In the report below, we define current senior housing trends and types, discuss the housing models that are now found in Orange County, describe senior designated housing that is under development, and conclude with an overview of what County residents say they want in future housing models. We intend this document to serve as a launching point for stakeholder discussions and ultimately, recommendations about what housing models will best serve Orange County's rapidly growing population of older adults. The information included in the report below was first collected in 2013-14 and updated in January 2017.

FRAMING UP: THE DEMOGRAPHICS OF SENIORS IN ORANGE COUNTY

(Data from NC DHHS Aging and Adult Services; Orange County Office of Housing and Community; Orange County Tax Office; Orange-Chatham Association of Realtors; Orange County Partnership to End Homelessness)

Total population of people living in Orange County (2014) = 139,933

Total population of people 60 years old or older living in Orange County (2014) = 24,443

Thus, 17% of our County's population is 60 years old or older.

Future projections suggest that by 2025, the population of people 60+ in Orange County will increase to 36,731...exceeding the number of people between 1 and 17 years old.

Important considerations:

Six percent (6%) of Orange County seniors age 65+ live below 100% poverty level. Eighteen percent (18%) of Orange County seniors age 65+ live between 100-199% poverty level. (2014 data)

The median household income in 2014 for those 65+ in Orange County is \$50,686.

Three hundred and seventy-five (375) Grandparents (age 60+) are responsible for grandchildren less than 18 years old. (2014 data)

Twelve percent (12%) of Orange County residents living in public housing are 55+ years old (104 out of 890 total). (2016 data)

Fifteen (15%) of Orange County residents who are homeless are 55+ years old (78 out of 500 total). (2015 data)

Excluding homes in the Chapel Hill, Carrboro, Hillsborough, and Mebane town limits, the median sales price for a home in Orange County in 2015 was \$290,000, and the average sales price was \$341,963. For the town limits of Chapel Hill/Carrboro, the median sales price for a home in 2015 was \$343,000, and the average sales price was \$382,114. For the town limits of Hillsborough, the median sales price for home in 2015 was \$257,000 and the average sales price was \$285,877.

The total number of **single story** homes in Orange County and town limits in 2016 is 18,852. This number includes multiple single story homes that may be on one parcel of land, along with manufactured homes. The average square footage of all these single story homes is 1,652.51 and the median square footage of all these single story homes is 1,500.00. The total number of homes in Orange County is 41,510 (again including multiple homes that may be on one parcel of land). The average square footage of all homes in Orange County and town limits is 2,042.41 and the median square footage of all these homes is 1,790.00.

The next sections of this report include current senior-designated housing without services, supportive housing models, and senior housing that is planned or currently being developed in Orange County. Cost and availability data can be seen at the end of this section of the report.

CURRENT MODELS OF SENIOR HOUSING WITHOUT SERVICES

Across the country, we find a continuum of senior designated housing options. These options range from senior homes and apartments for people over 55 years of age who are independent in their activities, to supportive housing (nursing homes and assisted living) that provides support for people who need assistance with basic activities of daily living. Generally speaking, senior housing is subject to a range of regulatory oversight. Homes and apartments without services are not highly regulated unless federal subsidies and discounted rents apply. Conversely, nursing homes are one of the most highly regulated industries in our country, second only to nuclear power plants. The continuum of formal senior housing options is defined below and elaborated in text. This information was gathered through speaking with Orange County public officials, leaders of specific senior housing organizations, and developers of future housing properties.

55+ INDEPENDENT LIVING COMMUNITIES

55+ communities are residential areas created for older adults that want to rent or own a living space that requires minimal upkeep and provides a community feel. The aged-restricted communities have various housing types, such as single-family homes, duplexes, apartments and condos for rent or ownership. Homes in these communities are usually built on one level and are smaller by today's norms (1500 to 2300 sq. ft.). 55+ communities generally offer recreational and social activities but not formal health services. The Continuing Care Retirement Community is a variation of senior-designated housing that offers units across the continuum of care from independent living to nursing home care and hospice.

INDEPENDENT LIVING COMMUNITIES IN ORANGE COUNTY:

Reduced rent **Senior Apartments:** We have two venues for reduced rent senior housing, Eno Haven (76 units) and Carolina Spring (124 units). For both locations, residents must be 55 years of age or older. Both complexes provide discounted rents and accept a limited number of Section 8 housing vouchers.¹ As of November 2016, Carolina Spring was not accepting any new Section 8

¹ In practice, the Section 8 Housing Choice Voucher program will pay the balance of a rent payment that exceeds 30% of a renter's monthly income. The rental unit must be inspected and approved by the local housing authority and the rental amount must be at or below the Fair Market Rent set by HUD. The program is administered by the local housing authority. Each housing authority has different preferences and requirements based on their service areas affordable housing needs. Contact your local housing authority for specific details on how to qualify and apply for the Section 8 Housing Choice voucher program.

housing vouchers. Practically speaking, these vouchers are rarely available. Exclusive of Section 8 vouchers, Eno Haven offers a 30%-60% discount to eligible residents, based on an income-referenced sliding scale. Discounts are made possible through a federal tax credit program available to developers.

HUD Subsidized Senior Apartments: We have three venues for subsidized senior housing. First Baptist and Manley Estates (41 units), Covenant Place (40 units) and Adelaide Walters Apartments (24 units). All three of these venues are considered HUD 202 (serving people older than 62 years), Section 8 housing (serving people with low incomes). Rentals are priced at 30% of one's adjusted income and take social security, pensions, and personal assets into account.

Private pay **Continuing Care Retirement Community:** We have one Continuing Care Retirement Community. Carol Woods is a non-profit corporation. Across the continuum of care, Carol Woods serves people in 149 apartments, 152 cottages, 12 townhomes, 59 assisted living units and 60 nursing home units. Carol Woods also has an early acceptance program. This program provides people who live within 15 miles of Carol Woods with access to Carol Woods's services (dining, recreation, health) while they remain in their own home within the community. Once those in the early acceptance program decide they want to transition into Carol Woods, and their name comes up on the Priority List with their desired floor plan, these individuals can move onto the Carol Woods campus. Admission to Carol Woods is selective, based on current health status and financial criteria. Once admitted, residents expect to live the rest of their lives at Carol Woods.

CO-HOUSING

Co-housing is a new type of housing model in which residents actively participate in the design and operation of their own neighborhoods. Elder co-housing is designed especially for active adults, 55 years old and above and may include multi-generational housing. In elder co-housing, residents can choose to grow older meaningfully, consciously and independently in a self-managed, close-knit community. Elder co-housing neighborhoods include the features that define co-housing in general, but beyond that, they are built with the future in mind, usually with accessible dwellings and provisions for care until death. There are currently 10 senior co-housing communities in the United States.

- Using universal design, each living space can transition from a home for an active lifestyle to one that supports progressing needs for accessibility.
- Common areas, indoors and out, are designed to provide easy access, socialization, and recreation for all levels of physical ability.
- Studio residences can be included in a community's common house to provide living quarters to home health aides whose services may be shared by several

residents, allowing members to remain at home for all but major medical emergencies.

Co-housing communities usually are comprised of 20-40 households. Houses are designed as attached or single-family homes along one or more pedestrian streets or clustered around a courtyard. Because neighbors hold a commitment to a relationship with one another, almost all cohousing communities use some form of consensus as the basis for group decision-making.

Variations on co-housing: Co-housing is distinct from a regular neighborhood by having some degree of “intention” that is evident among the people who choose to live there. A **Pocket Neighborhood** focused on seniors might be considered a smaller version of elder co-housing with 8-12 homes configured around a central courtyard. Typically, a pocket neighborhood contains a common house where guestrooms, exercise facilities, a kitchen, or tool shed might be found. **Shared housing** is another co-housing option. Here, unrelated people choose to live together in one house, establishing norms and policies that guide aspects of living such as meal preparation, caregiving, and shared possessions. **Rental housing with an arts focus** is a model that we learned about in our Aging in Community Speaker Series. This model brings seniors together in rental housing around a common interest such as art, music, theater or dancing. Inherent within this model is the concept that seniors offer their talents to each other and to the community through galleries, music “jams”, performances, and participatory events.

CO- HOUSING OPTIONS IN ORANGE COUNTY

Orange County has two co-housing communities, Pacifica and Arcadia, but neither is specific to seniors. To our knowledge, we have only one pocket neighborhood planned in the County, Fiori Hill. This development is not senior-designated however, houses are 1224 to 2324 square feet in size and incorporate energy efficient design. Further, it is close to the Passmore Center in Hillsborough.

Shared housing is restricted in Orange County by ordinances that preclude more than 5 unrelated people from living in the same house. In Carrboro and Hillsborough, 5 unrelated people are permitted to live as a “family” in single-family dwellings. In Chapel Hill, 4 unrelated people are permitted to share a single-family home.

SUPPORTIVE HOUSING MODELS

ADULT CARE HOMES

Adult Care Homes represent a state-regulated housing option that serves

people who need everyday assistance with personal care and health care but do not require skilled care such as that provided in a nursing home. For example, someone with moderate dementia who is mobile yet needs meals prepared and prompting to maintain wake/rest cycles might live in an adult care home. Adult Care Homes typically have a mixture of planned and unplanned activities. There are two types of adult care homes that are regulated by the same State and County processes. Assisted Living is group housing that serves more than six people. Family Care Homes (formerly known as Rest Homes) serve 6 or fewer residents.

ADULT CARE HOMES IN ORANGE COUNTY

Orange County has five **assisted living** facilities. Brookdale Meadowmont (formerly Carolina House) has 46 units, of which 8 units are specifically designated for people with dementia who would benefit from specialized care. Brookdale Meadowmont serves only residents who can pay privately. Nurses provide oversight to care processes but do not participate in hands on care. Certified Nursing Assistants and Med Tech's are the direct caregivers at Brookdale Meadowmont. The Stratford has 44 regular units and 33 memory care units that serve those with dementia. Medicaid is an accepted payer source for Stratford residents. To be eligible for admission to the Stratford, residents must be 55 years or older and able to stand without assistance. Carillon Assisted Living of Hillsborough has 96 units including 24 units dedicated for residents with dementia. Under the condition of prior approval for personal care services, this assisted living facility will accept people for whom Medicaid is the primary payer. Of note, Medicaid payment is not accepted for residents of the memory care unit at Carillon. Villines, which has been operating in Hillsborough since 1962, has 17 units serving people from a diverse range of race-ethnicities and socio-economic strata. Villines does accept Medicaid payment. Crescent Green of Carrboro has 120 units, serves people 55 and older, and does accept Medicaid payment. Similar to the Villines, it does not have a separate memory unit.

All of our assisted living facilities are for-profit organizations. Three of them, Brookdale Meadowmont, The Stratford, and Carillon, are corporately owned while Villines and Crescent Green of Carrboro are family-owned and operated.

Family Care Homes represent a subset of Adult Care Homes that serve 6 or fewer older adults who need some assistance to remain independent but do not need nursing home level care. We have four family care homes in Orange County. The non-profit Charles House Association operates Yorktown Eldercare Home in Chapel Hill and Winmore Eldercare Home in Carrboro to provide personalized care to elders and respite for their caregiving families. LiveWell, a for-profit, family-owned business, has two locations in Orange County that serve residents with a variety of health issues. LiveWell specializes in serving people with dementia.

NURSING HOMES

Nursing Homes are highly regulated organizations serving two populations of older adults, 1) short term residents who need rehabilitation after a hospital stay or 2) long stay residents for whom independent living is not possible. Long stay residents require assistance with three out of five activities of daily living. (Activities of Daily Living include: eating, dressing, bathing, toileting, and transferring from one place to another.) Nursing homes currently operate under a medical model of care and are staffed by licensed professionals, including doctors, nurses, physical therapists, occupational therapists, speech therapists, dietitians, and social workers.

NURSING HOMES IN ORANGE COUNTY

Orange County has three, for-profit nursing homes that all accept Medicare and Medicaid payment. Brookshire Nursing Center in Hillsborough is a family owned 5-star facility with 80 skilled care units. Brookshire also offers 16 independent living apartments and 20 assisted living beds. Pruitt-Carolina Pointe is a corporately owned 2-star nursing home with 140 units (plus 2 units classified as adult care home level of care). Signature HealthCARE of Chapel Hill is a 4-star corporately owned nursing home with 108 units. Signature is unique in its provision of full time pastoral care. (Carol Woods also has a nursing home on its campus but currently this home is not available for long stays to people unaffiliated with Carol Woods.). Currently, one nursing home is being built in southern Orange County that is owned by Liberty Healthcare and Rehabilitation. As of November 2016, renovations to this site, which was previously occupied by Britthaven nursing home, are underway.

HOME AND COMPANION CARE AGENCIES

Since many people wish to remain in their own homes as they age, home and companion care may be needed to accomplish this goal. Home and companion care can provide older adults with some daily assistance but does not provide full medical care. Companion care provides non-medical services such as running errands, light cleaning, or doing laundry. Home care would provide all these services plus personal care services such as bathing or taking medication. Medicaid may cover some home care services. There are currently seven home and companion care agencies whose offices are located in Orange County: Acorn Home Care Services, Inc.; Always Best Care; AmeriCare Home Care; Happy Home Care Staffing; Home Instead Senior Care-Orange; Homewatch Caregivers of the Triangle; Visiting Angels of Central North Carolina. There are other home and companion care agencies that serve Orange County, but do not

have offices located in the County. The services and cost of these agencies may vary depending on the client's needs and level of care required. Some home care agencies require a minimum block of hours to be scheduled (3-4 hours is a typical). Depending on the clients' situation, some agencies may be willing to work with clients to provide a fewer number of hours in the block for a higher cost. On average, home and companion care rates in Orange County vary from \$18-27/per hour.

COSTS (as of November 2016)

In Orange County, the out of pocket costs associated with housing that is specifically for seniors is variable depending on the availability of subsidies (senior apartments), payer source (family care homes, assisted living, and nursing homes) and added amenities (private vs. semi-private room, cable, in-room telephone etc.). As examples, the discounted rate for a one bedroom **senior apartment** at Carolina Spring is \$799/month and a two-bedroom apartment is \$895/month. At Eno Haven, depending on sliding scale discounts, the rate of a one-bedroom apartment can range from \$320-605/month and the rate of a two bedroom apartment can range from \$380-720/month. All rent costs at **HUD subsidized senior housing** are calculated at 30% adjusted income based on social security payments, pensions, and assets. At Carol Woods **Continuing Care Retirement Community**, a studio unit for one person costs \$2466/month after an entry fee of \$91,100 is paid. For a two bedroom duplex cottage (with den and sunroom) with double occupancy, the monthly fee is \$6161 after an entry fee of \$449,300 is paid. Monthly fees for **family care homes** such as Yorktown and Winmore average \$6000 per month. Monthly fees for the LiveWell family care homes range from \$6500-\$9000 per month. Monthly fees for **assisted living** facilities vary greatly. For example, a private room at The Stratford is \$3800/month while a private room in the dementia unit is \$5000/month. Semi-private room rates are \$2500/month and \$4000/month in the dementia unit. In contrast, the average cost for residents of Brookdale Meadowmont in the assisted living portion ranges from \$4255-5995 per month depending on the room size. **Nursing home** costs also vary widely, depending on whether the payer source is Medicare (short stay - rehabilitation), Medicaid (long stay) or private pay (with or without long term care insurance). Thus, it is difficult to pin point the out-of-pocket expenses for our nursing home residents. According to a 2016 survey by Genworth, the median annual cost for a private room in a nursing home for North Carolina was \$89,425.

AVAILABILITY

In Orange County, vacancies within our pool of senior housing options are not abundant. Both our discounted rent senior apartment complexes report no

vacancies as of November 2016. For HUD-funded senior housing, people can expect wait lists to last well over 1 year. For example, Adelaide Walters currently has a 40-person waiting list. At Carol Woods, waiting times vary widely depending on the home model, but can go up to 14 years. Assisted Living facilities generally have openings for private pay residents but openings for residents whose stays are publically funded are scarce or non-existent. Nursing homes generally have openings for residents with Medicare funding that need short term rehab however may not have an opening for a resident who requires long term care with only Medicaid funding (particularly if they are known to have behavioral problems or need rehab services.) Most nursing homes do have openings for people who are able to pay privately. Rarely does a nursing home have 100% occupancy (except perhaps on the memory care units) because beds are kept available for people with particular payor sources.

In sum, to serve a county with 24,443 residents over 60 years of age Orange County has 1481 designated senior-specific housing units across the continuum of care. Further, it is most often the case that each type of housing option has few to no vacancies despite costs that would be out of reach for many people.

SUMMARY: Current Senior designated housing

1. Tax Credited Senior Apartments with limited acceptance of Section 8 vouchers - (200 units)
 - a. Eno Haven (76 units) - Hillsborough
 - b. Carolina Spring (124 units) - Carrboro
2. HUD Subsidized Senior Apartment Options – (105 units)
 - a. First Baptist and Manley Estates (41 units) – Chapel Hill
 - b. Covenant Place (40 units) - Chapel Hill
 - c. Adelaide Walters Apartments – (24 units) Chapel Hill
3. Private pay Continuing Care Retirement Community (432 units)
 - a. Carol Woods – Chapel Hill (includes assisted living and nursing home units for residents)
4. Private pay Family Care Homes – (24 units)
 - a. LiveWell Assisted Living Birchwood Lake Estates – (6 units) – Chapel Hill
 - b. LiveWell Assisted Living Coker Hills – (6 units) – Chapel Hill
 - c. Yorktown Eldercare Home – (6 units) – Chapel Hill
 - d. Winmore Eldercare Home – (6 units) –Chapel Hill
5. Private pay Assisted Living - (356 units)
 - a. Brookdale Meadowmont – (46 units) - Chapel Hill
 - b. Crescent Green of Carrboro – (120 units) (accepts Medicaid)
 - c. The Stratford – (77 units) - Chapel Hill (accepts Medicaid)
 - d. Carillon Assisted Living of Hillsborough – (96 units) (accepts Medicaid)

- e. Villines Rest Home – (17 units) – Hillsborough (accepts Medicaid)
- 6. Private pay and Medicaid funded Nursing Homes - (364 units)
 - a. Brookshire Nursing Center (including assisted and independent living units) – (116 units) - Hillsborough
 - b. Signature HealthCARE of Chapel Hill - (108 units) Chapel Hill (accepts Medicaid)
 - c. Pruitt-Carolina Pointe (140 units)– Durham (accepts Medicaid)

FUTURE SENIOR HOUSING IN PLANNING OR DEVELOPMENT PHASES

In addition to the current senior housing options described above, there are a number of senior housing options on the horizon for Orange County. These options are listed below, along with a description of the housing type. All these projects are at different stages of development, thus variable amounts of information are available on each.

Courtyards of Homestead (2209 Homestead Road, Chapel Hill, NC 27516)- Sixty-three (63) “active adult” independent living homes (with no health services provided). This community is defined as senior housing since 90% of residents must be 55 years or older. Construction began in October 2016. The base price of these independent living homes is expected to range from \$334,000 to \$380,000. Seventeen homes have been pre-sold and the developers anticipate that all the homes will be sold by December 2018.

Chapel Hill Retirement Residence (700 block of N. Estes Drive, Chapel Hill, NC)- This projected 152-suite retirement center is still in the planning and re-zoning phases. This retirement center will consist of independent living apartments with additional amenities such as dining, transportation, and housekeeping, but no health services will be provided. Applications for a Zoning Map Amendment and Special Use Permit have been submitted to the Chapel Hill Planning Department. The developers expect to start committee reviews in November and December 2016 followed by Planning Board and Town Council hearings in early 2017. The developer’s goal is to start construction in late Spring 2017, with an expected opening goal of Summer 2018.

Greenfield Commons (1719 Legion Rd., Chapel Hill, NC 27517)- Sixty-nine (69) units of affordable independent housing for seniors ages 55+ (no health services provided). Greenfield Commons will be available to those seniors with incomes at 60% of the area median income or less (According to 2014 income data, 60% of the area median household income for Orange County would be approximately \$34,356.60). Rents will vary depending on the maximum income limit for the unit but will range from \$325-\$785. This development will be financed through the low-income housing tax credit program along with other financing

from the Town of Chapel Hill and the NC Housing Finance Agency. Greenfield Commons is not expected to be operational until late 2018.

Corbinton Commons (680 Market House Way, Hillsborough, NC 27278)-

Single story, independent living homes for seniors ages 55+. Corbinton Commons will be divided into two sections: one will be 70 independent senior living homes and the other will be senior apartments with the potential for a CCRC or multi-assisted housing with services (MAHS) model. With the MAHS model, residents would receive health services such as home and companion care from an outside provider that has a contractual arrangement with Corbinton. These services would be licensed and monitored by the state. Depending on whether Corbinton chooses the MAHS or CCRC model will affect the number and types of units available on this second parcel of land. The developers have approval for a Special Use Permit with modification and have completed construction of a model independent living home. Construction of all 70 independent living homes will be completed over the next three years.

Habitat for Humanity (Waterstone Development, Hillsborough, NC)-

Although this proposed low-income senior housing development is still in its design stages, Habitat for Humanity has plans to develop affordable housing for seniors in the Waterstone Development in Hillsborough. Details are still being finalized about what this housing model will look like, with construction not expected to start until 2018.

Based on the information from these future developments, it seems that a limited number of new low-income housing options (Habitat for Humanity, Greenfield Commons) and higher-income housing options (Courtyards at Homestead, Corbinton) will be available in Orange County in the near future. However, very little housing stock will be added for middle-income seniors.

What Orange County Seniors Want in their Future Housing

Although Orange County currently has a variety of housing models that serve seniors with a range of care needs and low and high-income statuses, we have a paucity of high quality housing options for people of modest and middle-income means. For example, the continuing care retirement community model offers high quality care services but the long wait list, combined with the high fees required for admission, put such a model out of reach for all but a small minority of seniors. Further, the cost of care and the efficiency-focused routines found at many assisted living and skilled nursing facilities fall short of what most people want. Most people prefer to remain in their own homes and neighborhoods as they age and avoid age-segregated long-term care facilities.

In a report on creating environments for successful aging, Kochera (2005)

found that 84% of those aged 50 years and older had a desire to remain in their current residence as long as possible, with even higher percentages in older age groups: 91% for the 65-74 age group and 95% for the 75 or older age group (1). However, as we grow older, the prevalence of those of us with a disability as well as those who need assistance with one or more of the basic activities of daily living grows, making fulfilling this desire to remain at home more challenging (2).

Many existing single-family homes, as well as new-home construction, do not take into account the likelihood of disability and decreased mobility that comes with aging. As a result, older people living in housing with inadequate features may be more likely to experience social isolation and loneliness (3). For example, without first floor bedrooms and bathrooms, grab bars, wheelchair accessibility, and stepless entryways safe transit into, out of, and within a home can be arduous if not impossible. Further, such mobility restricted environments can place undue burden on caregivers, who often must assist loved ones with basic activities (4). Institutionalization in nursing homes and assisted living facilities imposes many costs beyond the obvious public and private financial ones, including increased stress, deteriorating physical and mental health and loss of social connections (5).

In May 2014 and again in November 2016, the Department on Aging surveyed a total of 593 volunteer participants over 50 years old about their preferences for future housing. Survey results are shown below with the most prevalent responses in bold text.

DEMOGRAPHICS of SURVEY PARTICIPANTS

Average age: 67.2 years old

Race/Ethnicity:

2.2%	Asian
11.0%	Black/African American
1.0%	Hispanic/Latino
82.4%	White/Caucasian
3.3%	Other

Annual Income:

9.4%	\$10,000-\$19,999
22.0%	\$20,000-\$49,999
25.7%	\$50,000-\$99,999
19.7%	\$100,000-\$149,999
11.7%	\$150,000-\$199,999
11.3%	Above \$200,000

CURRENT AND DESIRED FUTURE HOUSING

Current home:

19.3%	Apartment, condominium, or townhome
75.5%	Single family home
2.2%	Mobile home
3.0%	Other

Rent or own?

83.2%	Own
12.5%	Rent
4.2%	Other

Reason for future move:

21.8%	To reduce cost of living
14.7%	To downsize
3.8%	To access home safety features
4.3%	To be closer to public transportation routes
8.0%	To be closer to family or friends
4.0%	To be closer to health care services
1.7%	To have better weather
2.2%	To feel safer
3.4%	To live closer to, or with, family
0.7%	To find housing types not currently available in Orange County
3.4%	To be closer to community/social activities
2.3%	To be in a more urban setting
2.0%	To be in a more rural setting
12.4%	No longer able to physically maintain my home
10.1%	No longer able to care for myself
5.2%	Other

Desired Future Home Size:

10.3%	Under 1000 sq. ft.
38.4%	1001-1500 sq. ft.
26.9%	1501-2000 sq. ft.
7.1%	2001-2500 sq. ft.
2.5%	2500 sq. ft. +
14.8%	Wouldn't move

Housing preference if moving:

45.0%	Single family home, condominium, or townhome
7.5%	Apartment restricted to seniors
5.6%	Apartment with no age restrictions
19.8%	Continuing care retirement community
2.5%	Single family home with people I'm not related to
6.5%	Single family home shared with people I'm related to
13.1%	Homes clustered with common buildings for gathering and storage

Age consider moving:

7.2%	56-60 years of age
9.3%	61-65 years of age
13.2%	66-70 years of age
12.7%	71-75 years of age
21.7%	76-80 years of age
15.7%	81-85 years of age
8.1%	86-90 years of age
3.0%	91-95 years of age
0.7%	96-100 years of age
8.5%	Never

To expand the survey results above, we present information from 93 people who participated in the Aging in Community post-presentation discussions and 29 County residents who met for a 4 hour "deep dive" into their future housing. The comments outlining participants housing preferences grouped naturally into four categories; 1) Housing Design, 2) Landscape Design, 3) Social and Care Features, and 4) Community Features. Under each category below, we have ordered the features of importance from high to low based on how frequently they were cited.

Housing Design

One level on ground - no steps
Accessible with universal design features
Energy efficient (solar)
Low maintenance

Landscape Design

Natural beauty that includes trees, plants, flowers, parks, courtyards, gardens, hiking and biking trails

Walkability/paths

Social and Care Features

Sharing learning opportunities for creative endeavors such as music, art, crafts, dancing, games, entertainment, support groups (also, participation in religious and cultural activities)

Multi-generational

People that know and care about me

Proximity to health, housekeeping, maintenance, and transportation services

Multi-cultural

Opportunities to provide help: care teams, volunteer corps

Community Features

Private areas for quiet - meditation

Common areas with space to gather, prepare, and share food

Public transportation

Exercise facilities

From the results shown above we see that people want to live in single story structures that include universal design features, are energy efficient, and require little maintenance. Living in a natural environment that promotes social engagement and physical activity is preferred. Opportunities to be involved with members of all generations are important. Finally, people seem to prefer to live in a community that offers common spaces for gathering, quiet areas for contemplation, and access to public transportation.

In conclusion, we propose a call to action for the Aging Board, and County government in general. We ask, "What kind of senior housing should Orange County invest in or encourage development of? More of the same? Promote something different? Orange County does not have enough dedicated housing to accommodate our current population of seniors, particularly those with middle incomes. Also, we may not be prepared to house seniors who are moving here or aging into the need for more care. People of all incomes may want something different than what is currently available. We believe that senior-led grass roots initiatives within neighborhoods and the growth of senior-focused services may partially address our shortfall in desired housing options for seniors. Effective partnerships between Orange County Departments of Planning, Housing, and Transportation will be necessary to support our citizen entrepreneurs, health service providers, developers, architects and builders to achieve the best possible housing outcomes for Orange County seniors.

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