

## **SUPPORTIVE SERVICES PLAN OUTLINE**

Describe the proposed supportive services plan using this outline and submit with a completed Service Provider Questionnaire. Demonstrated commitment of sufficient funds for at least 15 years and meeting or exceeding the recommended minimum on-site staffing may result in an additional five (5) points. A maximum of ten (10) points can be awarded.

The services plan outline below applies to all applicants. Those that are under consideration for the 62+ preference must demonstrate that targeted, coordinated health and long-term services and supports will be provided to residents to improve health related outcomes and quality of life, and enhance residents' ability to maintain their tenancy. This can be accomplished through robust partnerships with hospitals, home health care agencies, managed care organizations and other health care insurance organizations, LIFE (Living Independently for Elders – outside of PA known as PACE) programs and other health care providers or coordinating agencies. Expected services include identifying people in need and engineering a service-delivery or care management function for their needs. Additional Long Term Services and Supports can include a service coordinator to work with the health care partner while enhancing socialization, activities and providing other tenancy support functions.

### **1) Anticipated Resident Needs and Program Goals:**

- a) Identify the target population.
- b) Identify the goals of the supportive services program.  
*General Occupancy developments should include goals to improve residents' ability to uphold their lease obligations, improve building and unit maintenance, increase family assets through programs for employment, education and income/asset building; and enhance quality of life through child and youth development; community building and improving access to services.*  
*Elderly developments should include goals to improve residents' ability to uphold the lease throughout the aging process through improved access to health and other services; and enhance quality of life through community building, socialization and other programs.*  
*Developments for populations with special needs should identify relevant goals based on the strengths and needs of the targeted population.*
- c) Identify measurable target outcomes related to each goal.
- d) Describe how the program will identify resident needs at start-up and respond to the changing needs of residents over time. (Example: resident meetings, needs assessments, surveys, etc.)

### **2) Implementation of services, programs, and activities.** Services must be specific to the proposed development and assure access to comprehensive services relevant to this population without major barriers to participation. Identify:

- a) Who is responsible for providing each service.
- b) Where each service will be provided. For services that are not provided at the proposed development, identify how barriers to participation will be overcome.
- c) Frequency of program or activity (daily, weekly, monthly, etc.).

- d) Eligibility requirements or fees for resident participation. Services should be available for all residents. Identify any eligibility requirements or fees for services.
- e) Methods to market the service program and encourage resident participation.

**3) Staffing**

- a) Identify staff positions involved, their location and number of hours per week dedicated exclusively to services at the development. Recommended minimum: one (1) hour/week for every five (5) units.
- b) Describe supervision and support (office space, computer with Internet/email access).

**4) Budget and source of funds.** Identify the annual cost and the source of funds to pay for services and staffing.

**5) Coordination with and commitment of community resources.** If other service providers are integral to this plan of services, include a letter of intent from each provider describing what services they will provide.