

Tara Hall

From: Walker, Josh <josh.walker@dhhs.nc.gov>
Sent: Thursday, October 9, 2025 3:21 PM
To: RentalHelp
Cc: Sandy Harris; Purcell, Detra L
Subject: EXTERNAL: FW: [External] Re: QAP Recommendations Document

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Please see additional comments from all ages all stages

From: Walker, Josh
Sent: Thursday, October 9, 2025 3:19 PM
To: 'Richard Duncan' <rduncan@udinstitute.org>; Weaver, Caylee <caylee.weaver@dhhs.nc.gov>
Cc: Johnson, Alice V <alice.johnson@dhhs.nc.gov>; johnson.carissa <johnson.carissa@gmail.com>; Purcell, Detra L <detra.l.purcell@dhhs.nc.gov>; Janice Tyler <jtyler@orangecountync.gov>; Deryl Fulmer <deryl@rgea.info>; Moore-Reid, Martina <Martina.moore-reid@dhhs.nc.gov>; Venkataganesan, Divya <divya.venkataganesan@dhhs.nc.gov>
Subject: RE: [External] Re: QAP Recommendations Document

The growing demographic of older adults needing affordable housing in NC will continue to increase for another four decades, not peaking until after the middle of the 21st century. These older households need units that will meet their needs now and will allow them to age in place, helping them remain in their home for as long as possible, delaying moves to alternate residential settings. These households need units with features that can allow them to live safely and independently.

Resident Status

Functional issues that might occur with a resident might include mobility impairments, and limitations of balance, strength, or stamina, necessitating the use of canes, walkers, wheelchairs or scooters. Declines in vision and hearing are possible, and limitations in reaching, bending and grasping are all possible.

Senior Housing (could be all housing)

Problem	Recommendation
Most multifamily projects (including affordable projects) include Type B units, which offer limited bathroom and kitchen features to accommodate older adults. Allowable bathrooms are small and have limited maneuvering room to accommodate people who use walkers or wheelchairs; the kitchens have just standard features.	Enhance all Type B units (or a portion in each development) so that they better accommodate older adults and allow them to extend their tenancy.
There is generally little certainty that a resident with a particular need would be able to secure a unit with particular useful	Consequently, adaptability within a unit would be a useful option in order to maintain residents in place for as long as possible in a manner that is safe and

features. For instance, residents who need or prefer curbless showers may not be assigned a unit with those features. Moving to alternate units is a rare affordance, because turnover is minimal.	that maintains independence and ease of use. Can tubs be installed for easy conversion to curbed or curbless showers later? Can lowered worksurfaces be included or added? E.g., fold down-up counters.
Tight spaces in many Type B unit bathrooms make it impossible to use with walkers, wheelchairs, or with an assistant.	Make all bathrooms in Type B units more like Type B bathrooms. Reconfiguring to allow for outswinging bathroom doors can save space within the bathroom adding maneuvering space.
Typical wall blocking in bathrooms provides limited locations for useful and safe grab bar placement.	Provide <i>solid 3/4 inch plywood from 12 inches off to 48 inches high for blocking</i> at all toilets and tub/shower units for grab bar installation This change could save the property management company from incurring more reno expense by way of a reasonable request.
Typical grab bars that are used suggest public restroom finishes and sizes.	Install 1 ½ diameter bars in a color that gently contrasts with the wall or bathing fixture.
Traditional vanity cabinets prevent people who are seated from proper access to the sink.	Include an adaptable vanity cabinet/plumbing to allow a seated user to pull under. Using sink arrangements with removable base cabinets would allow someone to sit while using the sink and would provide increased maneuvering space in the bathroom.
Reaching high and low for stored items -can be a strain on older adults who may have limited reach range and balance issues. Traditional storage options put seniors at risk for falls.	Reaching high and low for stored items -can be a strain on older adults who may have limited reach range and balance issues. Traditional storage options put seniors at risk for falls. Solution – Enhanced use of storage options between 18” – 48” high: • full extension drawers in base cabinets instead of door bases, • pull out shelves in base cabinets, • full height storage cabinets, or pantry style storage with pull out drawers
Microwaves located over stoves present reach and safety problems for those with limited reach range, and limited arm and hand strength. Taking hot items out of microwaves that are located above the shoulders introduces opportunities for breakage and burns.	Provide counter top space for a microwave. Install wall mounted microwaves (with operating controls between 36” - 48” H), or undercounter microwaves
Rear control stoves are harder to see, harder to reach, and require that users reach over hot burners.	Front control/knob control stoves are easier to see and use, and safer than rear control stoves because they reduce the amount of reaching (which can be a

	strain), place the controls in the easiest location for viewing, and reduce the frequency of reaching over hot stove items and burners to adjust stove functions.														
Older eyes require more light and more attention to glare.	LED lighting systems seem to provide the best combination of brightness and light quality. Using indirect lighting is a good way to avoid glare. For good color get a correlated color temperature of 2700 to 3500 K and with a color rendering index or CRI of at least 80. Foot-candle Recommendations <table border="1"> <thead> <tr> <th>Area or activity</th><th>Over 65 years old</th></tr> </thead> <tbody> <tr> <td>Passageways</td><td>8</td></tr> <tr> <td>Conversation</td><td>10</td></tr> <tr> <td>Grooming</td><td>60</td></tr> <tr> <td>Reading/Study</td><td>100</td></tr> <tr> <td>Kitchen Counter</td><td>150</td></tr> <tr> <td>Hobbies</td><td>200</td></tr> </tbody> </table> Add under wall cabinet lights in all kitchens.	Area or activity	Over 65 years old	Passageways	8	Conversation	10	Grooming	60	Reading/Study	100	Kitchen Counter	150	Hobbies	200
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Multi-family (Non-senior family units) - this could be in senior projects also – much higher incidence of vision and hearing issues.

Recommendation	Why
Separate fully accessible units and visual and hearing impaired units, currently those are overlapping with the fully accessible units, and instead meet those requirements to be built into type B units to preserve fully accessible units. We believe these upgrades could be achieved through a reasonable modification, rather than requiring fully accessible, wheelchair-accessible roll-in showers.	Right now, any audio/visual unit would also be fully accessible. Often, an individual would not require that level of accessibility and it is much easier to add audio/visual accessibility aides as opposed to adding fully accessible requirements such as roll in showers, wider door frames, cabinets that allow for a wheelchair to roll in. In practice, this means that it is possible for an individual who does not really need the fully accessible benefits will be able to have that unit due to the audio/visual aides and this will take another fully accessible unit off the market for a person who does need those features.
We are asking for HFA to increase 1-bedroom unit production at each development. We do not have enough one-bedroom units, and people are waiting.	This will help us comply with Olmstead Settlement Agreement for individuals to move from congregate living (Adult/Family care homes) into integrated communities of choice and the NC DHHS Strategic Housing Plan in the production of 3400 Permanent Supportive Housing Opportunities for individuals with disabilities and

	the established prioritized populations (e.g., TCL, MFP, Homeless adults with disabilities. (need expansion on this)
Never install microwave over the stove (Richard - how do we describe where to install microwave?)	In researching other places to install a microwave versus over a stove, I found a couple of options, replace a lower cabinet with a built-in shelf or create a built-in space in the corner of a countertop.
Increase in fully accessible wheelchair accessible roll-in shower units from 5% to 10% (ref (F)(3)) section in QAP.	This will also assist the state with meeting the Olmstead Settlement, specifically assisting individuals with leaving Adult Care Homes and requiring these accessibility features.

Notes:

- **Carissa is curious what others think here:** When there are Type B standard units not on the first floor in a building that doesn't have elevator service, what does that mean for UD on the upper floors? Is it not worth recommending UD features be included? Or said another way, **are we primarily/only advocating for UD in units on the first floor in non-elevator buildings and in all units in elevator serviced buildings?**
- Several meet compliance with the Olmstead settlement.

From: Richard Duncan <rduncan@udinstitute.org>

Sent: Wednesday, September 24, 2025 11:51 AM

To: Weaver, Caylee <caylee.weaver@dhhs.nc.gov>

Cc: Johnson, Alice V <alice.johnson@dhhs.nc.gov>; Walker, Josh <josh.walker@dhhs.nc.gov>; johnson.carissa

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Subject: [External] Re: QAP Recommendations Document

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OK. I stuck my items in there.

R



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On Mon, Sep 22, 2025 at 11:21 AM Weaver, Caylee <caylee.weaver@dhhs.nc.gov> wrote:

Hello all,

Here is the shared doc I created with the two tables. Let me know if this was how you were envisioning it or if I can make any changes.

 [Draft 2026 QAP Recommendations.docx](#)

The recording is in the doc as well, but it does not seem there is captioning, however the document includes all of the recommendations that were discussed today. If you notice anyone missing from this email that should have access to the doc, please let me know.

My apologies for the accessibility issues in today's meeting, I will connect with our team member who helps us create Zoom links and we will look into the permissions to make sure captioning is available in the future.

Thank you all and have a great day!

Caylee

Caylee Weaver, MS

Planner/Evaluator

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[NC Department of Health and Human Services](#)

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