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Massachusetts Supportive Housing Program

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The Massachusetts Supportive Housing Program

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Summary

Massachusetts manages a range of supportive services programs – a state funded home care program for elders, a Medicaid Elder Home and Community Based Services (HCBS) Waiver program, a Group Adult Foster Care program which serves Medicaid beneficiaries in subsidized housing and assisted living settings and Older Americans Act programs.

Massachusetts has an extensive supply of state and federally subsidized elderly housing. About 32,400 state subsidized elderly housing units in nearly 700 developments are operated by local housing authorities (LHA). Housing managers and LHA directors report that older buildings have higher vacancy rates, tenants have frequent medical emergencies, and housing staff lack knowledge about community services. Buildings often have multiple provider agency staff and case managers entering and leaving the building to serve individual tenants. The Executive Office of Elder Affairs reported that services were delivered inefficiently and the ability of the state’s home care program to support *aging in place* was limited by the absence of on-site staff and access to 24-hour assistance for emergencies and unscheduled needs.

The Massachusetts Supportive Housing Program (SHP) was developed in 1999 to strengthen coordination between housing and service agencies, to support aging in place by creating an “assisted living like” environment in state funded, public elderly housing. On site service coordination and seven day a week, 24-hour available personal care services contribute to important resident perceptions of increased safety and security.

Major Points

- State officials, local program operators and local housing authorities report that SHP has reduced vacancy rates, tenant turnover and admissions to hospitals and nursing homes.
- Service efficiencies allowed the sites to support the costs to expand access.
- The key to SHP is the availability of an on-site care coordinator and access to personal care services 24 hours a day, seven days a week.

Background

Coordination of housing and supportive services is a challenge across the nation. The Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century identified coordination of housing and supportive services as a primary area for Congress to address.¹ The report recommended that Congress “take all necessary steps to improve and fund service coordination in federally assisted senior housing” and directed the General Accounting Office to “evaluate interdepartmental operations between HUD and HHS and provide recommendations on how to coordinate their programs for seniors more effectively.”

The Commission report recognized the importance of in-home supportive services and the difficulty navigating complex service programs and delivery systems and the role of service coordinators to facilitate “the receipt of home and community-based services to residents in their own homes, thereby promoting aging in place and preventing premature institutionalization. Service coordination also influences the cost of caring for seniors by allowing them to remain in non-institutional settings longer.”

In 1999, the Commonwealth of Massachusetts initiated a Supportive Housing pilot program in three locations to improve coordination of housing and supportive services. The Department of Housing and Community Development (DHCD) and the Executive Office of Elder Affairs (EOEA) jointly selected three local housing authorities and three Aging Services Access Points (ASAPs) which serve as the state’s single entry point agencies for home and community based services.

DHCD oversees one of the few state-funded public housing programs in the country, which operates much like HUD-funded federal public housing. The state elderly public housing portfolio includes approximately 32,400 units in 693 developments operated by local housing authorities in 228 Massachusetts communities. The program serves seniors age 60 and older, with incomes ranging up to 80% of the HUD area median income. Residents pay 30% of their income for rent. Any operating losses or capital improvement costs not able to be funded from rents are reimbursed by a state operating subsidy, or paid from state capital grants.

EOEA administers the Medicaid HCBS waiver program for elders, a state funded home care program for elders, the Group Adult Foster Care program, and Older Americans Act services. The Home Care program serves an average of 40,000 elders each month and spends \$214.4 million, which includes \$18.5 million for 5,954 Medicaid HCBS waiver participants. About half of the 40,000 home care program clients live in subsidized housing.

The Supportive Housing Program improves the efficiency of in-home services and expands the range of services available. Prior to the program, case managers were assigned to individual clients or tenants, individual service plans were developed by case managers and providers assigned workers to serve specific individual clients. Large subsidized housing buildings often had multiple workers from as many as nine provider agencies entering and

¹ Quiet Crisis in America: A Report to Congress. (2002). Washington, DC:Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century. (NTIS No. PB2003102691). Retrieved from www.seniorscommission.gov.

leaving a building. Similarly, multiple case managers, assigned to individual clients, added to the number of people entering and leaving a building. To reduce travel time and increase service hours, EOEА encouraged ASAPs to *cluster* services in elderly housing buildings with significant numbers of tenants who received home care services. This precursor to the Supportive Housing Program assigned one or more case managers to a building, depending on the number of home care consumers, and limited the number of service providers serving tenants. To improve efficiency, workers were assigned to tasks rather than to individuals. For example, one worker would shop for groceries for several tenants. Clustering improved the delivery of existing services but did not address emergency needs, unscheduled needs for assistance, resident isolation and other service needs.

Program Practices

The Supportive Housing program requires a partnership between the LHA, the ASAP, and a local service provider. The LHA and ASAP develop a Memorandum of Understanding (see attachment). The LHA agrees to provide office space, phone, fax, and a copier, an apartment unit or office space for the service provider's on-call overnight staff, and participates in regular meetings with the ASAP to discuss program marketing and tenant issues. DHCD provides grants to LHAs to improve common space (carpeting, furniture, table clothes, dishes, curtains), renovate kitchens and space for care coordinators and service staff. Grants are usually less than \$25,000 per site.

The ASAP agrees to assign a care coordinator to the building and meet regularly with the LHA to discuss marketing and tenant issues. The ASAP selects a service vendor that agrees to assign staff to the building and to provide 24-hour coverage seven days a week.

Services provided through the program include service coordination and case management, 24-hour personal care, on-call response, homemaker services, laundry, medication reminders, social activities and at least one meal a day. Services are provided to tenants using a range of funding sources based on the individual's eligibility: state funded home care services; Medicaid HCBS services; Medicaid state plan services; Older Americans Act Title III-C nutrition services; and, Title III-B social services. The program also serves private pay residents who may not be eligible for the above subsidy programs. EOEА provides up to \$90,000 a year to support service coordination and on-site 24-hour staff capacity that is not covered by other sources.

In order to support the required service capacity, DHCD and EOEА developed site selection criteria. Participating buildings generally must have 100 or more housing units and a significant number of residents receiving home care or Medicaid supportive services. State officials determined that buildings' housing residents receiving a total of \$8,000-10,000 a month or more in supportive services had sufficient utilization to support the program. Buildings with fewer home care clients and less service volume would require more hours from the overnight/back up staff and would exceed the funds available from EOEА. Sites are required to have the capacity to serve meals or be a Title III-C congregate meal site.

During development of the program at each site, the LHA and ASAP conducted a survey of residents to determine their priorities and service preferences. Security and socialization were the priorities in one site. Sites developed activities, a meal program and services based on the tenant preferences.

The Supportive Housing Program added key dimensions to the home care program. A service coordinator is assigned to each building. The service coordinator's role is broader than the traditional case management role. Case managers serve elders who are eligible for the HCBS waiver or the state funded home care program. Case managers complete functional assessments, determine functional eligibility, develop a care plan, authorize services, monitor service delivery and periodically reassess consumer functional needs. The SHP service coordinator is available to all residents in the building, including residents who are not eligible for subsidized services and who are willing to pay privately. The coordinator also provides information and assistance services to all residents, organizes activities (movie nights are popular at one site) and responds to individual requests.

ASAPs and service providers are responsible for arranging 24-hour service availability, including in some cases hiring a caregiver who lives in the building and is available 24/7 when regular home care workers are not in the building.

Contracting with one vendor to serve the building may create conflicts with consumer choice, especially if tenants are asked to change workers. A critical part of the success of SHP is the routine presence of workers, service coordinators and overnight staff in the building who are known to the residents. Seeing familiar staff reassures tenants who may not have been sure who the "strangers" are that might be "roaming" the building. Key informants also noted that the continued presence reduces tenant's reluctance to accept services. As they get to know the workers, they are more likely to accept an offer from the coordinator to talk about service needs.

The sites were able to address consumer preferences and choice. First, whenever possible the vendor with the largest presence in the building was retained. Secondly, when a new vendor was selected, the vendor workers who had been in the building through another vendor were hired by the new vendor, sometimes because the workers themselves did not want to leave their clients. Tenants who preferred to keep their worker from another vendor were allowed to do so until they expressed a willingness to change workers.

New tenants are allowed to select another vendor, especially if there is a language barrier that cannot be addressed. Finally, under emerging consumer directed models, tenants are able to hire a neighbor, friend or family member to provide care. Agency based models are being discussed.

Program Results

A formal evaluation of the program has not been conducted. A summary prepared by DHCD noted that the average state cost for housing subsidies, capital improvements, home care services and supportive housing services is \$631 per tenant per month or \$7,572 per year. The average state and federal cost of subsidized assisted living is \$1,361 per month or \$16,332 per year for a person with income of \$785 a month. By comparison, the average Medicaid expenditure for nursing home care is \$3,836 per month or \$46,032 per year for the same person. The SHP saves \$3,205 in federal and state spending (\$1,287 in net state savings) for every month that a nursing home placement is avoided. The report added that the \$90,000 annual expenditure per building is cost effective if 72 Medicaid months are avoided per site per year or 6 individuals per site avoid a full year of placement in a nursing home.

Table 1 presents public costs for a person who has no income and receives the full federal SSI benefit and state supplement. If the individual were eligible for an HCBS waiver, \$434 of the \$631 SHP costs would be covered under Medicaid with 50% of the costs paid by the state and \$197 a month is the imputed housing costs. A person with no income in a nursing home would receive a \$30 personal needs allowance from the federal SSI program and a state supplement of \$30.

Table 1: Monthly cost comparison for an individual with no income						
Program	SHP		Assisted living		Nursing home	
	State	Federal	State	Federal	State	Federal
SSI*	\$128.82	\$579.00	\$ 454.00	\$579.00	\$ 30.00	\$ 30.00
Medicaid	\$ 0	\$ 0	\$ 560.00	\$560.00	\$2,287.00	\$2,287.00
SHP	\$631.00	\$ 0	NA	NA	NA	NA
Total	\$759.82	\$579.00	\$1,014.00	\$1,139.00	\$2,317.00	\$2,317.00
Program total	\$1,338.82		\$2,153.00		\$3,896	

The program has generated additional benefits for LHAs. State managers, housing authority directors and site managers, ASAPs and service providers describe reductions in vacancy rates, higher demand leading to waiting lists for once less desirable rental units, and substantial reductions in nursing home admissions, hospital admissions and unexpected resident deaths. Participating buildings were older, tended to house older residents than newer buildings and had higher vacancy rates than newer buildings. These buildings were able to market the enhanced service capacity (overnight, weekends, and emergency response) to tenants and family members. DHCD officials estimated that the program saves the LHA \$500-1,000 for each avoided vacancy including lost rent and the administrative costs associated with marketing units when there is no waiting list. One LHA director noted that tenants who leave the building either enter a nursing home or die. The Supportive Housing Program “allows them to live with dignity until they die.” More tenants who would previously have entered a nursing home are receiving hospice care. One site was located near a nursing home. The nursing home closed due to a declining occupancy rate which was attributed in part to the drop in referrals of residents in the building.

LHA directors and housing managers noted that the program has dramatically reduced the number of unattended deaths. The service coordinator and supportive service workers get to know all the tenants and observe changes or needs that would not have been recognized by case managers or workers entering a building to see specific tenants.

Housing authority staff reported that the availability of overnight staff and emergency services appealed to family members who felt assisted living or a nursing facility might be needed to provide safety and support. Tenants also felt more secure. Strangers without an apparent reason to be in the building at night were more likely to be noticed and questioned. Housing managers noted they are able to intervene earlier with tenants who might display difficult behavior before they create risk for other tenants.

The enhanced capacity enables the housing manager to respond to the needs of tenants who are discharged from a hospital, often late on a Friday afternoon. Housing managers reported that prior to SHP, tenants were placed in a nursing home or were at high risk when they returned to their apartment. Tenants lacked sufficient food in the refrigerator, prescriptions were not filled and housing agency personnel or home care staff were not available to check on their status. Tenants often returned to the hospital when their condition deteriorated. The added service capacity removes the burden from housing managers who do not have the resources to respond to tenant health and supportive service needs. The program allows the overnight worker, the service coordinator or the provider's registered nurse to monitor the tenant, fill their prescription and give reminders, purchase food and monitor hydration and other factors. Site managers stated that tenant turnover has been reduced and admissions to nursing homes have declined. Site managers also reported a dramatic decline in the number of unattended deaths in their buildings. Residents needing monitoring and assistance were more likely to be identified and interventions planned.

Service providers needed to adapt to implement the program. One ASAP noted that when they implemented the program, they had to switch vendor agencies because the service provider could not meet their requirements. The ASAP and vendor meet to review the program criteria and consider policy and management practices that enable services to be delivered more flexibly. Agencies must be flexible and recruit workers who are able to serve multiple residents a day rather than providing blocks of service time to an individual consumer. Agencies recruited workers who could work more flexible hours. Service providers reported that workers were interested in the program because it allowed them to work in one location rather than traveling from client to client. At some sites a registered nurse is available to check blood pressures and monitor residents with multiple medications and health needs. The presence of the nurse often brings residents who are not receiving services but have health concerns to seek assistance.

Good communication between the coordinator, overnight staff and vendor staff is important. When the overnight personal care worker observes a request for service or a concern with a particular resident, they leave a note for the service coordinator who checks with the resident during the day. Without the service presence, the concern or service need would go unnoticed and sometimes lead to an emergency service need.

Live-in overnight workers at one site receive a rent-free apartment, and agree to respond to calls during the hours when other service provider staff are not in the building. At other sites, awake overnight workers are paid up to \$16 an hour for the hours they are available.

Replication Requirements

Key informants identified the on-site presence of the service coordinator and the availability of supports for emergency and unscheduled needs 24/7 as the most important contributors to the success of the projects. Massachusetts uses state funds to support the program. However, states that do not have access to state funds could reimburse covered services under a 1915 (c) waiver for tenants that meet the waiver level of care criteria. Federal reimbursement may also be available for activities relating to Medicaid beneficiaries that do not meet the waiver criteria. Activities that are necessary for the “proper and efficient administration of the State Medicaid plan” are reimbursable at the 50 percent matching rate for administrative costs. These activities might include: outreach; information, referral and intake; assessment; benefits counseling; and, linking beneficiaries to long term care services. The amount of reimbursement depends on the amount of time that staff spend on eligible activities for eligible tenants. Agencies interested in pursuing this strategy should contact their state Medicaid agency. Funds from the Older American Act might also be available for nutrition services and supportive services.

Good working relationships between LHAs, single entry points and service providers are needed. States that do not have single entry points could create partnerships between the LHA and service providers to provide on-site care coordination and 24-hour service capacity.

Federally subsidized buildings may use excess funds from their capital funding plan to cover soft costs such as a coordinator or support services. While this is an option, due to the flat and decreasing funds available through government appropriation, many public housing authorities will maximize annual capital funds for maintenance and upkeep. Excess funds may not be generally available to cover additional costs but some LHAs may have more flexibility. The LHA can provide the brick and mortar funding to create space for service providers to be located within the public housing community. Some housing authorities have been able to leverage their capital budgets to secure funds for substantial rehabilitation and new construction to provide the necessary space and will make space available to integrate services for the residents of the community.

Conclusions

The Supportive Housing Program has been enthusiastically supported by LHAs, building managers, Aging Services Access Points, service providers and state housing, aging and Medicaid staff. The availability of 24-hour service staff has increased occupancy rates in older elderly housing buildings that previously had 12-15 percent vacancy rates, while newer buildings had waiting lists for units. The cost of expanding services to a 24-hour model is financed in part through efficiencies in service delivery. Rather than have several staff provide services to

different residents at different times during a day, a single individual can provide necessary services over an extended period of the day with a coordinated schedule. The 24-hour availability of personal assistance for unscheduled visits allows residents to age in place, creates a safer environment for elders at risk and reassures family members that assistance will be available when needed.

Multi-agency collaboration is the key to success of SHP. The local housing authority does not want or need to be the service provider. Housing managers need access to supports for their residents. Single entry agencies have an incentive to implement efficient arrangements for assigning case managers and authorizing services. Services are delivered on site by a contracted provider with the necessary expertise, capacity and flexibility to adapt to a new paradigm for providing services.

Acknowledgements

We want to thank the state officials, local housing authority directors and housing managers, aging services access point directors, service coordinators, provider agencies and overnight staff who provided information about the program.

Key Contacts

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Memorandum of Understanding

Supportive Services in Housing

This Memorandum of Understanding (MOU) is entered into by and between the _____ Housing Authority (Authority) and _____ (the Aging Services Access Point, or ASAP) for the purpose of providing supportive services to the residents of the _____ (Development) located at _____.

Whereas the Authority wishes to work collaboratively with the ASAP to provide supportive services to residents of the Development; and

Whereas the ASAP wishes to provide these services, the parties agree to the following terms, contingent upon funding:

The Authority shall:

1. Provide at no cost to the ASAP suitable office space with telephone, fax, and photo copier access for the care coordinator assigned to the development site.
2. Obtain and review Criminal Offender Record Information (CORI) for each employee or agent of the ASAP residing in the Development to ensure that he or she has no criminal record which if repeated as an employee or agent of the ASAP would endanger the safety or security of the residents, employees or guests or the security of their property or the property of the Authority.
3. Provide, if requested by the ASAP and approved by DHCD, one apartment unit (Unit) to be occupied by the ASAP vendor's on-call overnight staff assigned to the development.
4. Supply legally requisite heat during the period September 15 through June 15 of each year to the Unit and the office space.
5. Supply legally requisite hot water in sufficient quantity and pressure for ordinary use to the Unit and the office space.
6. Provide extermination services as necessary. ASAP may be charged for special extermination services required as a consequence of its failure to keep the Unit or office space clean and sanitary.
7. Maintain structural elements of the building, all common areas and community spaces, furniture and equipment.
8. Be responsible for tenant selection, building management and lease enforcement.
9. Provide adequate kitchen facilities and equipment to meet the needs of the meal program(s).

10. Provide 24-hour access to the building for the ASAP's supportive housing staff for the Development.
11. Meet regularly with the ASAP to discuss marketing of the program and resident issues including ability to continue to live in the Development (discharge/eviction concerns).

The ASAP shall:

1. Provide supportive services to residents of the Development which may include but are not limited to the following:
 - Care Management
 - 24-hour staffing
 - Homemaker services
 - Personal Care Homemaker Services
 - Medical Transportation
 - Meals Program
 - Medication Reminder Service
 - Social Activities
 - Initial Assessment

These services shall be provided in accordance with the client's service plan as determined by the case manager's assessment of the client's needs. Individuals not eligible for subsidized services through the state home care program may purchase needed services through the ASAP.

1. Assign a care coordinator to the Development to schedule services, coordinate response to emergency requests for assistance, and assist in planning activities.
2. Agree that no tenancy is created for the ASAP vendor's overnight staff assigned to the development and that such staff shall not have the rights of a tenant under law.
3. Obtain a CORI for each ASAP employee or vendor employee having access to resident apartments or resident records in the Development.
4. Maintain occupancy of the Unit in accordance with such Authority rules, regulations, and requirements that tenants of the Development must abide by.
5. Vacate the Unit at the end of the term of this agreement. If the ASAP vendor's overnight staff should wish to withdraw from this program or should his/her employment with the ASAP vendor end for any reason, his/her occupancy of the unit will terminate, and the overnight staff will be required to vacate within 45 days. Should the overnight staff fail to vacate within the 45 days, the overnight staff will be considered a trespasser and is liable for the use and occupancy of the Unit at the private market rental rate.
6. Preserve the confidentiality of all residents of the Development.
7. Meet regularly with the Authority to discuss marketing of the program and resident issues including ability to continue to live in the Development (discharge/eviction concerns).
8. Refrain from making alterations, additions and improvements to the Unit and the office space until the Authority has provided written approval of any such change. Before making any such change, the ASAP shall obtain all required permits and approvals.

9. Allow the Authority at reasonable times, or at any time in case of emergency, to enter the office space for the purposes of inspecting it or to make repairs.
10. Carry during the term of the agreement, at its own cost and expense, the following insurance:
 - a. "All Risk" property insurance in an amount adequate to repair or replace Lessee's personal property and improvements to the Premises;
 - b. Comprehensive general liability insurance having a minimum limit of liability of \$1,000,000 for injury or death arising out of one occurrence and \$1,000,000 for damage to property from any one occurrence and excess/umbrella coverage of \$2,000,000;
 - c. Worker's compensation insurance providing statutory limits; and
 - d. Automobile liability insurance for owned, non-owned, and hired vehicle with a minimum limit of \$1,000,000 each accident, combined single limit for bodily injury and property damage.
11. Name the Authority an additional insured under its liability policies and require its insurance company to give at least thirty (30) days' written notice of termination or cancellation of the policy to the Authority.
14. Deliver to the Authority a certificate of insurance within thirty (30) days from the execution of this agreement from a reputable insurance company that is authorized to write that type of insurance under the laws of the Commonwealth of Massachusetts.
14. In the conduct or operation of the program, to not discriminate against any person or persons because of race, religion, color, national or ethnic origin, ancestry, age, sex, handicap, sexual orientation, marital status, military status, or receipt of public assistance.
15. Not transfer, sublet, assign, hypothecate or otherwise alienate this agreement or its interest in and to all or any part of the Unit or office space, nor shall it grant any other party any license or permission to use the Unit or office space, without Authority's prior written consent on each occasion. Any other attempted transfer, subletting, assignment, license to use, hypothecation or other alienation of this agreement shall be void and shall confer no rights on third parties.

Authority

Each person executing this MOU on behalf of the ASAP and the Authority hereby covenants, represents and warrants that: for those executing this MOU on behalf of the ASAP, that the ASAP is a duly incorporated or duly qualified (if foreign) corporation and is authorized to do business in the Commonwealth of Massachusetts (a copy of evidence thereof to be supplied upon request); for those executing this MOU on behalf of the Authority, that the Authority is a public

body politic and corporate created pursuant to M.G.L. Ch. 121B; and that each person executing this agreement on behalf of the ASAP and the Authority is an officer of that organization and that he or she is duly authorized to execute, acknowledge and deliver this agreement (a copy of a resolution to that effect to be supplied to either party upon request).

Tax Compliance Certification

Pursuant to M.G.L. c. 62C, §49A(b), each person signing this agreement on behalf of the ASAP and the housing authority hereby certifies, under the penalties of perjury, that to the best of his/her knowledge and belief, their organization has complied with any and all applicable state tax laws.

Entire Agreement

This instrument contains the entire and exclusive agreement between the parties and supersedes and terminates all prior or contemporaneous arrangements, understandings and agreements, whether oral or written. This MOU may not be amended or modified, except by a writing executed by the Authority and the ASAP, and approved by the Department of Housing & Community Development and the Executive Office of Elder Affairs.

Governing Law and Severability

This MOU shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. If any provision of this MOU shall be determined to be invalid or unenforceable under applicable law, such provision shall, insofar as possible, be construed or applied in such manner as will permit enforcement; otherwise this MOU shall be construed as if such provision had never been made part thereof.

This MOU shall be in effect from _____, 2000 and shall be reviewed by both parties on an annual basis and may be revised with the written consent of both parties. This agreement may be terminated by either party upon thirty (30) days written notice to the other party.

_____ Housing Authority _____ (ASAP)

By: _____ By: _____

_____ (title) _____ (title)

Date: _____ Date: _____

Approved by Department of Community and Development

By: _____, _____ (title)

Date: _____