

Need for Housing for Older Adults in Montgomery County

April 2001

Executive Summary

This report responds to the Montgomery County Council's request for an "expanded assessment" of the scope of need for senior housing to serve as "a basis for addressing current and future needs." Montgomery County Department of Park and Planning staff were asked to assess the current supply of senior housing, subsidies available to older adults for housing, existing master plan recommendations for senior housing, and the demographic characteristics of the senior population that pertain to the need for age-restricted housing. Staff was also asked to explore the zoning implications of this information, especially special exception requirements. The Council resolution outlining the request may be found in Appendix A.

This study finds that there is a need for moderate but steady growth in the number of senior housing units in the County. The study finds that Montgomery County is neither overbuilt nor experiencing substantial unmet demand for senior housing at this time. In fact, the County appears close to achieving an appropriate supply of housing for its older residents. In the short term, the County could probably accommodate a moderate increase in the number of units in certain categories, and it will require steady growth to serve future needs. On the whole, the County has a good mix of levels of care and income levels served. There are gaps, however, especially assisted living for low- and very low-income persons and independent living for low- and moderate-income households.

Major Findings

- **At 8.5 percent, the ratio of age-restricted housing units to persons aged 65 and older in Montgomery County is in the mid-range of six nearby counties with similar demographic characteristics.**
- **To accommodate both growth and the needs of underserved segments of the population, the County needs an average of 200 to 250 new senior housing units each year for the next 10 years.** Construction of about 1,500 additional age-restricted units would maintain the current ratio of senior housing units to population. Current gaps in the supply, such as limited assisted living units for low-income households and too little middle-income senior housing, could justify a 10-year increase of another 500 to 1,000 units specifically targeted to these underserved segments of the population.
- **The majority of the new units would probably be occupied by households or individuals aged 75 or older, the typical age group for senior housing.** If new senior housing serves primarily, but not exclusively, households aged 75 and older, the additional 1,500 units would accommodate about 15 percent of the oldest population and 5 percent of those between 65 and 74. Based on the literature and local experience, these appear to be realistic expectations.

- **If more than an average of 150 units of senior housing are built each year, the additional units should serve low-income and middle-income households' need for independent and assisted living.** These units should be targeted to households with incomes of less than 110 percent of the area median.
- **To be successful, assisted living projects may require a combination of direct subsidies to individuals and financial assistance for construction of the facility.** Generally, subsidies are available to projects for building construction but not operating costs. This leaves the project struggling to meet day-to-day costs. Only a small number of nonprofit organizations appear able to function without additional support for operational costs.
- **Many master plans already address the need for senior housing.** Nine plans contain specific sections about the issues of the senior population. Seven refer to senior housing, but do not contain a section devoted to this topic. The remaining 12 master or sector plans are silent on senior housing. Six of the master plans addressing the subject identify specific sites that may be suitable for senior housing.
- **A large number of sites have potential for senior housing, but have not been specifically identified in master plans.** Community-Based Planning staff identified sites that may be suitable for senior housing. These potential sites are listed in Appendix F.
- **Because not all approved projects are built and the time from special exception approval to construction can be lengthy, it makes sense to approve more units than would ideally be built in a given period of time.** For example, 35 percent of the projects currently in the pipeline have been there more than five years, some of these for more than ten years. A pipeline of up to one-third more units than are needed for a ten-year period seems reasonable to ensure an adequate rate of construction.
- **AARP studies show that 82 percent of the respondents in a recent survey prefer to remain in their current homes as they age.** This is consistent with industry expectations of a capture rate of about 15 percent for senior housing in affluent areas, such as Montgomery County, offering varied housing choices and established area support for age-restricted housing.

Housing Supply

- **Montgomery County offers a full array of senior housing to its residents.** The most limited option is life care. Maplewood Park Place is the County's only life care facility, with 256 units. Leisure World is the only active adult community, but with 4,750 units, Leisure World is a major component of the age-restricted housing supply. Most of the County's subsidized senior housing is independent living. Almost three-fourths of all independent living rental units are low-income. Low-income households have comparatively limited options for assisted living.

- **Montgomery County currently has 15 proposed or approved senior housing projects.** Fourteen of these are approved; one is in the approval process. Almost 900 of these units are planned as subsidized or MPDU units. In addition, seven new group homes were awaiting licensure as of January 10, 2001.
- **Senior housing types range from cottages to villas to townhouses, to garden apartments, to high-rises.** Heights vary from 1 story to 16. The one strong preference in the industry and the market is for larger units, typically two-bedroom units.
- **Just as levels of care and heights of senior housing vary, so do prices and financial structure.** Almost 41 percent of current units serve below market households, primarily in independent living. Market rate rental apartments and continuing care retirement communities tend to be comparatively expensive, with monthly costs starting over \$1,000 and ranging upward to \$4,000 or more per month. Most continuing care communities have an entry fee as well.
- **In addition to subsidized senior housing facilities, the County offers direct financial assistance for housing to 1,215 individuals and households aged 62 and older.** Most of this assistance, 1,033 cases, is either Section 8 Housing Vouchers or Montgomery County Rental Assistance. Funds received from these programs may be used by eligible households in either age-restricted or non-age-restricted housing. The housing is generally independent living.
- **Montgomery County's senior housing is spread throughout the developed areas of the County.** As might be expected, facilities are especially prevalent in older, mature communities, such as Bethesda-Chevy Chase, Kensington-Wheaton, Silver Spring-Takoma Park, and the Cities of Rockville and Gaithersburg.

Demand for Senior Housing

- **Montgomery County's population of persons aged 65 and older is growing steadily according to the 1990 Census and COG Round 6.2 Forecasts.¹** The rate of growth, however, is slowing. Nonetheless, the forecasts indicate that Montgomery County's senior population will grow by 20,600 persons between 2000 and 2010.
- **About 14 percent of senior households² have extremely low incomes, incomes of 30 percent of median or less. Another 24 percent have low-incomes of 30 to 60 percent of median.** According to the 1997 Census Update Survey, this means almost 8,400 extremely low-income households and about 14,600 low-income households who might need assistance to afford senior housing.
- **Prevalent waiting lists of moderate length support the conclusion that the senior population is reasonably well served but that there is capacity to absorb additional**

¹ 2000 Census data on age distribution of the population will not be available until this summer.

² A household may consist of a single person or two or more persons sharing living quarters.

units. The strongest demand appears to be for below market rate independent living units. The majority of complexes of all types have waiting lists. However, these appear to be a little shorter and the waits a little less lengthy, usually less than two years, than in earlier periods, such as the mid-1980s.

Zoning Implications

- **The findings of this study support fine-tuning the provisions of the special exceptions that provide for age-restricted housing but do not indicate a need for radical changes.** The greatest challenge is to address the issues that cause some special exception applications to be very controversial and expensive. In such cases, neighborhoods feel threatened and a contentious approval process often raises costs for residents if the project is built.
- **Is there sufficient zoning in appropriate locations?** Senior housing may be built either by right or by special exception in almost every residential or mixed-use zone. In theory, this means that almost all of the vacant or redevelopable residential land in the County is available for senior housing. The primary difficulty is an apparent scarcity of appropriate sites at affordable prices.
- **Do the zoning provisions permit the kinds of products preferred by prospective residents and the industry?** Judging from the wide variety of senior housing types available in the County, zoning is not an impediment to developing up-to-date projects. Difficulties in receiving approval for a desired product type tend to arise from compatibility issues and not from elements inherent in the provisions of the Zoning Ordinance.
- **Is the approval process too easy, too difficult, or about right? Does the approval process adequately protect the neighbors of the site?** To some degree the answers depend on your point of view. Neighbors sometimes believe the process too easy because some projects are approved that they oppose. The industry finds it too difficult.

The Zoning Ordinance Rewrite seeks to reduce the number of cases requiring a special exception in two ways. It recommends making senior housing a permitted use in multi-family and mixed use zones, since there are typically few, if any, compatibility issues for this use in these areas. It also recommends amending the PRC Zone to accommodate projects on 25 acres or more through this floating zone rather than a special exception. Finally, the Rewrite hopes to reduce compatibility issues in one-family zones by adding a green area requirement, reducing potential building height, and imposing the new general development standards that regulate parking lot design and other site issues.

Future Directions to Explore

1. Include a discussion of senior needs and housing in each master or sector plan.
2. Recommend that specific sites or areas (with a floating symbol) be identified for senior housing in each master or sector plan.

3. Require set aside of land in large subdivisions to provide for future senior housing needs.

Recommendations

1. Adopt the changes for senior housing proposed in the Zoning Ordinance Rewrite.
2. Consider permitting senior housing by right in commercial and industrial zones.
3. Address the need for additional land for multi-family housing from a broad perspective that considers the need for senior housing as well as housing for younger households.
4. Support construction of an average of 200 to 250 new units of senior housing each year to accommodate growth in this population. Give special attention to underserved segments of the population.
5. Explore mechanisms to set aside land in large new subdivisions for development as senior housing at the appropriate time with no loss of non-age-restricted density.
6. Encourage appropriate public and private sector entities to provide sufficient support to older households who prefer to remain in their own homes or other non-age-restricted housing. Recognize that this is the preference of a large majority of the senior population.
7. Consider providing property tax relief to very long-term residents to allow them to remain in their current homes with recapture of lost revenue when the property is sold.
8. Address senior housing needs in most master plans.

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Introduction

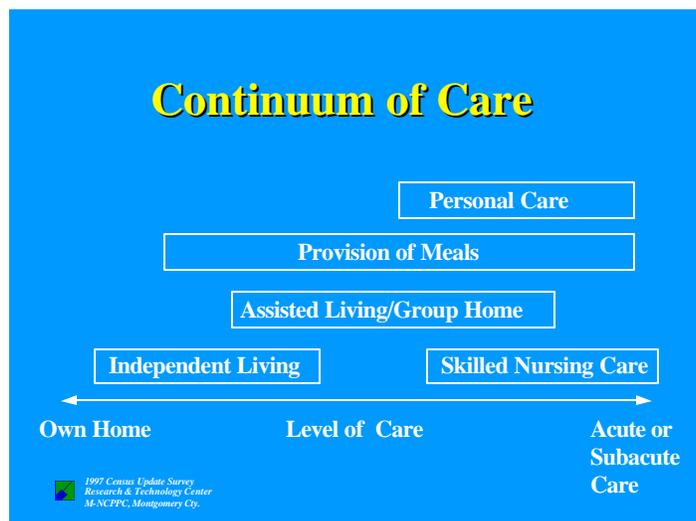
This report responds to the Montgomery County Council's request for an "expanded assessment" of the scope of need for senior housing to serve as "a basis for addressing current and future needs." Montgomery County Department of Park and Planning staff were asked to assess the current supply of senior housing, subsidies available to older adults for housing, existing master plan recommendations for senior housing, and the demographic characteristics of the senior population that pertain to the need for age-restricted housing. Staff was also asked to explore the zoning implications of this information, especially special exception requirements. The Council resolution outlining the request may be found in Appendix A.

Determining need for senior housing is an art, not a science. Information about the number of existing and proposed units and their characteristics is easily available. There are reasonable estimates of current and future population by age and income data for households headed by someone age 65 and over. The missing ingredients are 1) individual income information for age eligible persons who reside in households headed by someone under 65, 2) detailed information about the availability of assets that are not reflected in income, such as real estate, 3) a precise capture or penetration rate by age and income, 4) the exact household size of households that choose age restricted housing, and 5) the percentage of older persons with frailties requiring assisted living. Probably the most challenging of the missing ingredients is the lack of a widely accepted, substantiated capture rate. Each of the missing ingredients, however, requires the analyst to make assumptions. The assumptions contained in this study are discussed in the related sections of the analysis.

Levels of Care

The first challenge to understanding need for senior housing is to define the options available. The configuration of services and amenities varies widely from facility to facility. The industry tends to speak of a *continuum* of care rather than of discrete types. For convenience, this report and most other sources, such as ULI and the *Guide to Retirement Living*, separate the various configurations into several umbrella categories.

Aging in place – The preferred option for the majority of those aged 65 and older is to remain in the non-age restricted homes and



communities of their middle adult years and to rely on services delivered to the home if these are required. Services might include Meals on Wheels, housekeeping, home health aides, Visiting Nurses, and similar options. A variant of this choice is to move to more carefree but non-age-restricted housing. An apartment, condo, one-story house, or even townhouse that requires no exterior maintenance is a frequent selection. When neighborhoods with such housing attract a sizable number of older residents, they form what the industry terms “naturally occurring retirement communities” or “NORCs.”

Active Adult Communities – Communities with a variety of housing types, usually including a sizable number of single-family units, for vigorous older adults are known as active adult communities. These communities often center around recreational facilities, frequently a golf course, and appeal to younger retirees. Although such facilities are age-restricted, few offer appreciably more care or services beyond those typical of a condominium community for the general population.

Independent living B Designed for healthy older adults, independent living varies in the amount of service offered to its residents. Some facilities provide little beyond maintenance, lawn care, and some social programs. Most buildings are constructed to accommodate physical disabilities, whether they exist at the time of entrance or appear later. Most County-owned low-income housing for seniors fits this category, although some buildings are County nutrition program sites and, thus, offer a low-cost lunch to residents and neighboring seniors. Market priced independent living tends to offer more services and amenities, frequently including one or more meals per day and some transportation. All may offer wellness programs. Units are typically full apartments that meet the Zoning Ordinance definition of a dwelling unit and have complete kitchens.

Assisted living B Designed for older, frailer adults who need help with the basic activities of daily living (ADLs), such as bathing, dressing, and mobility. Residents of these facilities often do not have full apartments, most do not have full kitchens, and many units comprise a suite of bedroom, bath, and sitting room, or simply a private bedroom. Most facilities offer three meals per day, assistance with personal care, and a variety of activities. Skilled nursing care is not included. Assisted living facilities are subject to state licensing requirements.

Group home – A residence for up to 15 residents that may be designated for persons with disabilities or senior citizens. Residents typically have rooms rather than full dwelling units and receive care similar to assisted living. Frequently, buildings are remodeled single-family dwellings or designed to resemble single-family dwellings. Many residents are attracted by the homey feel and smaller size of these facilities.

Nursing home – A facility that offers skilled nursing care. Residents have **Abeds@** rather than apartments. Few have private rooms. Some nursing facilities are part of a continuing care facility; others are stand-alone operations. Nursing homes are rarely age-restricted, although a large percentage of their residents are over 65. They are tightly regulated by the State, which monitors need as well as quality of care as part of the licensing program.

Continuing Care Retirement Community (CCRC) and Life Care B CCRCs offer more than one level of care with the expectation that residents will be able to move freely from one level to another as their needs change. CCRCs try to facilitate necessary moves between levels of care but usually do not guarantee them. Most require a large upfront payment by the residents and most are fairly expensive. Life care differs from CCRCs in that life care residents are guaranteed the ability to move from one level of care to another as necessary, often with little change in financial arrangements. The upfront payment is typically high and nonrefundable for life care. Many life care facilities are owned by religious groups.

Debates about definitions of levels of care tend to focus on the dividing line between assisted living and independent living. Some use the term **Assisted living** for any service rich facility, especially one providing meals. Others use the term only when personal services are provided for very frail residents. This report uses the definitions above that are determined by whether or not living accommodations are full dwelling units.

From a land use planning perspective, independent living=s full apartments with kitchens and assisted living=s rooms or suites without a full kitchen determine whether they meet the Zoning Ordinance and building code definitions of a dwelling unit. Residents of independent living, as defined above, are more likely to drive cars on a regular basis and are often involved in the greater community. Frailer residents of assisted living rarely drive and tend to need the community to come to them. They require substantially more care from staff than residents of independent living. Their housing tends to be very labor-intensive facilities. These differences affect the size and bulk of buildings and the type and number of trips generated by the facility, typically two major concerns of their neighbors.

Supply and Distribution of Senior Housing

Housing Supply

Montgomery County offers a full array of senior housing to its residents. The most limited option is life care. Maplewood Park Place is the County’s only life care facility, with 256 units.

Type	Facilities	Units/Beds	Subsidized Units (Est.)
Active Adult	1	4,750	None
Independent	27	4,223	3,134
Assisted Living	14	1,546	220
CCRCs/Life Care ³	6	2,160	100
Group Homes	68	532	Unknown ⁴
Nursing Homes ^{3,5}	40	5,030	N.A.
Total	156	18,241	3,454

³ For the purposes of this table, nursing home beds in CCRCs are included in the nursing home count rather than the CCRC count. This means that five facilities are on both lists.

⁴ 45 facilities with 341 units report that they accept subsidies.

⁵ The principal source of subsidy for nursing homes is Medicaid. This subsidy is granted to the patient rather than the facility.

Similarly, Leisure World is the only active adult community, but with 4,750 units, Leisure World is a major component of the age-restricted housing supply. Detailed lists of all facilities with the number of units or beds, organized by level of care, and indicating those that are subsidized may be found in Appendices B, C, and D.

Most of the County's subsidized senior housing is independent living. Almost three-fourths of the independent rental units are low-income. Because independent senior housing offers fewer services, it is the least expensive to provide and most easily adapted to subsidized housing programs. In addition, higher income households appear able to remain in their homes longer than less affluent ones, thus demanding fewer independent living facilities. Many age in place by hiring help with household and maintenance chores and personal care services, if needed. If these households move, they have more options, both age-restricted and non-age-restricted, than low-income households. If these more affluent seniors choose age-restricted housing, their preference is often for the service and amenity rich CCRCs. Low-income households can afford very few market rate housing choices, age-restricted or not. The labor-intensive nature of CCRCs and assisted living means that they are very difficult to provide at affordable prices.

Unfortunately, if low-income seniors require assisted living, they have comparatively few choices. Only about 22 percent of assisted living units are subsidized. Group homes often offer services similar to assisted living, but again, very few units are subsidized. The difficulty is the expensive, labor-intensive nature of this level of care. In addition to designated affordable units, some subsidies are available directly to lower income individuals. These will be discussed in greater detail in the subsidy section.

Proposed and Approved Senior Housing

Montgomery County currently has 15 proposed or approved senior housing projects. Fourteen of these are approved, one is in the approval process. One of the proposed projects, Hampshire Village, would replace another approved project on the same site. Including the current approval on the Hampshire Village site, there are 2,059 independent units and 453 assisted living units in the pipeline of approved development. Active applications would contribute another 120 independent units and 30 assisted units. Total proposed and approved units, including Hampshire Village but not including the project it would replace, are 2,662. Close to 900 of these units are expected to be subsidized or MPDU units. There are several other potential project applications that have not yet been filed, but appear under active consideration. A list of projects currently in the pipeline may be found in Appendix E.

In addition, seven new group homes were awaiting licensure as of January 10, 2001. These facilities will offer 34 new beds. Locations range from Damascus to Bethesda; Silver Spring and Gaithersburg will each have two new facilities.

The lead time from approval of a special exception to completion of at least one building can vary from 1 or 2 years to more than 10 years. Almost 950, or 35 percent, of the current pipeline of 2,662 units have been approved for more than 5 years; some much longer. Reasons for this range from a long process to obtain other care related approvals, to the place of

the project in the developer's priorities, to financing issues to challenges in the courts. Some approved projects are never built.

Because not all approved projects are built and the time from special exception approval to construction can be lengthy, it makes sense to approve more units than would ideally be built in a given time period. For example, 35 percent of the projects currently in the pipeline have been there more than 5 years. A pipeline of up to one-third more units than are needed for a 10 year period seems reasonable to ensure an adequate rate of construction.

Housing Types

Housing types range from cottages and villas in Leisure World and several CCRCs, including Asbury, Friends House, and the National Lutheran Home, **to townhouses, to garden apartments, to high-rise buildings. Heights vary from 1 to 16 stories.** Subsidized independent living facilities are located in buildings ranging from 2 to 13 stories, including literally one example of every possible number of floors in between. Market rate independent complexes are either in the mid-rise range of 4 to 6 stories or are high-rises of 15 and 16 stories.

Many assisted living facilities are located in garden apartment style buildings with elevators, but some are in high-rise buildings. Two are located in nine-story buildings that were designed as independent living facilities but have been converted to assisted living. Small group homes often look like large single-family detached houses, as in fact many once were. A few are small garden apartment style buildings. One is located on the second floor of a two-story building over a parochial school. This report places several complexes of group homes with 15 or more units in the assisted living category rather than the group home category because these complexes form one campus under one management operating in a manner similar to other assisted living developments. All of Victory Housing's group homes are listed as assisted living as all but one have more than 16 units on one site. **Nursing homes also vary in building type; most are one or two stories in height.**

The heights of senior housing facilities located in one-family zones are similar to the overall profile. The exception is subsidized housing, primarily government owned complexes. All but one of the subsidized buildings in one-family zones are eight stories or less, whereas six of the subsidized buildings located in other zones are nine or more stories in height. Half of all subsidized complexes are located in single-family zones.

Senior housing is more than just a building type; it is a range of housing, hospitality, and health care that varies with the provider and the local community's demographics. Providers specialize in delivering certain products; Marriott, for example, draws on their hospitality expertise when designing a senior project. Providers will also judge the market, the age, and income level of the community, as well as other available services.

This examination of building type is based on data gathered from relevant literature and on existing senior housing projects in the County. It is an effort to understand market needs (both provider and consumer), and to compare those needs to the County's Zoning Ordinance and special exception requirements.

This examination of building type and the Zoning Ordinance has been undertaken with consideration of larger County planning goals—creating transit-friendly and neighborhood-compatible communities of mixed uses set amid a preserved natural environment. In many cases, these overall planning goals complement seniors’ need for access, mobility, and housing choice.

Trends

The following trends emerged from a review of literature and from public meetings held with providers and citizens.

Population

- The Census Bureau has determined that the number of people aged 60 and over will double by 2025.
- Seniors prefer to stay in their own homes as long as possible, and are moving into senior housing as older and frailer residents, requiring higher levels of support and care.
- Seniors are a growing population, and a diverse one with variations in wealth, motivations, needs, and interests.

Buildings

- Residents want to be just that, residents, not patients. They prefer facilities with a non-institutional appearance that blend well with surrounding communities.
- In assisted housing, bigger units, up to two bedrooms and at least 900 square feet, are more desirable. In independent living, residents are unwilling to trade down; they still want large living units, frequently two-bedroom units, they just want to take care of less.
- Residents are looking for more amenities, but not so many golf courses. Amenities include building and site features along with services provided.

Market

- In response to diverse senior needs, providers are creating hybrid facilities that can offer aging residents varying levels of care and support.
- Providers are targeting the wealthy elderly with luxury facilities. Seventy-five percent of development is targeted at 5 percent of the population.
- However, a University of California study found that 27 percent of all seniors are considered poor, and 11 percent live at or below poverty. A HUD report estimates that 20 percent of those 70 and older have a net worth of less than \$25,000.
- Urban environments that offer amenities, transit, and services are desirable.

- Facilities that cater to residents’ diverse needs and interests fare better than those that rely on a one-size-fits-all model.

Cost

Just as levels of care and heights of senior housing vary widely, so do prices and financial structure. Rental independent living facilities have the most straightforward financial arrangements, but a broad range of rents, from \$618 per month to \$4,220 per month. The range

Type	Monthly Cost Low	Monthly Cost High	Entry Fee	Monthly Cost Middle Range
Independent Living: Market Rate	\$618	\$4,220	None	\$1,170 to \$3,200
Independent Living: Subsidized	30% of Income	\$888	None	30% of Income
Assisted Living	\$1,560	\$5,400	None	\$1,980 to \$4,000
CCRC/Life Care	\$519	\$4,650	\$9,000 -\$495,000	Cannot generalize
Group Home	\$1,000	\$4,500	None	\$1,500 to \$3,000

reflects typical real estate factors, such as location in the building, location in the County, size of the unit, and level of luxury. Prices also reflect the extent and quality of the services and amenities that are specific to age-restricted housing. Typically, lower priced complexes do not include meals and offer minimal social, convenience, and transportation options.

Rents for subsidized independent housing are frequently a percentage of income, typically 30 percent. The County supply of this housing includes facilities built under a variety of federal programs, HOC’s mixed income approach, and various combinations of public, private, state, and local subsidies. Currently, the federal low-income housing tax credit program is a popular vehicle for financing affordable senior housing. About 900 of the 2,700 age-restricted units proposed or approved for the County either have or hope to have tax credits as part of their financing package. To be eligible for low-income tax credit units, a household of one can have a maximum income of \$33,840 and a household of two, \$38,700. Maximum rents for senior households range from \$846 to \$1,087 depending on household size and number of bedrooms.

Assisted living is generally more expensive than independent living as a consequence of its high level of service, including meals and assistance with activities of daily living. The extent of services and amenities and the quality and location of the building are reflected in the price. A factor in determining each resident’s costs is the level of care each requires. Someone who needs minimal care, such as reminders to take medication, will pay less than someone who needs more care, for example assistance eating each meal.

As noted earlier, **assisted living is difficult to provide as affordable housing.** Exacerbating the problem of high operating costs, subsidy programs are often restricted to one type of cost only, such as shelter or medical care, and exclude all other kinds of costs. Assisted living is structured as a package of housing and services. As a result, the County has a comparatively skimpy supply of subsidized assisted living facilities; only about 339 units, 22 percent of all assisted units not in CCRCs, are subsidized. Victory Housing and Springvale Terrace provide a large share of these units. HOC and other providers have expressed the hope

that as Medicaid coverage is extended to this type of facility, they will be able to provide more services. Subsidies for assisted living appear to be in the best interests of taxpayers and residents. Even though assisted living is expensive, it is usually less so than nursing home care. A Medicaid waiver program to support assisted living went into effect on January 1, 2001 and should help more low-income persons afford this level of care.

Nursing homes charge on a daily rather than monthly basis. To permit comparisons, this report estimates typical monthly fees based on a 30-day month. The resulting range of costs is \$3,510 to \$13,500. The majority fall between \$3,900 and \$6,300 per month. These are fairly stunning costs but long term care insurance and Medicaid⁶ offer some relief to some households. Standard medical insurance and Medicare sometimes offer benefits for a very short period of time.

CCRCs and life care are the most complicated financially. The resident typically pays an entry fee and a monthly fee. Those who are receiving primarily shelter tend to pay fairly low monthly amounts. The monthly cost for more intensive services, such as those associated with assisted living, and for meals can be quite high and may approach the level of rental communities with no entry fees. The entry fee may or may not be refundable when the resident leaves. Some are fully refundable. Some are refundable at a declining rate depending on the length of residence. Some facilities offer new residents a choice of a fully or mostly refundable fee at a higher initial cost or a lower fee with little, if any, refund when they leave.

Years ago, many life care communities asked residents to assign most of their assets to the community permanently in return for guaranteed care for life. There was buyer resistance to this concept and an unexpected problem for the facilities – residents’ life expectancies tended to increase when they moved in so that many were outliving actuarial estimates that were the basis of the project’s financing. This configuration is rare today.

Subsidies Available to Seniors for Housing

Sources of subsidies for senior housing that are granted to individuals rather than facilities vary by level of care. **Medicaid is the primary source of assistance for those in nursing homes.** There are several programs available for residents of group homes and assisted living facilities, and others for residents of independent living.

Section 8 vouchers and the County’s Rental Assistance Program are the primary sources of direct assistance for seniors who can live independently. Both programs apply to both age-restricted and non-age-restricted housing.

The Housing Choice (Section 8) voucher program is a federal program that provides rental assistance to low-income households. Voucher holders contribute 30 percent of income toward rent. The program fills the gap between the tenant contribution and the rent, including

⁶ Medicaid can be wrenching for the patient and family, however, since the patient must spend down most assets to qualify.

utilities, up to the fair market rent (FMR) established by HUD. The FMR is either the 40th or 50th percentile market rent in each metropolitan area or other designated area. The 50th percentile is used for the Washington, D.C. area.

Direct Assistance to Individuals

Program	Senior Recipients
Housing Choice (Section 8) Vouchers	640
County Rental Assistance Program	393
Group Home Subsidy Program	70
Adult Foster Care	100
Medicaid Waiver Program	12

FMRs are set by number of bedrooms. In this area, the maximum rents for voucher purposes are \$680 for an efficiency, \$773 for one-bedroom, \$907 for two-bedrooms, \$1,236 for three-bedrooms, and \$1,236 for four. Senior households tend to occupy the smaller units. The tenant may opt to rent a unit costing more than the FMR, but the additional cost is not subsidized. Maximum income for participants is 50 percent of the area median income. In Montgomery County, 70 percent of the participants have incomes of 30 percent of median or less.

The program, administered by HOC, serves approximately 4,000 households. Of these, 17 percent, or 640 households, have household heads aged 62 and older. The typical County senior household contributes an average of \$245 per month toward the rent. The average annual income for all participating households is \$13,500.

The Montgomery County Rental Assistance Program helps low-income families with their rent. Of 1,611 recipients receiving assistance in April 2001, 393, or 24 percent, were over age 62. The maximum benefit is currently \$200 per month. The average benefit for a senior adult is \$184. Income limits are \$28,200 for a household of one person and \$32,256 for a household of two. Rents are limited to \$875 for an efficiency and \$1,015 for a one-bedroom unit, the largest allowed for a two-person household. Assets are limited to \$10,000.

The Group Home Subsidy Program is an important source of funding for group home residents. This program receives funds from both the State and the County. It pays up to \$1,175 per month. Participants may have incomes up to \$1,700 per month and assets of no more than \$11,000. **The Group Home program currently assists about 70 people aged 62 and over.** Adult Foster Care subsidizes assisted living for persons age 18 and over. It also receives both State and local funding and pays up to \$1,100 per month. **Adult Forster Care supports 150 persons, of whom 100 are senior adults.** Care takes place primarily in homes of one or two people.

A Medicaid Waiver for Assisted Living became available in January 2001. This program pays for assisted living for persons aged 50 and older. All of the funds are funneled through the State and are paid directly to the provider. This program is just getting started and currently serves about a dozen people. It limits income to \$1,590 per month and assets to \$2,000. All of these programs concentrate on the very poor, those with incomes in the range of HUD's 30 percent of median.

Capture Rates and Comparables

The greatest challenge to assessing need for senior housing is calculating the percentage of appropriately aged persons who will choose age-restricted housing. Census data and industry literature consistently find that about 5 percent of the population aged 65 and older will reside in nursing homes. There seems to be little debate about this number, although there is some evidence that the nursing home population is declining as assisted living offers a less expensive, more attractive option. Expectations about the percentage of persons who will choose other age-restricted housing vary widely. Reports based on 1990 Census data show a capture rate of about 5 percent nationwide. The rate in any given locality varies, however, depending on supply available, local customs, and financial ability as well as other factors. An Urban Land Institute publication, *Seniors' Housing and Care Facilities*, published in 1998 by Paul A. Gordon says, "rates of 2 to 3 percent are common, although in some areas where retirement facilities are more widespread, projects have achieved significantly higher rates."

Montgomery County's senior housing has a current capture rate of about 8.5 percent of the population age 65+ if Leisure World is not included, and 13.3 percent with Leisure World. According to a June 1999 article, "Seniors Elect to Stay Home," in Urban Land Magazine, a recent AARP survey found that 82 percent of responding seniors preferred to remain in their current residences rather than move to age-restricted housing. Thus, the literature, expressed preferences, and County experience consistently indicate that 80 to 85 percent of the older population prefer not to move. Of course, some people who do not want to move will be forced to enter age-restricted facilities, especially nursing homes, due to health problems and other factors. In addition, capture rates are higher for the comparatively small population over 85. Some consultants to applicants for senior housing in Montgomery County have hypothesized higher capture rates, as high as 25 percent. While this may occur in certain subpopulations, we cannot find evidence of it among the overall population. On the balance, an overall rate of 10 to 15 percent seems reasonable for all non-nursing home age-restricted housing.⁷

Housing for the Elderly by Level of Care in Selected Counties

County	Independent	Assisted	Group Home	CCRC/Life Care	Total
Montgomery	4,223	1,546	532	2,160	8,461
Baltimore	3,854	1,622	243	2,076	7,795
Fairfax	3,351	1,482	124	2,214	7,171
Prince George's	3,799	643	157	565	5,164
Bucks County, PA	954	1,694	19	2,605	5,272
Chester County, PA	1,017	1,618	6	1,811	4,452

Sources: *Guide to Retirement Living*, Baltimore County, Prince George's County, Montgomery County Dept. of Park and Planning, Research & Technology Center, January 2001.

Since the literature and the experts do not agree on a specific capture rate for Montgomery County, staff sought to obtain comparable information for other, similar jurisdictions. Within the constraints of limited time and spotty data, we have collected reasonably analogous data for five counties with similar populations, income ranges, and climates. Climate is important because

⁷ Capture rates vary when the market is segmented by age, income, and level of care. This will be discussed at greater length later in the report.

warmer parts of the country tend to be retirement destinations, while residents of colder, snowy areas may have more incentive to move away. The following tables summarize some of the findings of this survey.

The tables are based on information gathered by Research and Technology Center staff from *The Guide to Retirement Living*, selected County web sites, and, where possible, discussions with local staff. The Department of Park and Planning generated many of the Montgomery County data from its own and County government records. The Pennsylvania data were obtained primarily from the *Guide*, which tends to miss a small number of facilities.

The Pennsylvania counties were selected because the Philadelphia area is a recognized leader in senior housing. The Society of Friends, in particular, has provided nationally known senior housing there for many years. Because of its history, the Philadelphia area is often considered a model for senior housing. In addition, Bucks County and Chester County are similar to Montgomery County, Maryland in climate and many demographic characteristics. Their total populations are smaller, 594,000 and 430,000 respectively, but not different enough to have a major impact on housing dynamics.

The tables show that Montgomery County’s percentage of older residents in senior housing is in the middle range of these generally populous, affluent mid-Atlantic Counties. At the same time, the County has one of the largest populations of older residents. Fairfax County has a much higher percentage of elderly residents served by age-restricted housing, but a much smaller share of its population is 65 or older. Residents aged 65 and older represent about 7.8 percent of the total population in Fairfax compared to 11.8 percent in Montgomery County. The table on the next page also shows that all of the counties studied are fairly similar. None serves more than 10 percent of its older population in age-restricted, non-nursing home, non-active adult housing.

Housing for the Elderly as a Percentage of 1999 Population Age 65+ in Selected Counties

County	1999 Population Age 65+	1999 Age 65 -74	1999 Age 75+	Age Restricted Units, Less Adult & Nursing	% All Population Aged 65+ Served	% Population Aged 75+ Served
Montgomery	99,341	52,282	47,051	8,379	8.5%	17.8%
Baltimore	114,397	63,345	51,052	7,795	6.8%	15.3%
Prince George’s	62,253	36,973	25,280	5,164	8.3%	20.4%
Fairfax	74,069	46,303	27,766	7,171	9.7%	25.8%
Bucks County, PA	74,580	40,623	33,957	5,272	7.1%	15.5%
Chester County, PA	50,712	27,381	23,331	4,452	8.8%	19.1%

Sources: *Guide to Retirement Living*, Baltimore County, Prince George’s Co., Mont. Co. Dept. of Park & Planning, Research & Technology Center, January 2001.

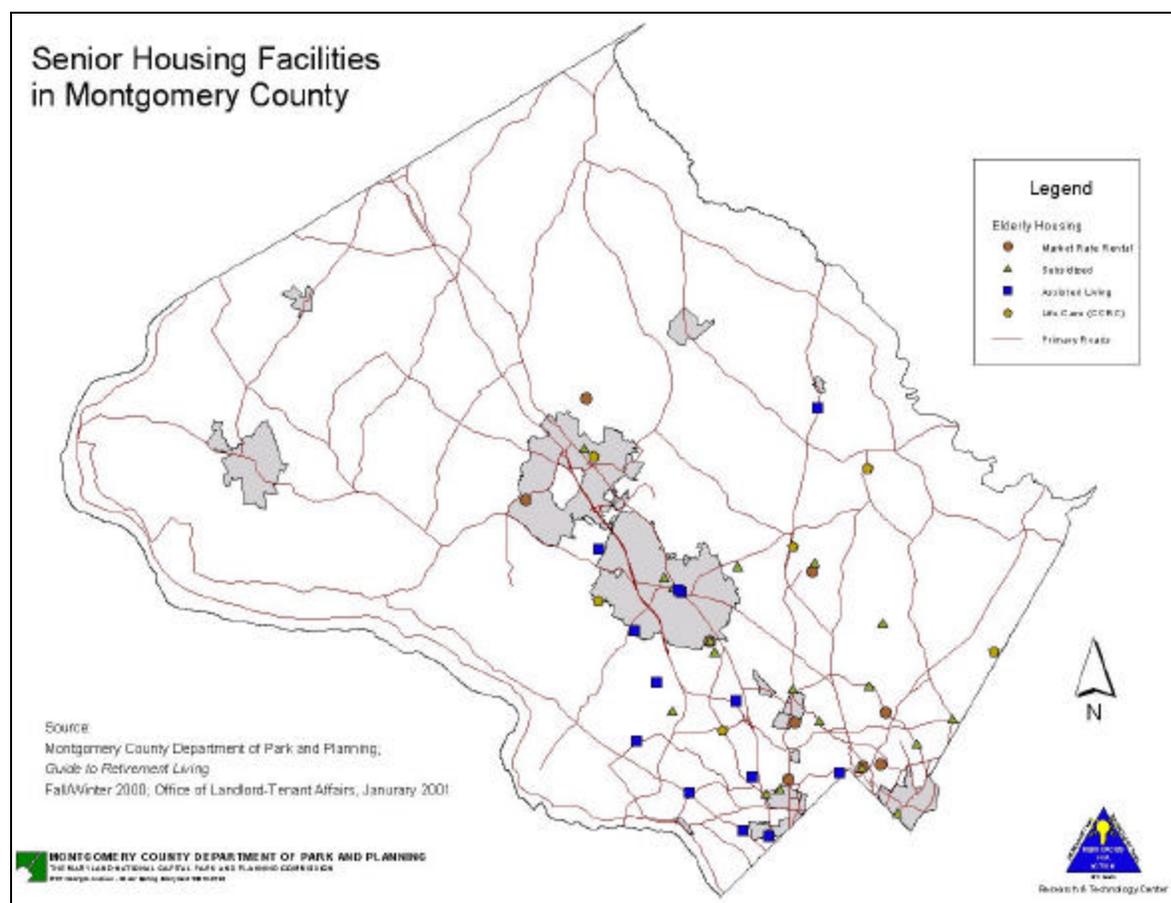
Active adult communities have not been included because they can serve a much younger population and have an emphasis on recreation rather than care. In addition, their unit counts are not readily available. Montgomery County appears to have substantially more of these units than any of the others counties in this study, perhaps three times as many. Strong anecdotal evidence suggests that while many Leisure World residents are comparatively young and active, the

community also accommodates some of the housing demand generated by increasingly frail adults that would otherwise be served by standard independent living facilities.

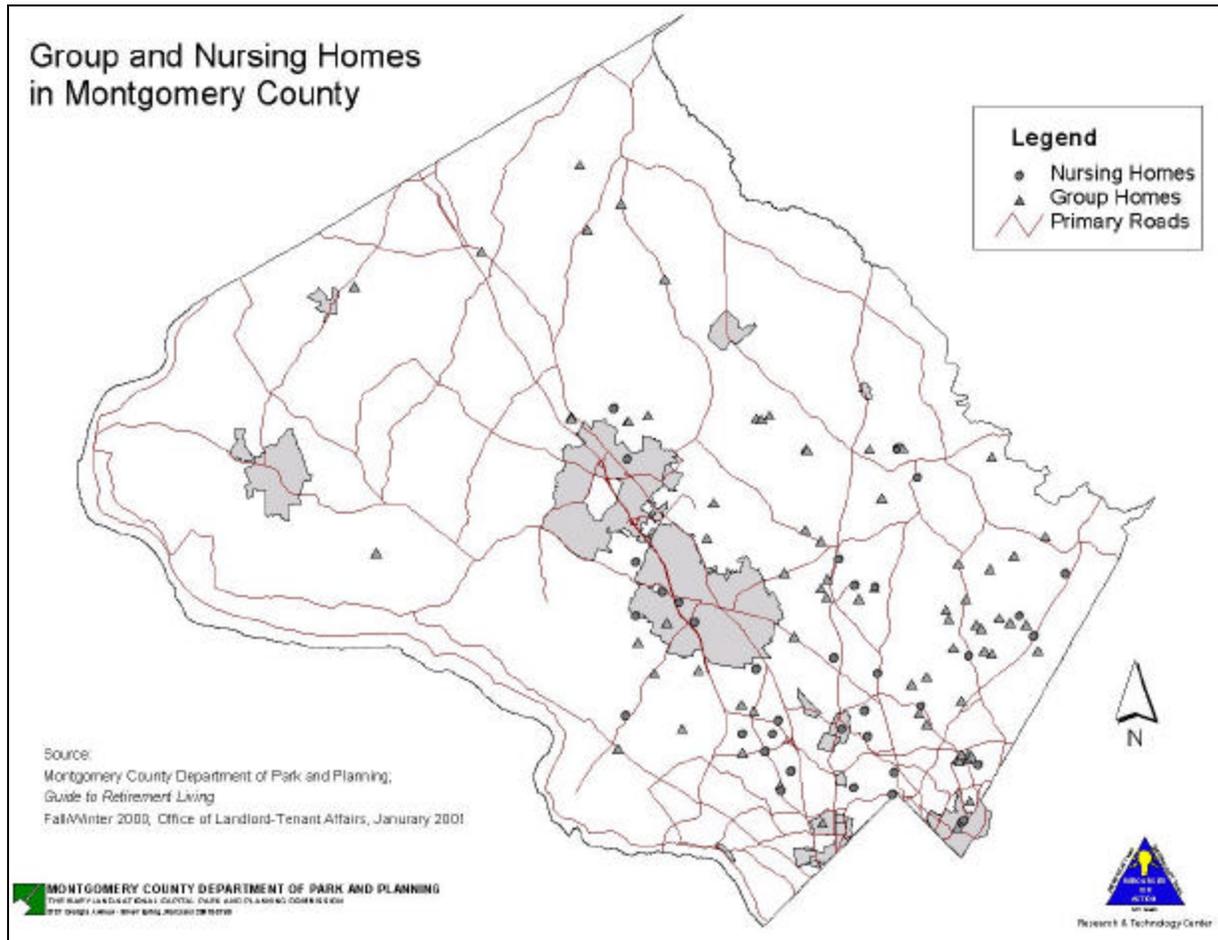
This research also reveals some interesting differences among the Counties. Facilities in Pennsylvania and Baltimore County follow the life care model to a much greater degree than the Washington, D.C. area counties. Baltimore and Prince George’s Counties have larger supplies of subsidized housing, perhaps because they have more low- and moderate-income households in their jurisdictions and the need is greater. Unfortunately, the proportion of subsidized units was not clearly available for Fairfax, Bucks, and Chester Counties.

Geographic Distribution

The maps on the following pages show that Montgomery County’s senior housing is spread throughout the developed areas of the County. As might be expected, facilities are especially prevalent in older, mature communities, such as Bethesda-Chevy Chase, Kensington-Wheaton, Silver Spring-Takoma Park, and the Cities of Rockville and Gaithersburg. A cluster of senior housing and group homes occurs in Sandy Spring, probably reflecting the area’s Quaker roots. The Society of Friends has long been a leader in providing housing for the elderly in the mid-Atlantic region.

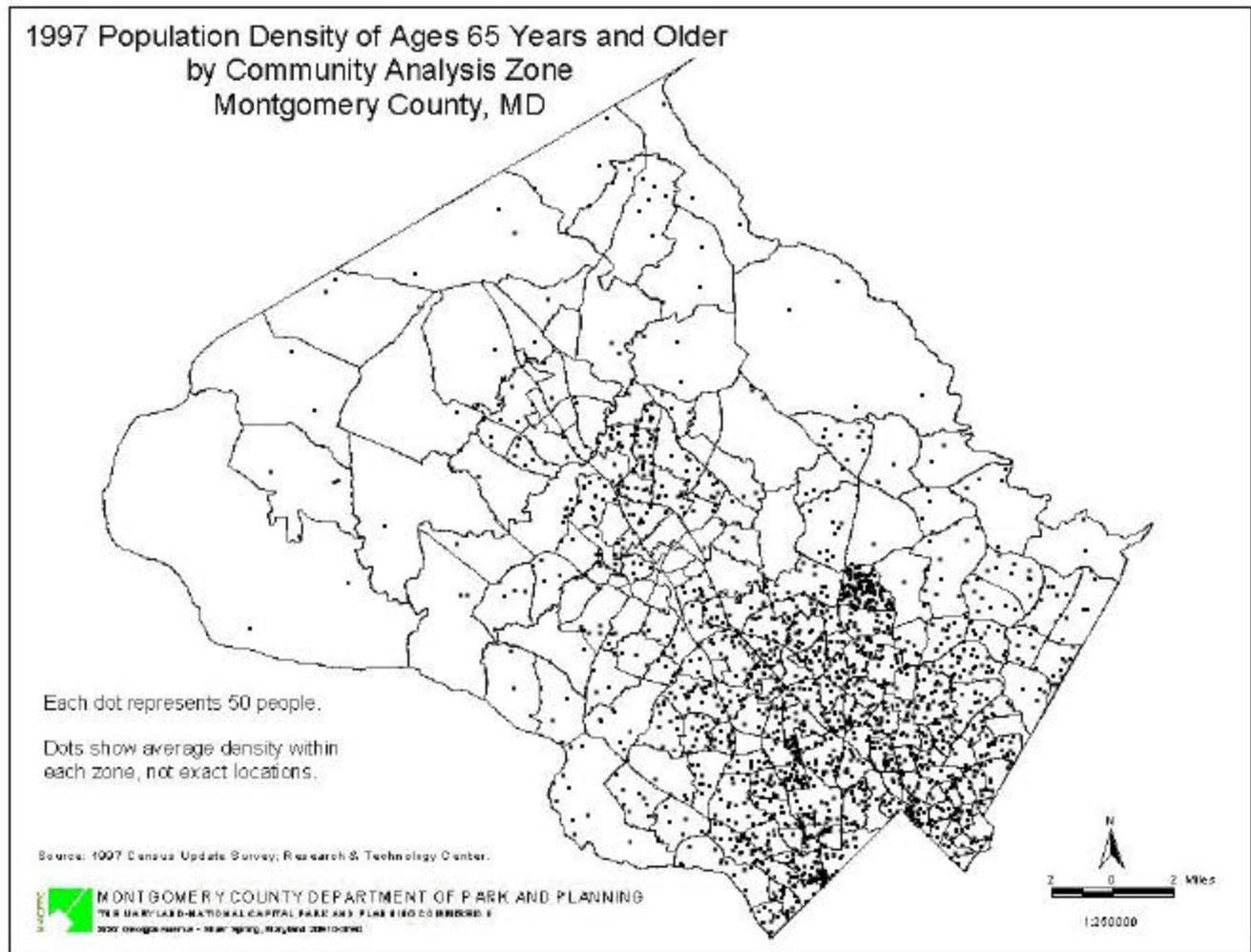


Most large facilities for the elderly are located in the I-270 corridor and the urban ring around Washington, D.C. Nursing homes and group homes are scattered throughout the County and are prevalent in more recently built suburban areas. A few are located in rural areas. Scattered group homes especially, offer nearby residents alternatives to more distant age-restricted housing allowing them to remain closer to their adult homes.

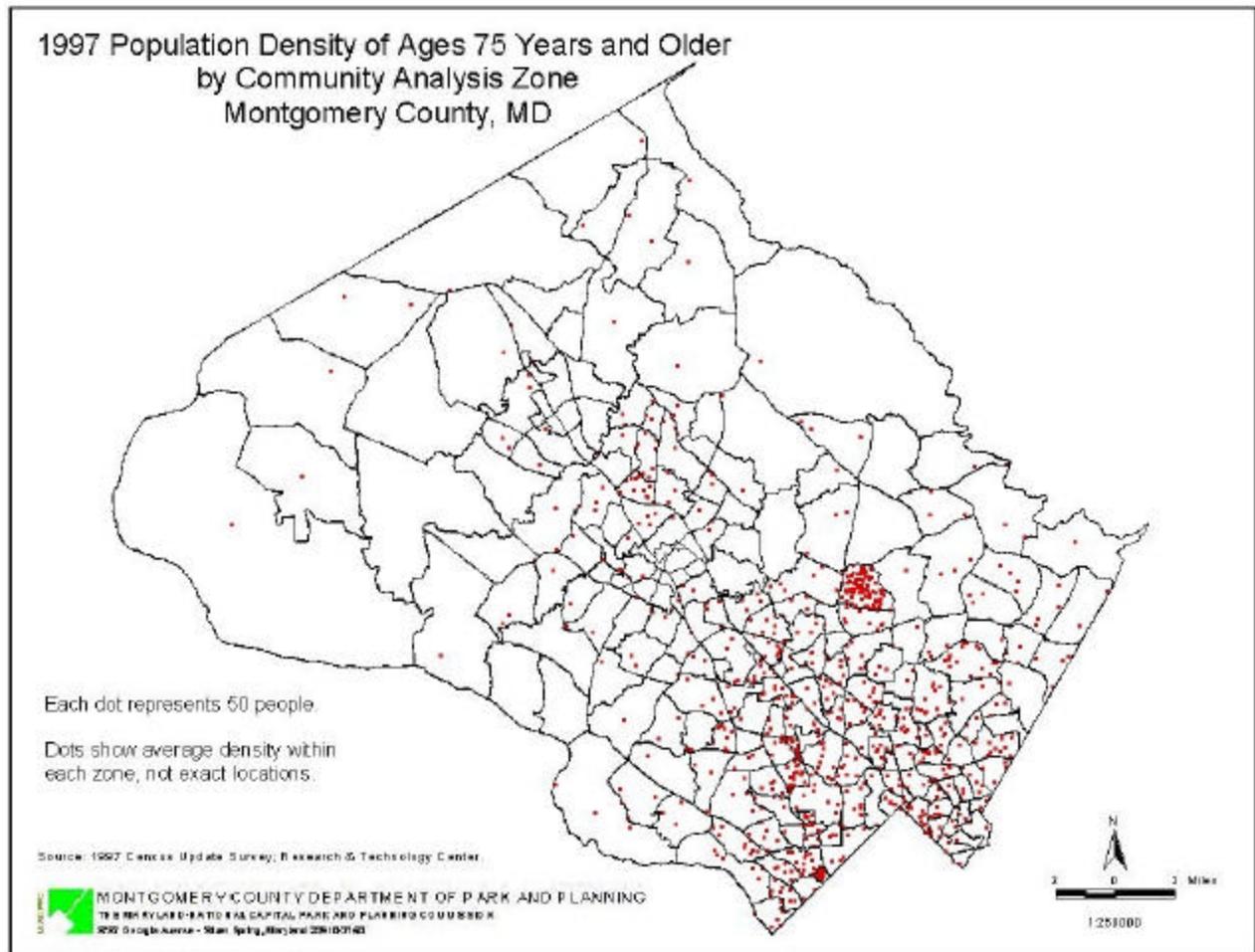


The next two maps show the distribution of the older population in the County. The first shows persons aged 65 and older, the second displays the subset of population aged 75 and over. The second group is more likely to choose senior housing. Few people move to age-restricted in their 60s and early 70s.

The distribution of Montgomery County’s senior housing and older population match quite well. Both are concentrated down-County and along the I-270 corridor. The population aged 75 and over is especially concentrated around and inside the Beltway and along MD-355 from Friendship Heights to Rockville.



Both maps show Leisure World quite dramatically. They also show several NORCs, or naturally recurring retirement communities. These tend to be areas of condominium and rental apartments that have attracted many older residents. Friendship Heights is the most visible. While it contains Brighton Gardens with 132 units, most of its senior residents live in non-age-restricted apartment and condo complexes in the area. The area around the Grosvenor Metro station has a similar population, but no age-restricted units.



Sites Identified in Master Plans for Senior Housing

In order to determine the extent of current master plan guidance about senior housing, staff reviewed all of the County’s current plans. The map on the following page shows how senior housing is addressed in master plans. Appendix F contains a more detailed description of “Housing in Master Plans.” The following summarizes the findings from staff’s survey:

1. **Nine master or sector plans contain specific sections that address issues of the senior population.** These include: Aspen Hill (1994), Bethesda CBD (1994), Bethesda-Chevy Chase (1990), Germantown (1989), Kensington-Wheaton (1989), North Bethesda, Garrett Park (1992), Draft Potomac Subregion (2001), Shady Grove Study Area: Stage III Gaithersburg Vicinity (1990), and White Oak (1997). These sections generally address growth in senior population, need for facilities, and various types of housing.
2. **Seven master or sector plans contain some reference to senior housing, but do not contain a specific section devoted to this topic.** These include: Capitol View (1982), Clarksburg & Hyattstown (1994), Fairland (1997), Glenmont Transit Impact Area (1997),

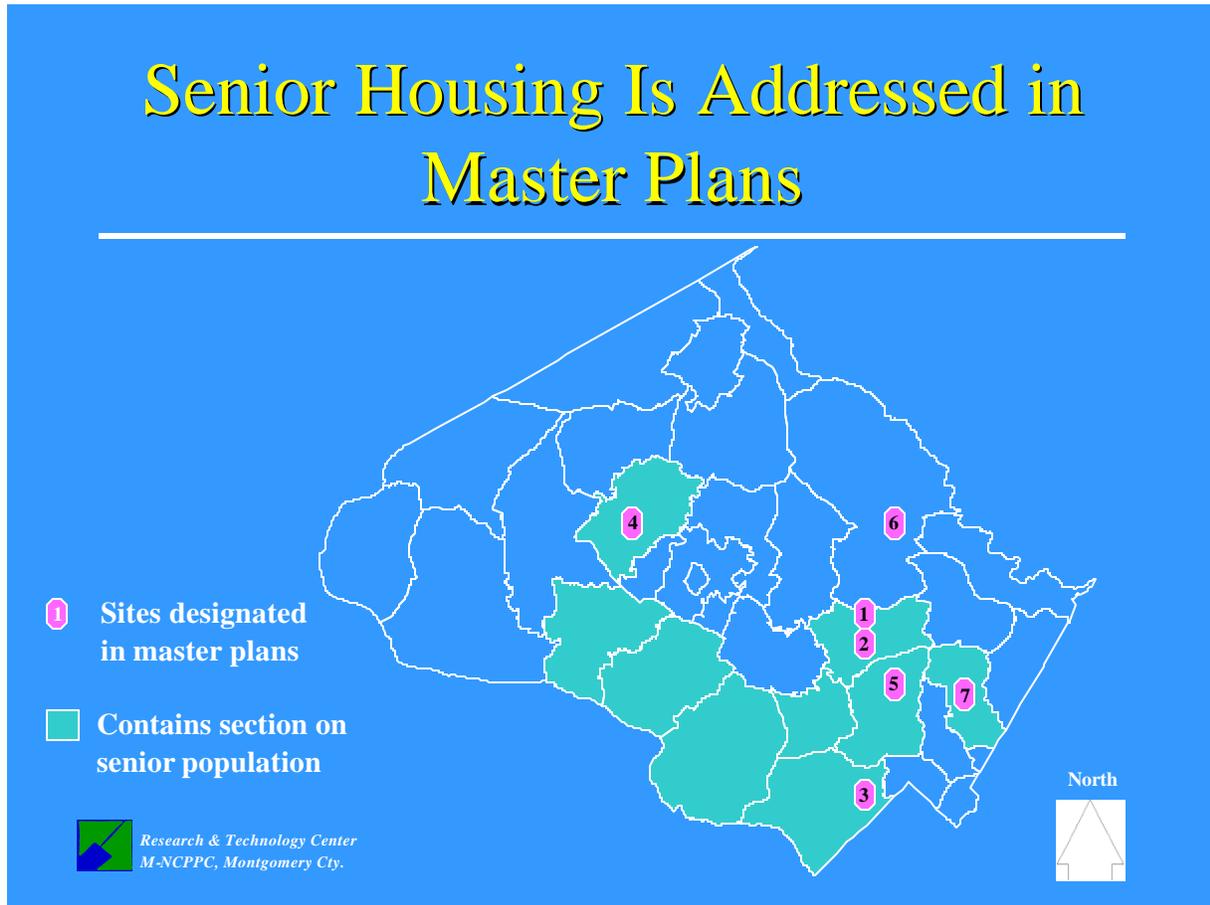
Olney (1980), Takoma Park (2000), and Wheaton CBD (1990). These comments generally include support for senior housing in appropriate locations.

3. **The remaining 12 master or sector plans contain no specific reference and no guidelines or recommendations for senior housing.** Master Plans address land use, stability of residential areas, and in some cases guidelines for review of special exceptions.
4. **Some Master Plans provide guidelines for location of senior housing, including location near transportation and activity centers.** Plans may also recommend placing senior housing in “appropriate locations.”
5. **Six master plans identify specific sites that may be suitable for senior housing.**
 - Aspen Hill (1994) recommends two locations: a 16-acre site on Norbeck Road has a special exception in process for an independent living project and an assisted living project; also, an 18-acre site at Leisure World has developed a senior housing project.
 - Bethesda-Chevy Chase (1990) recommends an 18.5-acre site at Connecticut Avenue and Jones Bridge Road that has since been developed for 49 single-family detached houses.
 - Germantown (1989) recommends a 7-acre site in Churchill Village for senior housing, which is now being built.
 - Glenmont Transit Impact Area (1997) identifies the Glenmont Metrocentre to have one or more buildings for senior residents.
 - Olney (1980) states that the Town Center is a desirable location for senior housing; the AOKI site, p. 136, has been developed as townhouses.
 - White Oak (1997) recommends the Schriminger property, 7 to 8 acres, which is now approved for Marriott assisted living housing.

Other plans do not identify specific sites for senior housing.

6. **Five master plans comment on the need for affordable housing for seniors.** These include Aspen Hill (1994), Kensington-Wheaton (1989), North Bethesda/ Garrett Park (1992), Potomac Subregion (2001), and White Oak (1997). Use of public land for senior housing is also supported in some of these plans.
7. **A large number of sites have potential for senior housing, but have not been specifically identified in master plans.** Community-Based Planning staff identified sites that may be suitable for senior housing. These potential sites are listed in the table,

“Senior Housing in Master Plans,” in Appendix F of this report. There has not been a public process to identify and recommend these sites for senior housing.



Specific sites suitable for senior housing:

1. Norbeck Road at Bailey’s Lane. (Housing special exception in progress)
2. Georgia Avenue in Leisure World (Senior housing being built)
3. Connecticut Avenue at Jones Bridge Road (Developed for single-family detached)
4. Churchill Village (Senior housing being built.)
5. Glenmont Metrocentre (Approved senior housing special exception)
6. Town Center (One site built as townhouses, others not specified)
7. Schriminger property (Approved for assisted living)

Future Need for Senior Housing

Population Growth

Montgomery County’s population of persons aged 65 and older is growing steadily according to the 1990 Census and Round 6.2 Forecasts.⁸ The rate of growth, however, is slowing. The number of residents aged 65 and older increased by 36 percent during the 1990s.

⁸ 2000 Census data on age distribution of the population will not be available until this summer.

The forecast expects the growth rate to decline to about 21 percent between 2000 and 2010 and to about 17 percent between 2010 and 2020. Nonetheless, this age group will increase from a 9.7 percent share of total population to a 14.1 percent share by 2020, and the total number of persons will increase substantially.

Round 6.2 Forecast Elderly Population for Montgomery County, Maryland

Age Group	1990	2000	2010	2020
65-74	45,962	54,398	66,961	80,532
75-84	22,122	34,336	39,329	44,664
85+	5,381	11,311	14,367	15,549
Total	73,465	100,045	120,657	140,745

Source: Montgomery County Department of Park and Planning, Round 6.2 Forecast, 1990 U.S. Census, January 2001.

The slowing growth rate comes as a surprise to many in view of the aging of the baby boom generation. The first boomers will not turn 65 until 2011, however, and their overall impact won't be felt immediately. Most entrants to age-restricted housing, other than active adult communities, are in their mid-70s. The average age tends to be 79 or 80. According to ULI's *Seniors' Housing and Care Facilities*, "on average, residents enter independent-living units at 78.8 years of age, assisted living or personal care at 83.7 years of age, and nursing care at 84.2 years of age." Most providers confirm these ages. The baby boomers won't reach age 75 until 2021.

The generation reaching retirement age during the next decade was born during the depression and early part of World War II. These were periods of comparatively low birth rates, although births began to increase by the 1940s. This comparatively small age group is the one that will need to be housed in the next 10 to 20 years. Of course, major changes in longevity, such as those generated by major advances in cardiology in the 1980s, could change the forecasts.

Change in the Senior Population and Age 65+ Share of County Population

Age Group	1990	2000	2010	2020
Percent Change -Total Age 65+		36.2%	20.6%	16.6%
Percent Change -Total Age 75+		66.0%	17.6%	12.1%
Percent of Total County Population	9.7%	11.7%	12.8%	14.1%

Source: Montgomery County Department of Park and Planning, Round 6.2 Forecast, 1990 U.S. Census, January 2001.

The forecasts indicate that Montgomery County's senior population will grow by 20,600 persons between 2000 and 2010. To continue to serve the percentage of the population that is currently served, the County will need new age-restricted housing units for 1,750 persons, or approximately 175 additional persons each year. To increase the proportion served to 10 percent, units for 2,060 persons are needed during the 10-year period, and to serve 15 percent, units for 3,090 persons are needed.

These estimates of persons who need senior housing do not translate directly to the number of units needed for all senior housing types. For group homes and assisted living, an assumption of one person per unit or one per bed is essentially correct as such occupancy is typical of these facilities. For independent living, the average household size is more than one

person. The 1997 Census Update Survey reports an average household size for households headed by someone age 75 to 84, a large proportion of the age-restricted housing population, of 1.67 persons. Discussions with providers and a review of the literature indicate a somewhat lower household size in senior housing facilities of approximately 1.2 to 1.35 persons per household. Adjusting the forecast growth in population to reflect the current ratio of independent living facilities to assisted living facilities and adjusting for the share of multiple person households, **the County would need almost 1,500 additional age-restricted units by 2010 to maintain the current ratio of units to population. It would need about 2,700 units to increase the supply to serve 15 percent of the population.**

Construction of an average of about 150 units per year would increase the current supply of age-restricted housing, excluding nursing homes and active adult communities, from the current 8,461 units to just under 10,000 units by 2010. Current gaps in the supply, such as too few assisted living units for low-income households and too little middle-income senior housing, could justify an increase of another 500 to 1,500 units specifically targeted to underserved segments of the population.

In short, the County needs an average of 200 to 250 new senior housing units each year for the next 10 years to accommodate both growth and the need to accommodate underserved segments of the population.

The majority of the new units would probably be occupied by households or individuals aged 75 or older. As the table shows, this group is growing at about the same rate as the total population of persons aged 65 and older through 2010, the period of this estimate of need. Growth of this segment of the population is expected to slow after 2010 so that need for senior housing may also slow at that time. If new senior housing serves primarily, but not exclusively, households aged 75 and older, the additional 1,500 units would serve 10 to 15 percent of this age group and 3 to 5 percent of those between 65 and 74. Based on the literature and local experience, these appear to be realistic expectations.

These calculations assume the current distribution of 70.4 percent independent living and 29.6 percent assisted living units for all senior housing except active adult and nursing homes. The current distribution is used because, while age and income data are available, recent data regarding frailty or difficulty with activities of daily living are not available at this time. Group homes are treated as assisted living. The independent living population is adjusted by 1.28 to determine the number of units needed considering the number of multiple person households.

A frequent question is whether the County offers sufficient units to serve not only its own residents as they age but also the parents of current residents. Providers report that a large proportion of their residents, 20 to 50 percent in some cases, are parents of adult children moving to be near their children. The demographic model that is used to generate forecasts of population by age and sex includes Census Update Survey mobility rates by age and sex. The model was used as part of the Round 6.2 forecasts. As a result, **staff's analysis relies on this forecast to account for probable in-migrants as well as current residents.**

The estimates of need in this report are slightly lower than those quoted in the County Council’s November 9, 2000 memo. Since staff’s earlier estimate of 3,000 units to serve 15 percent of the population, approximately 325 units have been built. These include 281 independent units at Riderwood Village and 44 assisted units at Marion Assisted Living. In addition, staff’s research for this report, especially the comparisons with similar counties, leads to a slightly more conservative estimate of need.

Income Characteristics

Along with health and personal preference, income is a critical factor in determining if an older household will move to age-restricted housing. Low- and very-low-income households, who need or want to move may have very few choices. In a study of need for senior housing,⁹ ZA Consulting, LLC, suggests that the capture rate for very-low-income households may be as high as 50 percent. If a spouse dies, if current living arrangements are not adequate, deep subsidy senior housing may be the only choice. 1997 Census Update Survey household income data for households with incomes below \$20,000 provide an estimate of the size of this group, 8,382 households. This estimate is based as closely as possible on current HUD income standards for HUD sponsored programs. (Census Update Survey data is collected in \$5,000 intervals.) Current HUD standards for Section 8 very-low-income households at or below 30 percent of the area median family income are \$16,950 for one-person households and \$19,350 for two-person households.

1996 Household Income by Age,
Households Headed by Persons Age 65 and Older, Montgomery County

Income	Ages 65 -74	Ages 75 –84	Age 85 and Older	Total
Less than \$20,000	3,185	3,378	1,819	8,382
\$20,000 - \$39,999	7,168	5,263	2,196	14,627
\$40,000 – 89,999	14,470	8,800	2,072	25,342
\$90,000+	7,805	3,154	699	11,658
Total	32,628	20,595	6,786	60,009

Source: 1997 Census Update Survey, Montgomery County Department of Park and Planning, Research and Technology Center, January 2001.

Low-income households, those with incomes of \$20,000 to \$40,000, again based as closely as possible on HUD standards, have a few more choices. Most can afford market rents in some non-age-restricted rental housing as well as senior housing produced by a variety of programs, currently led by the low-income housing tax credit program. HUD standards for Section 8 very low income are \$28,200 for a one-person household and \$32,250 for a two-person household. Section 8 low-income limits are \$35,150 for one person and \$40,150 for two.

Translating income and senior housing supply data into need for units by type and income level served is challenging. A review of County data and need studies by three major consulting firms yields four different tallies of housing and population for four slightly different income ranges. Difficulties in determining need from a financial perspective include:

⁹ “Market Factors Impacting the Success of a Proposed Elderly Housing Community, Montgomery County Maryland,” October 2000.

- **Affordable housing projects are often financed with a package of federal, state, and local programs** that may include direct subsidies, subsidized financing, and other mechanisms, **as well as private subsidies from nonprofit organizations or a mixed income approach** that allows market rents to subsidize affordable ones. Thus, units within one project may be targeted for different groups, and the project may be structured to several income levels rather than one.
- **Income data for households are readily available.** Computing the number of households headed by a person age 65+ in a given income range is not difficult. **Information about other financial resources are difficult to obtain, however.** Data is not readily available:
 - **About older persons who live in households with a younger head,** whose individual income may be much lower than the total household income, and who would benefit from senior housing.
 - **About assets,** such as the value of owned housing that could be used to meet senior housing costs.
 - **About potential financial assistance from adult children**
- **Assumptions are required to determine the distribution of need by level of care,** since hard information about difficulty with activities of daily living is limited.

This study addresses these challenges by dividing income and senior housing into three basic financial categories: very low income, low income, and market rate. Although there are exceptions, housing built through the Section 8 and 236 programs and housing owned by HOC is considered very low income. Such housing is expected to serve primarily households with incomes below \$20,000. Housing built with tax credits or revenue or other subsidized bond funding is considered low-income housing and serves households with incomes of \$20,000 to \$40,000. The remaining facilities are considered market rate and serve households with incomes of \$40,000 or more.¹⁰

Housing industry sources generally agree that the County's current supply of assisted living facilities is sufficient to serve current needs for market rate units. Consequently, this study expects that the percentage of senior adults served to remain fairly stable and growth in demand to be limited to the increase in the population of persons aged 75+, the group primarily served by this housing type. **Because below market assisted living resources are comparatively scarce, an increase of at least 100 units is currently needed to provide adequate assisted living for low- and very-low-income households.** More units will be needed in the near future to keep pace with the growth of this population. The constraint is the difficulty of financing this care-intensive housing. Construction financing is only one hurdle for

¹⁰ These decision points were determined with the assistance of Department of Housing and Community Affairs staff.

such facilities; on-going operating costs are also often beyond the ability of residents to afford as well.

Independent living facilities for both very low-income households and affluent households are reasonably plentiful, although not overbuilt. New units will be needed to accommodate growth in these populations and the current market appears capable of absorbing a moderate increase in the supply. The scarcities in independent units seem to fall primarily in facilities priced for low-, moderate-, and middle-income households. Currently approved and proposed low-income housing tax credit projects¹¹ are expected to provide 502 units for low- to moderate-income households. These facilities will probably accommodate much of the unmet demand both now and in the near future. Facilities such as Riderwood Village are designed to provide units for middle-income households, those with incomes in the range of \$40,000 to \$80,000. Such complexes expect that their new households will use the proceeds from the sale of their current residence to help finance senior housing. On the whole, serving even middle-income households with new construction is difficult because of the high costs involved. The requirement in the Zoning Ordinance for an affordable or MPDU component in each new facility addresses part of this need.

This table adds support to the perception of need to serve more households at the upper end of the low-income range. This group's current share of the County's housing supply is much smaller than their share of

Distribution of Population and Senior Housing Units by Income Range

Income Range	Distribution of Households Head Age 65+ 1997	Current Units for the Elderly (Not including nursing homes and group homes)
Less than \$20,000	14.0%	17.2%
\$20,000 - \$40,000	24.4%	10.7%
\$40,000 +	61.7%	72.1%
Total	100.0%	100.0%

households. The very low-income share of senior housing is primarily independent living and appears reasonably sufficient to meet this population's high level of need. It does not fully address need for assisted living for this income category. The market rate population also appears well served, but a review of current prices indicates that the most affluent have many more choices than those at the lower end of the range.

Waiting lists

The degree to which prospective residents must wait for appropriate housing units is one of the best indicators of need for senior housing. A consultant study reports generally modest or no waiting lists for most senior housing types. The report by the Robert Charles Lesser Company, dated December 2000, shows that four of the nine CCRCs and market rate independent living facilities surveyed had no waiting list and five had lists typically requiring a wait of a year or less.

¹¹ These projects include the Oaks at Gaithersburg, the Traville site, Hampshire Village, and Victory Terrace in Potomac.

Among 17 assisted living facilities, 7 had no waiting list, while 9 reported a list but did not specify probable length of the wait. Of those with a waiting list, 3 reported demand for specific types of units, small one-bedroom units in one case and large apartments in the other two. The proportion of assisted living facilities with and without a list was about the same whether the facility offered market rate or subsidized units.

The Lesser study reported longer waiting lists for some of the 17 below-market independent living facilities surveyed. Only one did not have a waiting list. Ten had lists of less than two years, 4 reported waits of 2 or 3 years, and 1 did not specify length of the wait. Two reported their lists in terms of numbers of households on the list, one said 50, the other 20.

In addition, HOC reports a waiting list of 653 persons in March 2001. While this list is long, it has been much longer in the past. In fact, current lists are generally shorter than in recent decades. At some points in the 1980s, anecdotal reports of waits of 5 to 10 years were not uncommon.

For market rate units, a waiting list is often an interim step for households that believe they should move but are not quite ready. Many feel better have their names on the list but are not really ready to move.

The waiting lists support the conclusion that the senior population is reasonably well served, but that there is capacity to absorb some additional units. The strongest demand appears to be for below-market-rate independent living units.

Zoning Implications

Policy analysis

The diversity of the growing senior market makes it difficult to develop a single solution to senior housing. Both consumers and providers need flexibility to choose and create desired housing. Seniors overwhelmingly say they want to stay in their own homes and neighborhoods. Many of them can achieve that, and if they enter senior projects it is as older and frailer residents. Others enter age-restricted housing at an early stage of life in search of comfort, companionship, and security.

Flexibility is also needed within individual projects to provide a mix of housing, social services, and medical care. Many providers have responded to the diverse demands by specializing in one type of project. For example, Riderwood Village provides a mix of independent and assisted living, with a nursing component. Other projects are smaller and focus exclusively on one or two types of care.

Given community wariness about new development, it is worth noting that seniors prefer projects with a residential profile—ones that are compatible with surrounding residential neighborhoods. The balancing act for providers and reviewers comes between creating a project with a residential profile and one large enough to generate economies of scale.

Developing elderly housing faces a number of challenges: an expensive and potentially contentious development process, a market that is a moving target, and a complicated mix of services and building types.

From the County's point-of-view, elderly projects are clearly needed, especially for lower- and even middle-income residents; however, they must be balanced against other community needs, the integrity of residential neighborhoods, and general land use policies.

Developing anything in Montgomery County is an expensive and potentially contentious effort. The upfront costs range from hundreds of thousands to a million dollars, and are an expense without a guaranteed positive outcome. These costs can be a deterrent to some providers and will force others to raise their prices. As with any type of development, high costs make it difficult to build lower cost non-profit projects. The County must balance the degree of review, length of public hearings, and staff leeway, remembering that more review leads to higher final prices.

One goal of this analysis was to attempt to divide the physical characteristics of senior housing into discrete categories. For example, to say that assisted housing facilities range from a certain number of units on a certain-sized site in a building of so many square feet over so many stories. However, as the trends show and as staff learned in talking with providers, senior housing is not a static product. Developers make variations nationwide to respond to market and community standards, but they also make local variations, adapting to the surrounding community, site characteristics, and available financing.

It is clear that a single housing type in each category is not the norm. Even showing averages hides the wide variation in size and services of facilities in the County.

From staff discussions with providers, it appears that the project profile is driven by local demands and land availability as much as by the product the developer is used to building. Providers enter a community asking not what the community needs, but whether the community can sustain one of their projects.

It is clear that providers work from a service prototype as well as a building prototype. For example, representatives of Riderwood Village explained that their life care villages are combinations of independent and assisted living, with a component of skilled nursing care, arranged in what they call "neighborhoods." By contrast, Victory Housing, a non-profit provider affiliated with the Catholic Archdiocese, builds generally smaller projects on donated church property, enabling them to keep land costs low and to become part of the parish community.

A diverse, expanding, and aging senior market needs different services as they age, and of course, individuals have lifestyle preferences they seek to meet. The County needs to provide flexibility in allowing large and small projects since they each provide different services. Their location will vary as well.

Most seniors express a desire to stay in their own homes and neighborhoods as they age. While that is not always possible, a comfort level may be provided by a facility in their own neighborhoods. The County must judge the value and impacts of senior facilities of varying scale in a given neighborhood. An objective look at their real operation and building profile must be undertaken.

On its side, the County must continue to balance needs and resources among all County residents, preserve the integrity of existing communities, and strive to create connected, safe, and convenient communities.

Zoning analysis

This study finds that there is a need for moderate but steady growth in the number of senior housing units in the County. This finding leads to a review of whether current Zoning Ordinance provisions allow for a sufficient amount of housing in appropriate locations in a cost effective manner. Some of the issues are:

- Is there sufficient zoning in appropriate locations?
- Does the zoning permit the kinds of products preferred by prospective residents and the industry?
- Is the approval process too easy, too difficult, about right?
- Does the approval process adequately protect the neighbors of a site?

At present, special exceptions for housing and related facilities for elderly or handicapped persons, group homes, life care (continuing care) facility, and nursing home or domiciliary care home are the vehicles for obtaining land use and zoning approval for most senior housing. In addition, housing and related facilities for the elderly, primarily independent living, is a permitted use in several mixed use zones, including optional method CBD Zones, PD Zones, TR-R, TS-M, and MXPD. Life care and nursing home/domiciliary care home are also permitted in optional method CBD Zones. Nursing home/domiciliary care home is permitted in standard method development in CBD Zones, TS-R, and TS-M, as well as optional method CBD Zone development. Most recent assisted living facilities are approved as special exceptions for nursing home/domiciliary care home. This was made possible by an amendment to the Zoning Ordinance in 1997.

Zoning provisions for senior housing are currently under review as part of the Zoning Ordinance Rewrite. The findings of this needs study support fine-tuning these provisions but do not suggest radical changes. The greatest challenge is to address the issues that cause some special exception applications to be very controversial and expensive. In such cases, neighborhoods feel threatened and the difficult approval process raises costs for residents if the project is built. As the baby boom generation reaches the age for senior housing, providing units will be an increasing challenge. Everyone could benefit from zoning mechanisms that would provide the housing more automatically in appropriate places, while protecting the greater community.

In the short term, the Zoning Ordinance Rewrite focuses on three alternate approaches for senior housing built as housing and related facilities for elderly or handicapped persons. These are 1) designate senior housing as a permitted use in multi-family and mixed-use zones, 2) provide a zoning alternative to the special exception for large projects, and 3) strengthen compatibility standards in one-family zones.

Special exception requirements for group homes and nursing home/domiciliary care home have been amended comparatively recently. Since these amendments, these special exceptions have raised few community concerns that could not be resolved reasonably smoothly. In fact, recent Board of Appeals opinions report no community opposition to several special exceptions for assisted living approved as nursing home/domiciliary care home special exceptions. Since these special exceptions seem to be functioning quite well, the Rewrite proposes very few changes to them. The only recommendation is to apply the new general development standards to these uses. The life care special exception option is 11 years old but has only been used once. Recommended changes to it remove conflicts with State law and improve internal operations.

The four questions listed earlier apply primarily to housing and related facilities for elderly or handicapped persons. The answers and implications include:

- **Is there sufficient zoning in appropriate locations?** Senior housing may be built either by right or by special exception in almost every residential or mixed-use zone. In theory, this means that almost all of the vacant or redevelopable residential land in the County is available for senior housing.

Even considering size, there are many possibilities. Most of the County's rental senior communities are located on comparatively modest 3- to 5-acre parcels. Such parcels are reasonably available.

The primary difficulty is an apparent scarcity of appropriate sites at affordable prices. Cost is a major factor for this type of development. Unfortunately, desirable sites tend to be very expensive. Multi-family and mixed-use land can be particularly costly. Less desirable locations, either because they are too far from the population they will serve or because they are interior to neighborhoods, may be less expensive but create more compatibility issues with their neighbors and may not be convenient to their markets.

Sites in one-family zones are appropriate for this residential use, but such sites often generate the most community concern. Multi-family locations are rarely controversial, but multi-family zoning is limited and land prices for existing parcels tend to be very high. This is part of a larger problem in the County, affecting young families as well as the elderly. The scarcity of apartments and apartment land is resulting in rising rents and extremely low vacancy rates. The Planning Board suggests that this issue needs to be broadly addressed. Any solution should consider the needs of senior housing as well as housing for younger households.

One type of location that is currently not available for senior housing is land in commercial and industrial zones. While some of these locations may be inappropriate for housing due to noise, type of activity, isolation, character of the area, and similar conflicts, other sites may be very appropriate for this purpose and comparatively affordable.

- **Do the zoning provisions permit the kinds of products preferred by prospective residents and the industry?** Judging from the wide variety of senior housing types available in the County, zoning is not an impediment to developing up-to-date projects. Existing facilities include one-story villas, plexes, garden apartments, mid-rise, and high-rise buildings. Building heights range from 1 story to 16 stories and every height in between. Facilities include single building and multiple building campus style configurations. Difficulties in receiving approval for a desired product type tend to arise from compatibility issues and are not inherent in the provisions of the Zoning Ordinance.

At this time, there does not seem to be consensus on the ideal product type. One provider prefers a certain configuration, another builds a different style. The one major trend reported by the literature and local providers is the market's preference for larger units. Even in low- to moderate-income Low Income Housing Tax Credit projects, providers find a strong preference for two-bedroom units. This appears to be as true for one-person households as for two-person households. In many cases, the second bedroom is used as a study, hobby room, or guest room. New projects often find smaller units lease much more slowly. Current zoning regulations accommodate larger units. However, larger units make achieving compatibility more difficult because they translate to larger, more massive buildings. They also require more land and create higher costs.

Another local trend is the popularity of one-story villas. These absorb very quickly. Again, they are easily accommodated by the zoning regulations and are comparatively compatible neighbors in one-family areas. However, they require more land and are generally more expensive.

- **Is the approval process too easy, too difficult, or about right? Does the approval process adequately protect the neighbors of the site?** To some degree the answer depends on your point of view. Neighbors may find the process too easy because some projects are approved that they oppose. The industry finds it too difficult. Compared to many other land uses, special exceptions are comparatively difficult and time-consuming. Several recent cases have involved Board of Appeals hearings of seven or more days spread over a period of months. Several recent cases have been appealed to the Circuit Court.

The Zoning Ordinance Rewrite seeks to reduce the number of cases requiring a special exception in two ways. It recommends making senior housing a permitted use in multi-family and mixed use zones, since there are typically few, if any, compatibility issues for this use in these areas. It also recommends amending the PRC Zone to accommodate projects on 25 acres or more through this floating zone rather than a special exception.

The rewrite also hopes to reduce compatibility issues in one-family zones by adding a green area requirement, reducing potential building height, and imposing the new general development standards that regulate parking lots and other site issues. By addressing these potentially controversial issues through the regulations, the rewrite intends to speed the process and provide all parties with clearer standards for frequently contested elements of potential projects.

Possible New Directions

The Planning Board Chairman asked that staff evaluate how property could be set-aside for senior housing in new developments. He suggested that senior housing could be provided as an addition to existing approved densities, possibly when preliminary plans are approved.

Staff has considered several ways to address senior housing in master plans and provide that property be set aside for senior housing. Further work is needed to determine which approaches are most appropriate and how they could be implemented.

1. Include a discussion of senior needs and housing in each master or sector plan.

Benefits: The text would provide a general guide to meeting senior needs. The text could vary as necessary to address housing and other senior issues for each plan area. The proposed Montgomery County Housing Policy supports this approach.

Concerns: A specific discussion of senior needs may not be appropriate for some plans, such as those that focus on a particular issue or where a very small area is being addressed. There may be other topics that should be specifically addressed in master plans, such as needs of children or new immigrant communities. Such additions could be contrary to current policy to streamline master plans.

2. Recommend that specific sites or areas (with a floating symbol) be identified for senior housing in each master or sector plan. Such sites could reflect the specific circumstances of each area, as reflected in the six master plans that have identified specific sites for senior housing. Senior housing could be provided by either private or public organizations.

Benefits: Master Plans already recommend sites for schools, parks, and roads. Specific identification of sites within a master plan can document the need to provide senior housing, thereby providing a basis for support in a new development. The use of a specific site for senior housing can be debated and resolved as part of master plan guidance.

Concerns: Opponents may use the designation of one site for senior housing as a basis to oppose other “non-designated” locations. If either specific sites or floating areas are identified, the plan should clearly state that other sites might also be

appropriate. Several mechanisms for setting aside specific properties for senior housing are discussed in number 3 to 7 below.

- 3. Require reservation of property for public purchase for new senior housing developments, when preliminary plans are approved.** Reservation could be required for developments in excess of a minimum number of dwelling units. Either a master plan or a special housing study would need to identify locations or areas that should have senior housing. Public agencies, such as the Housing Opportunities Commission, would then have up to three years to decide whether to purchase the property to use for senior housing. Current Subdivision Regulations for Reservation and Dedication may be found in Appendix G.

Benefits: In large-scale projects, land is available when public or private organizations are ready to provide senior housing. The property owner generally is assessed at a lower property tax rate while the property is in reservation.

Concerns: Public agencies may not be prepared to purchase private property within the three-year reservation period. Area residents may be concerned that additional density is being approved for a particular area.

- 4. Amend the Zoning Ordinance to provide a density bonus in exchange for set aside of land to provide for future senior housing needs.** For smaller projects, payment of fees to a senior housing fund may be more appropriate. The experience and mechanisms associated with the MPDU program may be helpful.

Benefits: Private property owners may respond to specific incentives written into the Zoning Ordinance and applied equally to all eligible developments. Land would be available when owners determine that senior housing is desirable as a future part of their development.

Concerns: Some existing communities may believe that there would be negative impacts from the additional density.

- 5. Require dedication of property for public use for new senior housing developments, when preliminary plans are approved.** Dedication involves placement of part of a property into public ownership for purposes of public use, to be recorded on a plat.

Benefits: In large-scale projects, land is available when public or private organizations are ready to provide senior housing.

Concerns: However, given the usual youthful demographics of new development, it would not be possible to establish a nexus to demonstrate a need for land to serve a senior population. If need for senior housing does not occur in a reasonable period of time, developers may not achieve expected density. The Area residents may also be concerned about the potential for additional density in a particular area.

6. Encourage developers of large subdivisions to provide senior housing, as part of the project.

Benefits: This is the least complicated, least expensive method of achieving an adequate supply of senior housing. It can be advantageous to the developer as well as the community.

Concerns: The market for senior housing may not develop until many years after the community is built. This is especially true for projects oriented to young families who will not need senior housing for years and whose parents are often too young for this housing. Thus, the developer may not want to hold land for use much later.

7. Arrange for public purchase of appropriate sites in large subdivisions. The public agency, which could be Park and Planning, could then transfer the property to an appropriate provider.

Benefits: This is a very straightforward, businesslike approach.

Concerns: Funding for such an initiative would compete with other public goals and could be difficult to obtain.

Conclusion

This study shows that the County is neither overbuilt nor experiencing substantial unmet demand for senior housing. In fact, the County seems close to an appropriate supply of this housing. In the short term, it could probably accommodate a moderate increase in the number of units in certain categories, and it will require steady growth to meet future needs. On the whole, the County has a good mix of levels of care and income levels served. There are gaps, however, especially assisted living for low- and very low-income persons and independent living for low- and moderate-income households.

Recommendations

1. Adopt the changes for senior housing proposed in the Zoning Ordinance Rewrite.
2. Consider permitting senior housing by right in commercial and industrial zones.
3. Address the need for additional land for multi-family housing from a broad perspective that considers the need for senior housing as well as housing for younger households.
4. Support construction of an average of 200 to 250 new units of senior housing each year to accommodate growth in this population. Give special attention to underserved segments of the population.
5. Explore mechanisms to set aside land in large new subdivisions for development as senior housing at the appropriate time with no loss of non-age-restricted density.

6. Encourage appropriate public and private sector entities to provide sufficient support to older households who prefer to remain in non-age-restricted housing to recognize this preference of a large segment of the senior population.
7. Consider providing property tax relief to very long-term residents to allow them to remain in their current homes with recapture of lost revenue when the property is sold.
8. Address senior housing needs in most master plans.

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Appendices

Council Resolution

Appendix B

Housing for the Elderly in Montgomery County

Updated March, 2001.

Complex	Type	Number of Units:				Meals	Planning Area	Address	Lot Size in Acres
		ILU	Asst.	Nursing					
Market Rate Rental									
Aspenwood	Market	116	21	0	yes	Aspen Hill	14400 Homecrest Road	5.41	
Charter House	Market	172	33	0	yes	Silver Spring	1316 Fenwick Lane	0.63	
Classic Residence	Market	318	22	0	yes	BCC	8100 Connecticut Avenue	7.90	
Gardens at Kentlands	Market	219				Gaithersburg	217 Booth Street	3.98	
Kensington Park*	Mixed Inc.	61	104	0	yes	Kens-Wheaton	3620 Littledale Road	8.21	
Oaks at Four Corners*	Mixed Inc.	120	0	0	yes	Four Corners	321 University Blvd, W.	5.66	
Ring House*	Mixed Inc.	210	37	0	yes	Rockville	1801 E. Jefferson	9.91	
Sunrise at Village House*	Market	90	80	0	yes	Gaithersburg	19310 Club House Road	3.24	
Total market rental		1,306	297	0				39.53	
Subsidized (without meals)									
Bauer Park Apts.	Subsidy	142	0	0	no	Aspen Hill	14635 Bauer Drive	3.88	
Bethany House	Subsidy	258	0	0	no	Rockville	199 Rollins Avenue	3.52	
Forest Oak Towers	Subsidy	175	0	0	no	Gaithersburg	101 Oden'hal Avenue	3.20	
Franklin Apts.	Subsidy	183	0	0	no	Takoma Park	7620 Maple Avenue	1.50	
Heritage House	Subsidy	99	0	0	no	Rockville	95 Dawson Avenue	2.30	
Randolph Village	Subsidy	130	0	0	no	White Oak	531 Randolph Road	10.42	
Rebecca Apts.	Subsidy	102	0	0	no	Kens-Wheaton	10920 Connecticut Avenue	2.34	
Town Center	Subsidy	112	0	0	no	Rockville	90 Monroe Street	0.64	
University Gardens	Subsidy	64	0	0	no	Four Corners	440 University Blvd. E.	2.08	
Total subsidized without meals		1,265	0	0				29.88	
Subsidized (with meals)									
Arcola Towers	Subsidy	140	0	0	limited	Kemp Mill	1135 University Blvd. W.	3.25	
Elizabeth House	Subsidy	160	0	0	opt. lunch	Silver Spring	1400 Fenwick Lane	0.50	
Holly Hall	Subsidy	96	0	0	opt. lunch	White Oak	10110 New Hampshire Ave.	4.35	
Homecrest House	Subsidy	235	42	0	yes	Aspen Hill	14514 Homecrest Road	9.25	
Lakeview House	Subsidy	152	0	0	opt. lunch	Potomac	10250 Westlake Drive	2.93	
Leafy House	Subsidy	179	0	0	yes	Kens-Wheaton	10000 Brunswick Avenue	3.93	
Revitz House	Subsidy	250	0	0	yes	N. Bethesda	6111 Montrose Road	26.81	
Springvale Terrace*	Market	119	156	0	yes	Silver Spring	8505 Springvale Road	2.67	
Takoma Tower	Subsidy	165	22	0	yes	Takoma Park	7051 Carroll Avenue		
Waverly House	Subsidy	156	0	0	opt. lunch	BCC	4521 East West Highway	0.69	
Total subsidized with meals		1,652	220	0				54.38	
Total subsidized		2,917	220	0				84.26	
Assisted Living (no independent)									
Kingshire Manor/Adventist	Market	0	50	120	yes	Gaithersburg	9701 Medical Center Drive	5.76	
Bartholomew House*	Mixed Inc.	0	30	0	yes	BCC	6904 River Road		
Brighton Gardens - Bethesda	Market	0	120	20	yes	N. Bethesda	5550 Tuckerman Lane	2.12	
Brighton Gardens - Friendship Hqts	Market	0	132	0	yes	BCC	5555 Friendship Blvd.	1.70	
Brooke Grove Foundations (7 group)	Market	0	105	148	yes	Sandy Spring	Hickory Knoll Road		
Byron House*	Mixed Inc.	0	30	0	yes	Potomac	9210 Kentsdale Drive	12.80	
Marian Assisted Living*	Mixed Inc.	0	44	0	Yes	Olney	19109 Georgia Avenue	22.98	
Mary's House*	Mixed Inc.	0	15	0	yes	Rockville	600 Veirs Mill Road		
Raphael House*	Mixed Inc.	0	30	0	yes	Rockville	1515 Dunster Road		
Springhouse at Westwood	Market	0	62	0	yes	BCC	5101 Ridgefield Road	2.15	
Springhouse of Bethesda	Market	0	92	0	yes	BCC	4925 Battery Lane	1.15	
Springhouse of Chevy Chase	Market	0	130	0	optional	Silver Spring	2201 Colston Drive	2.26	
Summerville	Market	0	100	0	yes	Potomac	11215 Seven Locks Road	3.73	
Sunrise Assisted Living Rockville	Market	0	89	0	yes	Rockville	8 Baltimore Road	1.17	
Total without independent		0	1,029	288					
CCRC or Life Care									
Asbury	CCRC	770	300	285	yes	Gaithersburg	201 Russell Avenue	54.00	
Bedford Court	CCRC	215	76	60	yes	Aspen Hill	3701 International Drive	6.33	
Friends House*	CCRC	133	28	52	yes	Sandy Spring	17340 Quaker Lane	49.55	
Maplewood Park Place	Life Care	207	21	28	yes	BCC	9707 Old Georgetown Road	5.55	
National Lutheran Home	CCRC	129	0	300	no	Rockville	9701 Veirs Drive	27.75	
Riderwood Village	Market	281				Fairland	3100 Gracefield Road	38.03	
Total		1,735	425	725				181.21	
Total, all types		5,958	1,971	1,013					

*Includes some units designated for low- or moderate-income households

Notes:

ILU = independent living unit or apartment, both totally independent and congregate.

Appendix C

Group Homes

Complex	Number Of Units	Address	Area
AAA Warmcare of Potomac	8	10301 Gainsborough Road	Potomac
Adventist HealthCare - Manor House at Sligo Creek	14	8301 Barron Street	Takoma Park
Alfred House Eldercare -- Broomall	6	4 Broomall Court	Silver Spring
Alfred House Eldercare -- Cashell	12	18114 Cashell Road	Rockville
Alfred House Eldercare -- Manor Park	5	14519 Manor Park Drive	Rockville
Alfred House Eldercare -- Norbeck	8	5313 Norbeck Road	Rockville
Ammahl Home of Burtonsville, Inc.	7	15721 Allnut Lane	Burtonsville
Ammahl Home for the Elderly, Inc.	11	16700 Batchellors Forest Road	Olney
Arbor Place	15	4413 Muncaster Mill Road	Rockville
Avonlea Retirement Home, Inc	8	17234 New Hampshire Avenue	Ashton
Biltmore House	8	9500 Biltmore Drive	Silver Spring
Bliss Villa	5	1105 East Bourne Place	Silver Spring
Briar Meadow	8	6108 Granby Road	Derwood
Briardale Home	5	16608 Briardale Road	Derwood
Broadmore Home for Seniors	5	13015 Broadmore Road	Silver Spring
Caring Companion	14	11620 Kemp Mill Road	Silver Spring
Carroll Group Home	5	7400 Carroll Avenue	Takoma Park
Cedar Glen	8	16 Pipestem Court	Rockville
Clayton Comfort Care	5	14207 Clayton Strett	Rockville
Clifton Woods Group Home	8	13408 Clifton Road	Silver Spring
Country Living	7	15201 Montevideo Road	Poolesville
The Cresthaven	8	1020 Cresthaven Drive	Silver Spring
Dayspring Senior Home	4	9425 Overlea Drive	Rockville
Dosh's House	11	19114 Frederick Road	Gaithersburg
Dilrani Elder Care, Inc.	8	17411 Conoy Road	Barnesville
Ednor's Elderly Home Care	4	9425 Curran Road	Silver Spring
Elder Companion Home II	8	4 Saddlerock Court	Silver Spring
Gabriel Home	8	12606 meadowood Drive	Silver Spring
Golden Age Retirement Home	7	11332 Rambling Road	Gaithersburg
Golden Years Assisted Living	8	10800 Gulf Stream Court	Damascus
Good Hope Home Care	5	1143 Netherlands Court	Silver Spring
Heritage House I	6	9401 Biltmore Drive	Silver Spring
Heritage House II	8	9515 Lawnsberry Terrace	Silver Spring
Hillwood Group Home	8	Bradley Boulevard	Bethesda
Himalayan Elder Care	5	1909 Alabaster Drive	Silver Spring
House of the Holy Family	5	14000 New Hampshire Avenue	Silver Spring
J & J Home of Ashton	8	17904 Ednor View Terrace	Ashton
Kannan Group Home	8	4110 Heathfield Road	Rockville
Kaur Home	5	7516 Oskaloosa Terrace	Derwood
Kuehner House-Victory Housing	5	23801 Frederick Road	Clarksburg
Natalie House/ Elder Companion Home	8	410 Torrington Place	Silver Spring
Oriri I & II	13	13416 Sherwood Forest Drive	Silver Spring
Our Place - ESM Assisted Living Services	8	13325 Burkhardt Street	Silver Spring
Potomac Group Homes - Andrus House	15	10910 Old Georgetown Road	Bethesda
Potomac Group Homes - Auxiliary House	8	5501 Southwick Street	Bethesda
Potomac Group Homes - Maple Ridge	14	15908 Maple Ridge Court	Rockville
Potomac Group Homes - Rebecca House	15	9910 River Road	Potomac
Saint Mark House	7	6305 Tuckerman Lane	Rockville
Seniors Home	4	6510 Rockhurst Road	Bethesda
Silver Spring Assisted Living Home	8	2305 Falling Creek Road	Silver Spring
Sunshine Home Care, Inc.	8	9713 Inagural Way	Gaithersburg
Trudie's home Senior HealthCare, Inc.	8	428 Northwest Drive	Silver Spring
VMC Group Home, Inc.	7	26209 Johnson Drive	Damascus
Winter Growth, Inc.	14	18110 Prince Philip Drive	Olney
Number of Facilities	43	438	

*Some units designated for low-income residents

Appendix D

Nursing Homes

Complex	Assisted Living?	Total Beds	Address		Area
MONTGOMERY COUNTY					
Adventist HealthCare - Fairland Center		82	2101 Fairland	Road	Silver Spring
Adventist HealthCare - Shady Grove Center	yes	120	9701 Medical Center	Drive	Rockville
Adventist HealthCare - Sligo Creek Center		102	7525 Carroll	Avenue	Takoma Park
Adventist HealthCare - Springbrook Center		99	12325 New Hampshire	Avenue	Silver Spring
Althea Woodland Nursing Home		50	1000 Daleview	Drive	Silver Spring
Asbury Methodist Village-Wilson Healthcare Ctr	yes	285	301 Russell	Avenue	Gaithersburg
Brooke Grove Rehabilitation & Nursing Center	yes	100	18131 Slade School	Road	Sandy Spring
Brooke Grove Foundation - Sharon Nursing Home	yes	48	18201 Slade School	Road	Sandy Spring
CareMatrix of Silver Spring		138	2700 Baxter	Street	Silver Spring
Carriage Hill - Bethesda		108	5215 West Cedar	Lane	Bethesda
Collingswood Nursing & Rehabilitation Center		160	299 Hurley	Avenue	Rockville
Forest Glen Nursing & Rehabilitation		138	2700 Barker	Street	Silver Spring
Fox Chase Rehab and Nursing Center		78	2015 East West	Highway	Silver Spring
Friends Nursing Home		82	17340 Quaker	Lane	Sandy Spring
Hebrew Home of Greater Washington		558	6121 Montrose	Road	Rockville
Holy Cross Rehab & Nursing Center		129	3415 Greencastle	Road	Burtonsville
Layhill Center - Genesis ElderCare Network		129	3227 Bel Pre	Road	Silver Spring
ManorCare - Bethesda (Fernwood)		100	6530 Democracy	Blvd.	Bethesda
ManorCare - Chevy Chase		157	8700 Jones Mill	Road	Chevy Chase
ManorCare - Potomac		148	10714 Potomac Tennis	Lane	Potomac
ManorCare - Silver Spring		130	2501 Musgrove	Road	Silver Spring
ManorCare - Wheaton		102	11901 Georgia	Avenue	Wheaton
Mariner Health Care at Circle Manor		84	10231 Carroll	Place	Kensington
Mariner Health of Bethesda		200	5721 Grosvenor	Lane	Bethesda
Mariner Health of Kensington		165	3000 McComas	Avenue	Kensington
Mariner Health of Silver Spring		158	901 Arcola	Avenue	Silver Spring
Marriott Senior Living - Bedford Court	yes	60	3701 International	Drive	Silver Spring
Marriott Senior Living - Maplewood Park Place	yes	28	9707 Old Georgetown	Road	Bethesda
Marriott Senior Living - Brighton Gardens of Tuckerman	yes	41	5550 Tuckerman	Lane	Bethesda
Medlantic Manor at Layhill		100	2601 Bel Pre	Road	Silver Spring
Montgomery Village Care & Rehabilitation Center	yes	140	19301 Watkins Mill	Road	Montgomery Villag
National Lutheran Home		300	9701 Veirs	Drive	Rockville
Potomac Valley Nursing & Wellness Center		175	1235 Potomac Valley	Road	Rockville
Randolph Hills Nursing Center & Adult Day Care		112	4011 Randolph	Road	Wheaton
Rockville Nursing Home		100	303 Adclare	Road	Rockville
Sharon Nursing Home		48	18131 Slade School	Road	Olney
Suburban Hospital - the Pavilion		30	8600 Old Georgetown	Road	Bethesda
Washington Adventist Nursing & Rehabilitation		102	7600 Carroll	Avenue	Takoma Park
Woodford Nursing Home		52			Silver Spring
Woodside Center - Genesis ElderCare Network		92	9101 Second	Avenue	Silver Spring
Total Facilities and Beds		41			5,030

Appendix E

Proposed Housing for the Elderly

Complex	Type	Number of Units:			Total Owner	Status	Planning Area
		ILU	Asst. Nursing				
Andrew Kim House	Independent	76			76 Victory Housing	Approved	Olney
Brooke Grove*	CCRC	402	64	30	496 Brooke Grove Foundation	Approved	Sandy Spring
Churchill	Mixed	220	80		300 Oakwood Properties	Approved	Germantown
Friends House Addition	Independent	90			90 Friends House	Approved	Sandy Spring
Oaks at Gaithersburg		76			76 First Centrum	Approved	Gaithersburg
Glenmont House/Independence @ Priva	Independent	122			122	Approved	Glenmont
Great Oaks/Silver Oaks/Riderwood**	Mixed	734	0	0	734 Senior Campus Living	Approved	Fairland
Hampshire Village	Mixed	120	30		150 Stavros/Victory Housing	applied SE	Aspen Hill
Heartlands @ White Oak	Assisted		84		84 Constellation-Heartlands	Approved	White Oak
Mapleridge at White Oak	Assisted		105		105 Marriott Senior Living Services	Approved	White Oak
Meadow Ridge Senior Villas	Independent	33			33 National Seniors Housing Corp.	Approved	Gaithersburg
Newbridge	Independent	76			76 Victory Housing	Approved	Potomac
Traville (First Centrum)	Independent	230			230 First Centrum		Potomac
Willowbrook	Assisted		120		120 Eldercare Inc.	Approved	Fairland
Total - Montgomery Only		2,179	483	30	2,692		

*Units are in addition to existing nursing home beds and group quarters

In addition the Board of Appeals has approved 5 group homes with a total of 73 beds in the last 5 and one-half years.

Source: Montgomery County Planning Department, Office of Landlord-Tenant Affairs, January 2001.

**Appendix F
Housing in Master Plans**

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
			<p>Bold: sites recommended in Master Plans.</p> <p>Other <u>potential sites:</u> for senior housing, but not so identified in Master Plans.</p> <p>Site are privately owned unless otherwise noted.</p>
Preservation of Agricultural & Rural Open Space, 1980	No specific reference.	No guidelines or recommendations for senior housing.	
Aspen Hill, 1994	“The Elderly,” p. 188 – identifies existing residences, need for affordable rental units, and encourages accessory apartments	Two specific sites recommended on page 42. Supports location with easy access to community facilities and services.	<p>1. Norbeck Rd. (@ Bailey’s Ln.) – 16 acre Site #5 for affordable senior housing; SE application for 130 independent living and 30 assisted living units.</p> <p>2. Leisure World – 18 acre Site #6 for up to 219 senior units, with 40 MPDUs; built as 85 DUs, with 11 MPDUs.</p>

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
Bethesda CBD, 1994	“Facilities for the Elderly”, p. 212 – recognizes need to age in place, lack housing for service workers. Provide senior day care services.	Provide assisted care facilities; up to 25% of new housing be designed for seniors.	<u>Potential sites:</u> 1\2. mixed-income housing on two public properties: Garage 35 on Woodmont Ave. and Lot 36 on Del Ray Ave. – p. 97. 3. housing on public Lot 31, p.134. <i>All publicly owned by parking district</i>
Bethesda-Chevy Chase, 1990	“People Needs, Elderly Population”, p. 154 – addresses senior centers and adult day care, homeowner assistance, age in place.	Recommendations, p 26 – smaller projects of 50 units or less possible on a large number of sites.	Chevy Chase Lake area, p. 43 – 18.5 acre site at Jones Bridge & Connecticut Ave. (SEquad) for up to 140 units of Elderly or Life Care Housing; built for 49 single family detached houses.
Boyd's, 1985	No specific reference.	No guidelines or recommendations for senior housing.	
Capitol View, 1982	Refers to Leafy House as existing senior housing, p. 46, 47.	No guidelines or recommendations for senior housing.	
Clarksburg & Hyattstown, 1994	Provide senior day care and other community facilities throughout the area.	Location, p. 167 – Provide senior housing dispersed throughout area, concentrations near public facilities, including transit and shopping.	<u>Potential sites:</u> 1.Clarksburg Town Center 2.New Cut Road Village
Cloverly, 1997	No specific reference.	No guidelines or recommendations for senior housing. Provides guidelines for special exceptions, p. 37.	

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
Damascus, 1982, 1985	No specific reference.	No guidelines or recommendations for senior housing.	<u>Potential site:</u> north of library in center of town.
East Silver Spring, 2000	No specific reference to senior housing. Preserve residential character.	No guidelines or recommendations for senior housing.	<u>Potential site:</u> Police station site on Sligo Avenue, if station is moved, p. 62. <i>County owned</i>
Fairland, 1997	Summary of zoning provisions for senior housing; people will choose to live near activity areas, p. 30.	Identify appropriate locations for housing for seniors, p. 30.	
Forest Glen, 1996	No specific reference.	No guidelines or recommendations for senior housing.	
Four Corners, 1996	No specific reference to senior housing. Preserve residential neighborhoods, p.25	No guidelines or recommendations for senior housing. Guidelines for special exception review.	
Friendship Heights, 1998	No specific reference.	No guidelines or recommendations for senior housing.	
Germantown, 1989	“Elderly – Needs & Facilities”, p. 141 – see growth of senior population.	Senior housing and services will be needed.	Senior housing being built on 7 acres, per Master Plan on Site CH-3, in Churchill Village, p. 53. <u>Potential sites:</u> 1. 2 acre site is reserved in Clopper Mill Village, 2. latter phases of Town Center, and, 3. on MXPDP property in Town Center 5.

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
Glenmont Transit Impact Area, 1997	Senior housing assumed in one project, p. 30.	Glenmont Metrocentre to have 1,500 to 2,000 units; project refers to senior housing, p. 30.	Glenmont Metrocentre is to have one or more buildings for senior residents; there is an approved special exception for senior housing on Layhill Road.
Kensington-Wheaton, 1989	“Elderly Housing and Facilities”, p. 140 – senior population to double, need for supervised housing, and identify current facilities.	Consider publicly owned sites for subsidized senior housing. Promote development of group residents for seniors.	
No. Bethesda, Garrett Park, 1992	“Elderly Housing Facilities”, p. 244 – identifies existing facilities.	Support senior housing through special exception & affordable housing on public land. Locate senior housing & services near transit.	<u>Potential sites:</u> 1. Twinbrook Metro Station, <i>Publicly owned – WMATA</i> 2. Near Giant Food Store, Rockville Pike 3. Grosvenor Village on Tuckerman Lane, S. of Metro station
North and West Silver Spring, 2000	No specific reference.	No guidelines or recommendations for senior housing.	<u>Potential site:</u> National Park Seminary (Walter Reed) <i>Publicly Owned – U.S. Army</i>

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
Olney, 1980	Limited reference to senior housing.	Town Center is a desirable location for senior housing, p. 30. Site recommended in NE quadrant, p. 136.	Recommends senior housing in town center; NE quad site built as townhouses <u>Potential sites:</u> 1. Silo Inn site, say for assisted living. 2. Montgomery General Hospital property across Prince Philip Drive.
Potomac Subregion (Staff Draft), Jan. 2001	“Elderly Housing”, p. 32 – discusses supply, type, and general locations.	1. Provide 100-150 units in next 10-15 years, at various locations. 2. Sites need religious and community facilities, as well as shopping, transportation, and sewer. 3. Give priority to moderate and middle-income housing.	<u>Potential sites:</u> 1. Traville, 230 unit independent living, site plan pending. 2. Victory Housing on Newbridge Dr., 74 unit independent living, SE approved. <i>Publicly owned -- DHCA</i> 3. Darnestown Road, 30 unit independent living, SE pending. 4. SE corner of Seneca & Darnestown Rds.
Sandy Spring/Ashton, 1998	No specific reference.	No guidelines or recommendations for senior housing.	
Silver Spring CBD, 2000	No specific reference.	No guidelines or recommendations for senior housing.	<u>Potential sites, p. 113</u> 1. NOAA Phase 5, 2. Bonifant site, <i>Public -- DHCA</i> 3. Triantis site on Wayne, 4. Former Industrial Photo 5. 8711 Georgia Av.

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
Silver Spring CBD, 2000 - Continued			<u>Potential sites</u> , map on p. 113 includes: 6. Roeder Rd. at Ellsworth, 7\8. Pkng Lots 3&21 <i>Publicly owned – Parking District</i> 9. Gramax Building, 10. Blair Park infill.
Shady Grove Study Area: Stage III Gaithersburg Vicinity, 1990	“Human Services, Elderly”, p. 127 – senior population will increase; existing facilities are listed.	Encourage housing for seniors at appropriate locations.	<u>Potential sites:</u> 1. Shady Grove Metro Station <i>Publicly owned -- WMATA</i> 2. Planned senior housing, 1.2 acre, at 9110 Darnestown Rd., potential Rockville annexation. 3. TSR area at MD-355 and Redland Rd.
Takoma Park, 2000	Limited reference to senior housing. Preserve residential character, has adequate supply affordable housing.	Support added senior housing if appropriate locations become available, p. 26.	<u>Potential sites:</u> 1. Maple Avenue apartment buildings. 2. Motel on New Hampshire Avenue
Westbard, 1982	No specific reference.	No guidelines or recommendations for senior housing.	<u>Potential site:</u> Former Marriott property for multi-family use, p. 28.
Wheaton CBD, 1990	Refers to seven housing facilities in surrounding area for seniors.	Guidelines, p. 35 – access to recreation, transportation, services, and shopping; not cut off by major traffic arteries.	<u>Potential sites:</u> 1. Metro property next to Good Council HS. <i>Public - - WMATA</i> 2. Metro Kiss-N-Ride parcel, south side of Reddie Drive. <i>Public -- WMATA</i> 3. WTOP tower site, University Blvd.

Master Plan	Senior Housing & Needs Discussed	Senior Housing Guidelines	Potential Senior Housing Locations
White Oak, 1997	“Elderly Housing and Services”, p. 66 – population to increase, provide facilities.	<p>Locate senior housing and services along bus routes and near public facilities & shopping.</p> <p>Support affordable senior housing through special exceptions.</p>	<p>Schriminger prop., 7-8 acres, approved for Marriott assisted living.</p> <p><u>Potential site:</u> Milestone, 11 acres at Rt. 29 & New Hampshire Avenue, for assisted living.</p>

Appendix G

Chapter 50 Montgomery County Code – Subdivision of Land

The purpose of these notes is to discuss the procedures associated with dedication and reservation of land for public purposes, such as senior housing. Following is a summary of related information from Chapter 50 Montgomery County Code, the Subdivision of Land.

Dedication occurs at the time of preliminary plan approval and involves placement of a part of a property into public ownership for purposes of public use, to be recorded on a plat. While dedication could be for a specific use such as senior housing, it could also be designated for a range of public uses.

Reservation of land is a withholding of property from development for up to three years, so that appropriate public agencies have time to purchase the property for public use. Reservation of land is appropriate on sites that have an identified public purpose, for senior housing or other public uses. The property owner generally is assessed at a lower property tax rate while the property is in reservation.

Sec. 50-2 Purpose of Chapter

- (d) Reservation of lands for schools ... and other public purposes.

Recommendations in Master Plans or other planning studies could establish the need for senior housing as a public purpose, including the identification of sites and recommended locations (either specific or by floating symbol).

Sec. 50-15 Streets, etc., dedicated to public use

(a) Those portions of lands designated on the plats as other areas dedicated to public use shall be forever dedicated to public use, and shall not be altered or taken for private use. The county is authorized to abandon any dedicated areas upon petition by adjacent owners or by the county.

Sec. 50-22 Dedication of streets, roads, etc.

A plat shall be filed and recorded to effectuate the dedication of a highway, street or alley or any part thereof.

Sec. 50-24 Required Public Improvements

This section addresses requirements for roads, sidewalks, storm drainage, water and sewage disposal, street lights and stormwater management; but, it does not address schools or other public purposes.

Sec. 50-30 Public sites and adequate open spaces

- (a) Whenever a tract to be subdivided includes a proposed site for a public use, as shown on the applicable master plan, the developer on the subdivision plan shall show such space after determination by the board and public agency involved in the acquisition and use of each site as to its necessity.

- (d) Whenever the Board finds that the land is not required or is not suitable for public use, the Board may either refuse to approve the dedication, or it may require the rearrangement of lots to provide for an acceptable site for public use.

Sec. 50-31 Reservation of Land for Public Use

- (a) Procedure addresses ... “Reservations for a period of three years may be required for road or street rights-of-way ... or other public purposes.”

Reservation of land for public use, generally assumes that land remains in public ownership.

After a three year period of reservation, the owner may extend the reservation on a voluntary basis (thus extending the waiver of property taxation). Provision of additional density for senior housing could be offered as another incentive to extend a reservation.

Sec. 50-35 Approval Procedures

- (l) A preliminary plan must substantially conform to the applicable master plan, sector plan, or urban renewal plan unless the Planning Board finds that events have occurred to render the relevant plan recommendations no longer appropriate.

Whatever mechanism is used, recommendations in an existing master or sector plan to provide more senior housing is helpful. Lacking a specific endorsement for senior housing, the general recommendations of a master plan may provide adequate support to set-aside land for senior housing. The Board may also rely on broader studies and county-wide plans to support requirements for incentives to set-aside land for senior housing. For example, detailed studies of roads or large area open space plans have been used as the basis for requiring dedication of land for a public purpose.

The Board could either rely on specific master plan site recommendations or on a future study that would identify sites or areas that should have additional senior housing. Although it would not be possible for most developments to meet nexus requirements for dedication, a public purpose could be established to support reservation of land for public purchase needs.

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THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

The Maryland-National Capital Park and Planning Commission is a bi-county agency created by the General Assembly of Maryland in 1927. The Commission's geographic authority covers most of Montgomery and Prince George's counties. The Commission's planning jurisdiction, the Maryland-Washington Regional District, comprises 1,001 square miles; its parks jurisdiction, the Metropolitan District, comprises 919 square miles.

The Commission has three major functions:

- (1) The preparation, adoption, and, from time to time, amendment or extension of *The General Plan (On Wedges and Corridors) for the Physical Development of the Maryland-Washington Regional District Within Montgomery and Prince George's Counties*.
- (2) The acquisition, development, operation, and maintenance of a public park system.
- (3) In Prince George's County only, the operation of the entire County public recreation program.

The Commission operates in each county through a Planning Board appointed by and responsible to the county government. The Planning Boards are responsible for preparation of all local master plans, recommendations on zoning amendments, administration of subdivision regulations, and general administration of parks.

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Need for Housing for Older Adults in Montgomery County

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