RECEIVED & FILED
DATE Sept. 28, 2000
Eva L. Bowen
asst. TOWN CLERK, ACTON

TOWN OF ACTON
BOARD OF SELECTMEN

SITE PLAN SPECIAL PERMIT & SPECIAL USE
PERMIT # 11/18/98-366

886 MAIN STREET, ACTON, MASSACHUSETTS

AMENDMENT OF DECISION

The Applicant has requested certain modifications to Site Plan Special Permit & Special Use Permit #11/18/98-366 (the "Permit"). The primary reasons for the changes are to clarify certain provisions of the Permit to address certain issues raised by the lenders providing financing to develop the assisted living facility use component of the Full Service Retirement Community approved under the Permit and by the developers that will be constructing the village homes and independent living use components of the community.

Pursuant to Section 4.7 of the Permit, the Board of Selectmen reserved the right to amend the Permit at the request of the Applicant. The changes set forth herein do not change the result of the original decision but rather clarify and provide for alternative ways to satisfy certain conditions of the permit.

THEREFORE, the Permit is hereby AMENDED as follows:

1. Condition 3.1: The second sentence is deleted and replaced with the following:

"The payment of the $50,000.00 gift for a sidewalk shall be made as follows: $25,000.00 upon foundation certification of the assisted living building and $25,000.00 prior to commencement of drywall within the assisted living building"

2. Condition 3.4: The following sentence is added:

"As an alternative to and in lieu of the agreement with respect to the sale of the three (3) low and moderate income housing units provided above, the Applicant may provide three (3) rental units within the assisted living facility to the Town of Acton for use as assisted living units for low and moderate income residents selected by the Town. Such use shall be in compliance with the Applicant's resident service agreement. Such residents shall satisfy the appropriateness guidelines for assisted living residents promulgated by the Massachusetts Executive Office of Elder Affairs. To be eligible to occupy one of these three (3) units, a resident's household gross income, adjusted for household size and the number of bedrooms in the unit, must qualify as "low or moderate income" under the guidelines published from time to time by the U.S. Department of Housing and Urban Development ("HUD") applicable in Acton. The monthly fees (i.e., rent plus cost of assisted living services) charged to the low or moderate income resident of any such unit shall not exceed the amount equal to seventy-five percent (75%) of such low or moderate income resident's monthly "net income", as such net income is calculated by the Acton Housing Authority by applying guidelines consistent with the guidelines utilized in assisted and/or supportive services public housing programs for purposes of determining a resident's net income. The level of assisted living services which such low and moderate income residents shall receive shall be determined by Minuteman Home Care, or another home care agency selected by the Town. If the Town of Acton fails to select a low or moderate income successor resident for such unit within ninety (90) days after such unit becomes vacant, the Applicant shall be entitled to rent such unit to any person without regard to such person's income and without any restriction on the monthly fees charged to such person; to ensure that the Town of Acton retains the right to three low and moderate income units, however, the next assisted living unit that becomes available on resident

X-Originating-IP: [204.127.196.161]
X-BLTSYMAVREINSERT: aPIiL+wRb0Vwhj+ewm+K8uW3fQQA
X-Originating-IP: [206.46.252.115]
Date: Wed, 20 Sep 2006 08:02:22 -0400
From: "Doreen LeBlanc" <office@actonhousing.net>
Subject:
To: "Nancy Tavernier" <ntavern@comcast.net>
Cc: "Betty" <naomimcmanus@comcast.net>
X-Mailer: Microsoft Office Outlook 11
Thread-index: AcbcrKEI2X1+W7QTSeqWQ9BZYpfCvw==

Memorandum of Understanding Robbins Brook

The Town of Acton, through its Board of Selectmen (Board), hereby agrees that condition 9.4 as set forth in Site Plan Special Permit/ Special Permit #11/18/98-366 as amended has the following meaning:

Route 27 Realty Corp. (Applicant) shall provide three rental units. Such use of the units shall be in compliance with the Applicant's Residence and Service Agreement. Such residents of the units shall satisfy the appropriate guidelines for assisted living residents promulgated by the Massachusetts Executive Office of Elder Affairs. Local preference shall be given to an eligible individual (s) who meets at least one of the following conditions:

1. Current resident of the town of Acton.
2. Parent or sibling of a current resident of the town of Acton.
3. Employee working in the town of Acton.
4. A current Robbins Brook resident having "spent down".

To be eligible to occupy any of these three (3) units, an individual's income, adjusted for household size and number of bedrooms in the unit, must qualify as "low income" under the guidelines published from time to time by the Massachusetts Department of Housing and Community Development ("DHCD") applicable in Acton. Eligible individuals must require assistance with at least one (1) Activity of Daily Living (ADL) (i.e. tasks related to bathing, dressing/grooming, ambulation, eating, toileting and other similar tasks related to personal care needs).

Two (2) of these three (3) units will be rented to eligible individual(s) who either qualify for the Massachusetts Group Adult Foster Care Program (the "GAFC Program"), in which case such individual(s) will be charged monthly fees consistent with the GAFC Program, or if such individuals do not qualify for the GAFC Program they shall each be charged monthly fees (i.e. rent plus cost of assisted living services) not to exceed $2000.00 (plus an annual cost of living adjustment based on CPI of Worcester). This monthly fee shall include the daily basic services of one hour of personal assistance and all the Inn at Robbins Brook amenities. Should the resident's initial needs change to require more care, an additional hour of daily care shall be provided by the Applicant and will be included in the monthly fee not to exceed $2000.00 (plus an annual cost of living adjustment). The one-time "Community Fee" of $1000 as defined in the Inn at Robbins

Brook marketing materials, for the purpose of a complete multi-disciplinary development of a care and wellness plan, shall be waived by the Applicant.

The third of these three (3) units shall be rented to an individual(s) who does not qualify for community based Medicaid, and such individual shall be charged monthly fees (i.e. rent plus cost of assisted living services) not to exceed the amount equal to seventy-five percent (75%) of the individual's monthly net income calculated by applying guidelines consistent with the guidelines utilized in assisted and/or supportive services public housing programs for purposes of determining a resident's net income. If no one qualifies under these guidelines, the third unit will be filled using the GAFC Program guidelines noted above.

The Applicant shall administer the selection process for the low income residents and shall maintain a waiting list of eligible residents. This list shall be generated through the initial use of a lottery, ranking the residents through a random lottery process. Any subsequent eligible applicant who is not part of the initial lottery shall be added to the end of the list for future consideration as the three (3) low income rental units become available. Local Preference, as defined above, shall be given to all applicants. Following the initial fill-up of these three units, individuals shall be taken from the list in the following manner.

a) The next unit that becomes available will be filled with the next person on the list, taking into account, first, local preference based on any of qualifications 1, 2, or 3, and if no such person is on the list, then qualification 4.
b) The subsequent unit that becomes available will be filled with the next person on the list, taking into account, first, local preference based on qualification 4, and if no such person is on the list, then any of qualifications 1, 2, or 3.
c) Fill-up of additional units that become available will then alternate between method (a) and method (b).

Should the waiting list decrease to 5 names or less, the Applicant shall notify the Board. The Board may require a new marketing campaign and lottery at that point.

The Applicant shall provide an Annual Report to the Board, due on October 1 of each year, which shall certify compliance with the requirements listed above. The Board shall periodically review this program based on the details reported in the Annual Report.

Dated

Robbins Brook 2/22/02 Board of Selectmen

Susan Clarke

Robbins Brook Village
Assisted Living Facility
Marketing Program & The Lottery
Marketing Program

Introduction

The marketing program and minority outreach for "Robbins Brook Village" in Acton, Massachusetts will have a strong focus on the local need. In the immediate area including the towns of Acton, Boxboro, Littleton, Concord, Stow, Maynard and Sudbury there is a large population of elderly in need of affordable assisted living facilities. The elderly population in these communities is rapidly increasing and the availability of assisted living facilities for low income is negligent in the area therefore we are excited to have the opportunity of providing three (3) rental units in the facility.

The units will be distributed based upon criteria established by the Commonwealth of Massachusetts Department of Housing & Community Development (DHCD) and the appropriate guidelines for assisted living residents promulgated by the Massachusetts Executive Office of Elder Affairs. We expect the three rental units to be distributed to three applicant pools. The first will be a minority pool, the second will be for those applicants qualified under Acton's Local Preference criteria (which the Town has requested the maximum 70% of the units), the third will be distributed to the rest- of – state pool. The final mix of these groups is to be established by DHCD in conjunction with local officials.

The objective of the marketing program is to identify a sufficient pool of applicants for the 3 rental assisted living units. It should be understood that these three rental units will come available over the next few months. Based upon the lottery results, all applicants would have their proper rank in the appropriate pools. This will enable us to quickly determine who would have first opportunity for the assisted living facility units. We feel confident that there is a tremendous need for affordable assisted living facilities.

What follows is a list of activities and materials we intend to utilize to assist in our marketing of the affordable assisted living units, processing of the applicants and our attempts to reach out to the local community's minority population.

Public Information Meetings

A public information meeting will be held to create a proper forum to adequately address the questions and/ or concerns of the potential applicants or community organization. This meeting will enable us to better assess the need and to identify potential applicants. The meeting agenda would consist of a general introduction on availability of the affordable assisted living units, the lottery process as well as a comprehensive discussion of the financial requirements. A variety of media outlets would be utilized to attract applicants including newspaper advertising, the posting of flyers, public service cable and mailings to know interested parties.

Commonwealth of Massachusetts
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
Jane Swift, Governor ◆ Jane Wallis Gumble, Director

May 24, 2002

Peter K. Ashton, Chair
Acton Board of Selectmen
427 Main Street
Acton, Ma 01720

Re: Robbins Brook Village Local Initiative Program Units-Only application – Acton, MA

Dear Mr. Ashton:

I am pleased to inform you that your application has been approved for Local Initiative Program designation for three rental units developed as part of the Robbins Brook Village Assisted Living project at 10 Devin Drive, Acton, MA 01720. These units were built under a special permit agreement with the Town of Acton.

I congratulate the Town of Acton and the project sponsor, 27 Realty Corporation, for working together to bring affordable housing to Acton.

The Local Initiative Program staff has reviewed your application and determined that:

1. The units will serve households with income at or below 80% of area median income.
2. The Town has taken action to aid in the development of the units.
3. The affordable units are restricted, ensuring they will remain affordable in perpetuity.
4. The units are subject to an affirmative and fair marketing plan.

The one time "Community Fee" of $1,000 shall be waived for the three low or moderate-income households. Two of the units will be rented to households eligible for the Massachusetts Group Adult Foster Care Program (GAFC) and the third unit will be reserved for a household that does not qualify for community based Medicaid.

As soon as the units are occupied, and the Acton Housing Authority provides the necessary documentation, the units may immediately be counted towards the Town's subsidized housing inventory. The Acton Housing Authority will be responsible for monitoring the units on a yearly basis to certify the affordability and compliance with all income and occupancy restrictions as outlined in the applicable deed.

Again, let me congratulate you on your efforts to bring affordable housing to Acton. If you have any questions please feel free to contact Catherine Peagler at (617) 727-7824 extension 552. We look forward to working with you in the future.

Sincerely,

Jane Wallis Gumble
Director

Cc: CHAPA
Betty McManus – Acton Community Housing Corporation
Melissa Holden – Robbins Brook Village
LIP files

Acton Housing Authority

From: "Acton Housing Authority" <ahabetty@attglobal.net>
To: <kaexander@acton-ma.gov>
Sent: Monday, September 22, 2003 9:33 AM
Subject: three affordable units at Robbin Brook

Kristen

The structure for the rental of the three units is as follows:
Two (2) of these three (3) units will be rented to eligible individual(s) who either qualify for Massachusetts Group Adult Foster Care (the "GAFC" Program"), in which case such individual(s) will be charged monthly fees consistent with the GAFC Program, or if such individuals do not qualify for the GAFC Program they shall each be charged monthly fees (i.e. rent plus cost of assisted living adjustment based on C{I of Worcester). This monthly fee shall include the daily basic service of one hour of personal assistance and all the Inn at Robbins Brook amenities.

The one time Community Fee of $1000 as defined in the Inn Brook marketing materials shall be waved.

The third of these three (3) units shall be rented to an individual(s) who does not qualify for community based Medicaid, and such individual shall be charged monthly fees (i.e. rent plus cost of assisted living services) not to exceed the amount equal to seventy-five (75%) of the individual's monthly net income calculated by applying
guidelines consistent with the guidelines utilized in
assisted and/or supportive housing services public
housing programs for purposes of determining a resident's net income. If no one qualifies under these guidelines, the third unit will be filled using the GAFCProgram guidelines noted above.

Kristen this language is taken form the signed Memorandum of Understanding Robbins Brook. The AHA has just received approval from DHCD as of 9/10/03 that
the Town's Housing Inventory for the Town of Acton is
2.15% due to the 3 units at Robbins Brook.

Call if you have a question.

Betty

at

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Race: _____
Preference Category: _____

Acton Housing Authority
P.O. Box 681
68 Windsor Avenue
Acton, MA 01720-0681
(978) 263-5339 fax (978) 266-1408
TDD# 1-800-545-1833 ext. 120
aha1@attglobal.net

APPLICATION FOR LOW INCOME RENTAL UNITS FOR THE INN AT ROBBINS BROOK ASSISTED LIVING COMMUNITY ACTON, MA

Two of the three studio units are designated for Community based Group Adult Foster Care individuals whose gross income does not to exceed $1009 per month and Assets of no more than $2000.00

The Third Studio is designated for individuals who have a net income not to exceed $40,800 as determined by the Massachusetts Department of Housing and Community Development's Public housing Regulations, 760 CMR 5.00

Incomplete applications will not be processed. Please complete all information requested on the application. If a question(s) is not applicable, please write N/A. Make sure you sign the last page.

1. Name of Applicant _____
   Address of Current Residence_____
   City/Town_____State_____Zip Code_____
   Date of Birth_____
   Home Telephone _____ SS#_____
   Have you ever owned a home?_____If so, when did you sell it?_____
   Are you a Current Resident of Acton?_____
   Are you a Parent or sibling of a current resident of Acton ?_____
   Are you currently or have you been an employee working in the Town of Acton_____
   If yes, where were you employed ?_____

To be eligible for the affordable/low income rental units for The Inn at Robbins Brook you must be at least 60 years old

2. **Racial Designation:** (Responding to this question is optional) Your status with respect to tenant selection procedures may be affected by this information.
   (circle one)
   American-Indian Asian Black Hispanic White Other (specify)_____

3. **Income Before Deductions**

Estimate the Gross Income anticipated from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		$
	Net Income From Business or Profession		$
	Trust Income, Interest & Dividends		$
	Pensions and Annuities		$
	Regular Unemployment or Disability Compensation		$
	Regular Social Security Benefits and/or SSI		$
	T. A. F. D. C. Or Public Assistance		$
	Regular Alimony Support Payments, Gifts		$
	Other Income		$

TOTAL GROSS INCOME $_____

4. **Expenses**

Expense for Care Of Children Or Sick/Incapacitated Person If necessary For Employment	
Unreimbursed Medical Expenses	
Alimony Or Child Support Payments	
Health Insurance	
Other	

TOTAL EXPENSES $_____

5. **Assets:** List below the assets of the person to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or car.

Asset Type/Asset Value	Income Imputed Income
$	$
$	$

6. Does anyone in your household own a car? (circle one) yes no
Make of car_____Year_____Reg. Number_____

7. **References:** List two references. These should not be relatives.
(1) Name:_____ Telephone#_____
Address:_____City:_____State:_____Zip:_____
(2) Name:_____Telephone#_____
Address:_____City:_____State:_____Zip:_____

8. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address:_____ Apt. No._____ _____ to present

City/Town_____State_____

Name of Landlord:_____ Telephone: ( )_____

(2) Address:_____Apt. No._____Years _____

City/Town_____State_____

Name of Landlord:_____Telephone: (___)_____

(3) Address:_____Years _____

City/Town_____State_____

Name of Landlord:_____ Telephone:(___)_____

9. **Emergency References:** Name of a relative or friend. We will contact this person if we are not able to reach you or in cases of an emergency.

Name:_____ Relationship

address_____tel#W_____
#H_____

10. **Criminal Record:**
Have you been convicted of a crime?
(circle one) Yes No

If yes, please explain:

_____

_____

_____

SIGNATURES

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to establish the preliminary requirements for placement into a lottery to establish a waiting list of eligible applicants for a rental unit at The Inn at Robbins Brook Assisted Living Community. I authorize the Housing Authority/Robbins Brook to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Signature_____ Date_____

Based upon the preliminary information provided it is my judgement that the applicant shall be allowed to participate in the lottery for an assisted living unit at The Inn At Robbins Brook. However, if selected, all information provided shall be verified for accuracy.

Signature_____Date_____
Certifying Agent

ACTON HOUSING AUTHORITY

68 Windsor Avenue
P.O. Box 681
Acton, Massachusetts 01720-0681
(978) 263-5339 fax (978) 266-1408
TDD# 1-800-545-1833 ext. 120

August 26, 2002

Dear Interested Robbins Brook Applicant:

Enclosed please find an application for the three- (3) studios apartments at Robbins Brook Assisted Living Community. The Acton Housing Authority will establish an initial waiting list for income eligible applicants, 60 years or older who require assistance with at least one (1) Activity of Daily Living (ADL) as defined by the Group Foster or Home Care Assessment Guidelines i.e. task relating to bathing, dressing/grooming, ambulating, eating, toileting and similar tasks related to personal care needs.

Two (2) of the three (3) studios will be designated for Community Group Adult Foster Care (GAFC) eligible individuals who have a gross monthly income not to exceed $1009.00 a month and an asset limit of $2000.00. The third (3) studio is designated for an eligible applicant who has an annual net income not to exceed $40,800.00 as determined by the Massachusetts Department of Housing and Community Development's Public Housing Regulations, 760 CMR 5.00. Final selection will be based on income, lottery placement and eligibility as determined by the Inn at Robbins Brook.

The completed application must be returned to:

Acton Housing Authority
P.O. Box 681
Acton, MA 01720
ATTN: The Inn at Robbins Brook

Applications must be postmarked no later then midnight, September 30, 2002.

Applicants will be drawn from 3 pools:

1). LOCAL PREFERENCE
2). MINORITY
3). STATE WIDE

Local preference is defined as living in Acton, working in Acton, or a parent or sibling of a current Acton resident.

An information night will be held September 10, 2002 at 6:30 PM at the Acton Senior Center- The lottery will be held October 21, 2002 at 1:00 PM in the Acton Town Hall, room 204.

The three selected applicants must provide documentation verifying their original application,

EQUAL HOUSING OPPORTUNITY

ACTON HOUSING AUTHORITY

68 Windsor Avenue
P.O. Box 681
Acton, Massachusetts 01720-0681
(978) 263-5339 fax (978) 266-1408
TDD# 1-800-545-1833 ext. 120

October 21, 2002

Dear Perspective Applicant to The Inn at Robbins Brook:

As stated in the cover letter, which was attacked to your application those that have been selected through the lottery must now provide, documentation verifying their original application.

Please provide the following documentation:

1). Provide documentation if you received an Acton preference
2). Copy of birth certificate
3). Copy of Social Security card
4). Social Security statement- call Social Security direct and ask to have them send a statement of your monthly payment. 1-800-772-1213
5). Pension statement
6). Provide a recent bank statements for checking, savings
7). Verification of amounts in CDs, stocks and amount of dividends paid
8). Verification of money fund, trust fund, annuities and any health insurance paid to directly monthly or annually- amounts paid and total value
9). Medical expenses- documentation of medical expenses not reimbursed to you i.e. prescriptions, co-payments and health insurance

All applicants must provide documentation that they require assistance with at least one (1) Activity of Daily Living (ADL) as defined by the Group Foster or Home Care Assessment Guidelines i.e. task relating to bathing, dressing/grooming, ambulating, eating, toileting and similar related to personal care needs.

Final selection will be based on income, lottery placement and eligibility as determined by the staff of the Inn at Robbins Brook.

Sincerely,

Naomi E. McManus
Executive Director

EQUAL HOUSING OPPORTUNITY

JANE SWIFT
Governor

ROBERT F. GITTENS
Secretary

WENDY E. WARRING
Commissioner

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, Massachusetts 02111

GROUP ADULT FOSTER CARE PROVIDER FACT SHEET

I. Purpose:

To provide daily assistance with personal care services (Activities of Daily Living), Instrumental Activities of Daily Living (IADLs) as needed, and case management services to elderly and/or disabled MassHealth members who meet the clinical criteria for the program and reside in a certified GAFC Assisted Living Residence or elderly/disabled housing complex.

II. Provider Eligibility:

Provider enrollment is open to a wide variety of agencies that serve the elderly and physically compromised. Providers must complete the Group Adult Foster Care Program Application **and** MassHealth Provider Enrollment and Credentialing Application to receive certification from the Division of Medical Assistance in order to receive reimbursement for the services provided.

III. Housing Requirements:

A). Each housing unit must meet the Health Care Financing Administration's (HCFA) definition of "home" or "domicile" in which no more than three unrelated individuals reside.

B). Housing units must comply with all applicable local and state fire and safety codes and must be in good repair and show adequate maintenance and upkeep.

IV. Service Package:

A). The service package includes physical and psycho-social oversight by a registered nurse and social worker respectively, and assistance with activities of daily living (ADLs) such as bathing, dressing/grooming, feeding, toileting, transferring, and ambulating provided by a personal caregiver seven days per week (an average of two (2) hours of personal caregiver staff per participant per day). In addition, the following services and staff must be provided:

1. A qualified program director;
2. Multi-disciplinary Care Plan and Comprehensive Service Plan developed by the nurse, social worker and participant;
3. Daily personal care and 24-hour availability; and
4. Professional staffing ratio of 3.5 hours per participant per week.

B). The provider is also responsible for providing assistance with instrumental activities of daily living (IADLs) such as meal preparation, laundry, shopping, housekeeping, and transportation to medical and other appointments as indicated by the participant's functional ability.

C). MassHealth will pay for the participant to attend up to two days of Adult Day Health, or up to eight hours of home health aide service. **These are referred to as Supplemental Services, and are designed to give the participant additional support when a period of increased medical monitoring is indicated.** Medicare services are not limited.

V. **Participant Eligibility**:

A). Financial Eligibility: Financial categories of assistance are determined either in the MassHealth Enrollment Centers (MECs), or in the local Social Security Administration office which determines financial eligibility for Supplemental Security Income/State Living Arrangement G (SSI-G).

B). Clinical Eligibility: Physician authorization must confirm that an individual may be at risk of institutional placement and that Group Adult Foster Care services are appropriate to meet the physical and psycho-social needs of the participant. The individual must have a medical diagnosis and a daily need for assistance with at least one activity of daily living (ADL). Assistance is defined as physical assistance or supervision. Prior approval from the Division's designee, the Aging Services Access Points (ASAP), Coastline Elderly Services, Inc., as well as financial eligibility, must be received in order for payment to be made for GAFC services.

VI. **Reimbursement:**

A). The Division currently reimburses new Providers a maximum of $36.61 per participant per day for all components of service costs of Administration and Personal Care of the GAFC program.

VII. <u>Application Process</u>:

A). The Group Adult Foster Care Program Application may be requested from and submitted to:

Residential Options Benefits Coordinator
Division of Medical Assistance
600 Washington Street, 5th Floor
Boston, MA 02111
Tel: (617) 210-5622

Once the Group Adult Foster Care Program Application is received by the Division, one or more Division staff may visit the potential provider, review the application in detail with the applicant, and visit two potential participants. Generally, the application needs some revision before the final application and budget are approved. When approved, the provider will receive a rate letter signed by the Assistant Commissioner.

B). The MassHealth Provider Enrollment Application **must** be requested from and submitted to:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9101
Somerville, MA 02145
Tel: (617) 576-4424/1-800-322-2909

The Provider Enrollment Application must be submitted at the same time as the Group Adult Foster Care Program Application. A provider may not bill MassHealth for services rendered prior to receiving their MassHealth Provider number.

****Note:* *We are in the process of revising this Application procedure to have one entry point for potential applicants. Further information will be forthcoming.***

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, Massachusetts 02111

JANE SWIFT
Governor

ROBERT P. GITTENS
Secretary

WENDY E. WARRING
Commissioner

SSI-G Fact Sheet (2002)

Summary: SSI-G is a Federal Program administered by the Social Security Administration. The Federal Benefit Payment Rate for 2002 is $545.00. The Federal SSI payment is supplemented by the Commonwealth of Massachusetts depending on living arrangement. Beginning January 1, 1998, Massachusetts implemented SSI State Supplement living arrangement Category-G to assist individuals who clinically met the criteria for Group Adult Foster Care (GAFC) and resided in a certified GAFC Assisted Living Residence. The 2002 State payment for SSI State L/A G is $454.00; thus the combined Federal/State payment level is $999.00 per month. SSI applies a general $20.00 disregard of income therefore, individuals living in GAFC Assisted Living Residences, whose income is less than $1,019.00 per month may be eligible for SSI.

Qualifications:

- Must be 22 years of age or older.
- Must meet the financial criteria established to be eligible for MassHealth.
- Requires clinical approval from the designated Aging Services Access Points (ASAP) for Group Adult Foster Care Services.
- Requires a residency verification from a participating Assisted Living Group Adult Foster Care Provider confirming residence.
- Must file a SSI application with the Social Security Administration.
- Must meet all other SSI requirements.

Setting:

- Participants in the Program must reside in a Group Adult Foster Care approved Assisted Living Residence.

Payment:

- The Social Security Administration will supplement an individual's income up to $999.00 a month provided that he (she) is clinically approved for Group Adult Foster Care services and that he (she) has a residency verification form confirming that he (she) is living in a Group Adult Foster Care Assisted Living Residence.
- If the Member receives a family contribution towards his (her) rent and/or food, SSA considers this as in-kind support and maintenance (ISM). ISM is charged dollar for dollar, not to exceed a maximum of $201.66 (Individual) and $292.33 (Couple) a month in 2002.
- For married couples, each member of a couple's gross monthly income may not exceed more than $749.00 (x 2 = $1,498.00); with the $20.00 disregard the maximum gross monthly income for a couple is $1,518.00 per month.

do we actually get this year and elect candidates that have the skills necessary tools and the ity to keep hammering at the problems instead ing beholden to their parind not the people?

— Peter Unitt, candidate for ate Representative in the 14th Middlesex District.

ern University Judd A. and Marjorie Weinberg College of Arts and Sciences. A graduate of Acton-Boxborough Regional High School, she was a history major. Langan has been named to the dean's list, and Order of Omega. She was in the Northwestern Community Development Corps, and the

• **Jimmy Chienta Wu** of Acton graduated from the Massachusetts Institute of Technology on June 7 with a bachelor's degree in Mechanical Engineering, with a minor in Ocean Engineering. Wu is the son of Shao-hua Wu and Chi-ping Wu also of Acton.

PUBLIC INVITATION TO PARTICIPATE IN A LOTTERY FOR THREE STUDIO APARTMENTS AT THE INN AT ROBBINS BROOK ASSISTED LIVING COMMUNITY LOCATED IN ACTON, MASSACHUSETTS

The Acton Housing Authority (AHA) will establish an initial waiting list for income eligible applications **requiring assistance with at least one (1) Activities of Daily Living (ADL) as defined by the Group Foster or Home Care Assessment Guidelines i.e. task relating to bathing, dressing/grooming, ambulation, eating, toileting and other similar tasks related to personal care needs** for The Inn at Robbins Brook Assisted Living Community through a lottery selection process. Two (2) of the three (3) studios are designated for community based Group Adult Foster Care (GAFC) eligible individuals who have a gross monthly income not to exceed $1009.00 and assets of no more than $2000.00. The third unit is designated for an eligible applicant who has an annual net income not to exceed $40,800 as determined by the Massachusetts Department of Housing and Community Development's (DHCD) Public Housing Regulations, 760 CMR 5.00 Eligibility and Selection Criteria, Sections 5.06 and 5.08. Eligible applicants must be sixty (60) years of age or older. Final selection will be based on income eligibility, lottery placement and eligibility for assisted living as determined by The Inn at Robbins Brook.

APPLICANTS WILL BE DRAWN FROM 3 POOLS
1). LOCAL PREFERENCE
2). MINORITY
3). STATE WIDE

LOCAL PREFERENCE is defined as:
Living or Working in the Town of Acton or
Parent or sibling of a current Acton resident

Applications will be available, Monday August 26, 2002 at:
Acton Housing Authority
(978) 263-5339 TDD #1-(800)-545-1833 ext. 120
Acton Council on Aging
(978) 264-9643
Acton Town Clerk's Office
Acton Main Library

AN INFORMATIONAL NIGHT WILL BE HELD TUESDAY, SEPTEMBER 10, 2002 AT 6:30 P.M. AT THE ACTON SENIOR CENTER AUDUBON DRIVE OFF OF HIGH STREET, SOUTH ACTON.

TO BE ELIGIBLE FOR THE LOTTERY, APPLICATIONS MUST BE POSTMARKED NO LATER THAN MIDNIGHT, SEPTEMBER 30, 2002

APPLICATIONS MUST BE RETURNED TO:
Acton Housing Authority
P.O. Box 681
Acton, MA 01720
Attn: The Inn at Robbins Brook Assisted Living Community
Since the establishment of a Waiting List will be through a lottery process,
there is no benefit to being first to apply.
The lottery to be held Monday, October 21, 2002 at 1:00 p.m. at the Acton Town Hall.

The three selected applicants must provide documentation verifying their original application.

46,300

TOWN OF ACTON
P.O. Box 681
Acton, Massachusetts, 01720
Telephone (978) 263-4776
Fax (978) 266-1408

Acton Community Housing Corporation
Nancy E. Tavernier, Chair

TO: Acton Board of Selectmen
FROM: Nancy Tavernier, ACHC
SUBJECT: Acton Assisted Living LLP (Robbins Brook) Public Hearing
DATE: January 7, 2003

The ACHC would like to offer comments for the Public Hearing on the request from Acton Assisted Living LLP (Robbins Brook) for additional 45 independent townhouses located on Main Street.

The Town has recently completed the process of creating 3 affordable rental units at the Inn of Robbins Brook for income eligible seniors. After many applicants applied for the program, a lottery was held. The final occupants have been selected, qualified and are in the process of moving to the Inn. All the applicants were required to meet the local preference guidelines established by the BOS. The original request made by ACHC when this development was first proposed was for 6 units including up to 3 independent living units be made available to income eligible seniors. Due to ensuing financial obstacles, the Board ultimately settled on 3 rental units.

We are pleased with the success of this elderly housing complex and applaud the developers for their perseverance in a challenging economy. It is clear to us that the need for Independent and Assisted Living for this age group is in high demand and short supply. This demand includes those elderly residents who do not have the resources to purchase or rent housing at market rates.

Therefore, the ACHC requests that the Board of Selectmen require 10% of the proposed housing units (4 or 5) be designated for affordable housing for elderly residents with incomes no greater than 80% of the Area Median Income (80% of AMI is currently $40,800 for one and $46,650 for a couple). These units could be sold for approximately $130,000 - $150,000 and still meet the income eligibility. They should be deed restricted and would be counted toward the town's 10% affordable housing stock. We would encourage the developer to consider the DHCD Local Initiative Program guidelines that include an Elderly Exception. This would permit eligible elderly to NOT be first time homebuyers, allowing them to sell their homes to purchase the LIP units, and to have assets of up to a maximum of $100,000. This is just one suggestion. Many other scenarios are possible and could be subject to negotiation with the developer and the town. We would be happy to help in this effort.

Please feel free to call upon us, if you have any questions.

2/10/03 Steve Vaza

BOS requested 5

Vaza offered 2 smaller

met w/ Barry 2 works for Vaza

what size?

cost $150K ea, banks say 2 units only

Doré insists on comparable unit 1500 ☆

SLIME

January 30, 2003

Ms. Brenda Panetta
95 Groton St.
Ayer, MA 01432

Dear Brenda,

Enclosed please find the application documents for The Inn at Robbins Brook's affordable program. Please forward the release of medical information and the pre-admission medical information form to your mother's physician. You will need to complete the Preliminary Application and Health Questionnaire and return it to me as soon as possible.

Please let me know when you have sent the medical information to your mother's physician so that we can follow-up to help facilitate the return of this information. Once we have the information back from the physician, we will need to schedule an assessment appointment for your mother to meet with our nurse and tour the building to determine her eligibility for the admission to Robbins Brook.

Please do not hesitate to call me with any questions about the enclosed information. I look forward to meeting you and your mother soon.

Sincerely,

Melissa A. Holden
Executive Director

Cc: Naomi McManus – Acton Housing Authority

PUBLIC NOTICE
The Inn at Robbins Brook
Assisted Living Community

The Inn at Robbins Brook, an assisted living community located in Acton, MA is establishing a Waiting List for income eligible applicants requiring assistance with at least one (1) Activities of Daily Living (ADL) as defined by the Group Foster or Home Care Assessment Guidelines i.e. task relating to bathing, dressing/grooming, ambulation, eating, toileting and similar tasks related to personal care needs. Two (2) of the three (3) studio apartments are designated for community based Group Adult Foster Care (GAFC) eligible individual who have a gross monthly income not to exceed $1009.00 and assets of no more than $2000.00. The third unit is designated for eligible applicants who have an annual net income not to exceed $40,800 as determined by the Massachusetts Department of Housing & Community Development's Public Housing Regulations, 760 CMR 5.00 Eligibility & Selection Criteria Sections 5.06 and 5.08. Eligible applicants must be sixty (60) years of age or older.

For further information please contact:
Melissa Holden
At
The Inn at Robbins Brook
(978) 264-4666
or
Betty McManus
Acton Housing Authority
(978) 263-4776

TOWN OF ACTON
P.O. Box 681
Acton, Massachusetts, 01720
Telephone (978) 263-4776
Fax (978) 266-1408

Acton Community Housing Corporation
Nancy E. Tavernier, Chair

TO: Acton Board of Selectmen
From: Nancy Tavernier, ACHC
SUBJECT: Robbins Brook Assisted Living, Phase II
DATE: June 20, 2003

Stephen Vazza, developer of Robbins Brook, contacted the Acton Community Housing Corporation regarding the inclusion of Affordable Units in the proposed Robbins Brook Phase II development. Discussions with Mr. Vazza focused on two (2) options.

1). The proposed development of 45 townhouses would include two (2) affordable units 1800 sq. ft. units

Or

2). The proposed development would provide three (3) affordable units 1200 sq. ft.

In either case, the affordable units will not be distinguishable from the market rate units and will be scattered throughout the development of Phase II.

On June 20, 2003 the ACHC members voted to recommend to the Selectmen option #2. Ben Johnson of the State's Local Initiative Program (LIP) has stated that the State would approve the smaller units, as the project is not a 40B. It should be noted three (3) units although smaller would contribute a higher affordable percentage than two (2) units. It is important the Affordable Units qualify under and contribute to the Town's 10% affordable goal. Therefore, the ACHC recommends the following:

1). The sale of the Affordable Units is governed by a Regulatory Agreement, which restricts the sales of the Affordable Units. Sales of the Affordable Units must be subject to long term deed restrictions requiring owners to sell to other income qualified purchasers and limit the price on resale to ensure they remain affordable.

2). The Affordable Units must comply with State Affordable regulations.

3). The Master Deed, to state the ownership interest in the units will be based on the actual sales price of the unit. As a result, condominium fees and voting rights will be proportional to ownership interest. The Deed documents will state the percentage of ownership interest for each of the affordable units.

4). Monies should be set aside to hire a consultant to conduct the initial lottery and purchase process of the Affordable Units to income eligible applicants in order to assure compliance with the STATE LIP Program.

5) The ACHC members recommend the Affordable units include the base amenities of the market rate units. I.e. carpets and appliances.

Acton Housing Authority

From: "Robert Whittlesey" <rbwhittlesey@earthlink.net>
To: "Acton Housing Authority" <ahabetty@attglobal.net>; "Nancy Tavernier" <ntavern@comcast.net>; "Trisha Guditz" <Guditz@cs.com>; "Ryan Bettez" <bettezfamily@yahoo.com>; "Peter Berry" <pjb@dwboston.com>; "Kevin McManus" <KevinM@NEHE.com>; "Katrina Buck" <ggrossi@msn.com>; "Dan Buckley" <DJB01720@hotmail.com>; "Pam Shuttle" <pam.shuttle@state.ma.us>
Cc: "Peter Ashton" <pkashton@aol.com>
Sent: Wednesday, June 04, 2003 2:35 PM
Subject: RE: 2nd phase of Robbins Brook Inn assisted living

Hi Betty

Sounds fine to me

-----Original Message-----
From: Acton Housing Authority [mailto:ahabetty@attglobal.net]
Sent: Wednesday, June 04, 2003 8:33 AM
To: Nancy Tavernier; Trisha Guditz; Ryan Bettez; Peter Berry; Kevin McManus; Katrina Buck; Dan Buckley; Bob Whittlesey; Pam Shuttle
Cc: Peter Ashton
Subject: 2nd phase of Robbins Brook Inn assisted living

Everyone

Steven Vazza has contacted me last Friday asking to discuss what the ACHC wants in regard to affordable units in Phase II.
I have spoken to Nancy (she is away now until the 19th) and she feels that we should tell him that we are going to recommend to the Selectmen that they provide three (3) of the smaller units (the units run from 1800 sq., ft to 2200 sq. ft.) or a combination of unit sizes and a contribution to the Senior Tax Relief Fund.

Nancy feels if the developer states financially he can not afford the third unit the donation (minim $50,000) would benefit the Seniors in Town by allowing them to live longer independently in their own homes.

I am feeling the ACHC's letter to the Selectmen should just recommend three units and state the reasons why. During the Selectmen Public Hearing for Robbins Brook Inn, June 23, 2003 at 7:15 PM if the three unit are impossible financially then the ACHC could suggest the option of a donation in lieu of the third unit. I just don't want to give the developer an easy out up front before the Public Hearing.

Can you give me your thoughts?

Betty

Acton Housing Authority

From: "Acton Housing Authority" <ahabetty@attglobal.net>
To: "Nancy Tavernier" <ntavern@comcast.net>
Sent: Tuesday, June 03, 2003 9:02 AM
Subject: Re: Robbins Inn

Assisted Living Units=
Yes, that is my reading now. I didn't follow it through and realize when Melissa spoke to me about the possibility of Ruth moving there that Ruth would not be allowed to pay 75% of her income for rent. What we should have done is taken a by and waited until a GAFC client began available. I have advertised in Middlesex News and the Beacon. The other possibility is when we negotiate with the developer for Phase II we might get him to agree to reduce her rent to the 75% amount and then the three units could be considered "affordable". I am not sure that the developer and the assisted living facility is under the same umbrella. We can still say that three of the units are affordable in the community, but we can not count them towards out 10% for DHCD. It would be much like the New View unit, counted as affordable by the community but not the State.

Phase II
My thoughts in asking for three units in phase II is if the developer agreed to three at 1400 sq. feet verses 1700 sq. feet. It would be another unit to count toward the 10%. I am not sure what the sq. feet of the units are, I have a call into Gary.

I do see some difficulty in the possible sale of the affordable units. All household members must be 62 years, If any household member is under 62 years, then the household must qualify under rules that apply to normal households for LIP units.

Look up the elderly exception rule in the August 2000 LIP regulations. In the mean time I'll check DHCD's web site, I thought new regulations were done in December 2000.

After I speak to Gar I'll call you instead of e-mailing.

Betty

----- Original Message -----
From: Nancy Tavernier
To: Acton Housing Authority
Sent: Tuesday, June 03, 2003 8:40 AM
Subject: Robbins Inn

Betty,

I reread the agreement and find what Melissa says is consistent with the agreement.

2 units are for people who are medicaid eligible and the fees will be paid by them and GAFC to total $2000. OR if they do not qualify (for medicaid) they will be charged a monthly fee not to exceed $2000.

The 3rd unit is for someone who does not qualify for medicaid and will pay not more than 75% of their income.

So I guess Ruth Rice will be charged $2000 because she IS NOT eligible for Medicaid

but is occupying the GAFC program (medicaid) unit, is that the case? If she were in the 3rd unit, she would then pay 75% of her income. It sounds like she must be in limbo between the two program income standards.

That's my reading of it.

Nancy

Acton Housing Authority

From: "Tavernier" <ntavern@comcast.net>
To: <grhodes@town.acton.ma.us>
Cc: "Acton Housing Authority" <ahabetty@attglobal.net>
Sent: Thursday, July 10, 2003 2:38 PM
Subject: Robbins Brook

Hi Garry,

Here are the additional or clarified comments for Robbins Brook:

We would prefer to have this wording for the consultant language without the identification of a sum of money.

1. The applicant shall bear all costs associated with marketing of the affordable units, selection of qualified buyers, and the sale of the affordable units, including the preparation of the LIP applications and the necessary regulatory agreements, restrictions and deed riders.

Other new comments to be included:

2. All homeowners of the development will be informed in advance, as part of the marketing program, about the affordable units present in the development. They will also be informed in writing that any condominium fees will be prorated based on a ratio of the selling price of the market rate homes to the affordable homes which will result in lower fees paid by the affordable owners.

3. The three affordable units shall be priced, marketed, and deed restricted so as to qualify as Local Initiative Program (LIP) units in accordance with current guidelines and requirements of the MA DHCD. This may include but not be limited to the Elderly Exception Program.

Thanks.

Nancy