USC Leonard Davis
School of Gerontology

Case Studies in Home Modification Service Delivery: State and Local Aging Network Efforts Across the United States

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Table of Contents

Background……………………………………………………………………………......4

Case Studies………………………………………………………………….…………..5

Agency on Aging Area 4 (AAA4)………...…………………………………………………….5

CICOA Aging & In-Home Solutions……..……………….....…………………………….……9

DC Department of Aging and Community Living (DACL)...13

Iowa Department on Aging..18

Southern Alabama Regional Council on Aging (SARCOA) …......................................22

Challenges, Advice, and Recommendations...25

Barriers and Challenges to Home Modification Service Delivery...................................25

Advice to Other Agencies..…...…………...26

Recommendations to Increase Access to and Availability of Home Modifications for Aging in Place within the Aging Network...…..………...27

Acknowledgements…………………..…………...28

Appendix A: Research Process………..29

Appendix B: Case Study Online Survey Questions..30

Appendix C: Case Study Zoom Interview Questions...32

Background

The University of Southern California Leonard Davis School of Gerontology (USC) conducted these case studies from August 2020 to June 2022 as part of its project, "Promoting Aging in Place by Enhancing Access to Home Modifications," funded by the Administration for Community Living. Home modification involves changing the home environment to support individuals' daily activities as they age. While many home modification programs and services exist, there is not a large body of information on what strategies and approaches are key to successful and effective home modification service delivery.

The purpose of the case studies is to highlight exemplar home modification service delivery efforts and provide detailed contextual analysis for replication, as well as better understand how exemplar home modification programs and services operate.

The five selected sites demonstrate promising practices in home modification and represent a range of contexts (e.g., geographic, types of populations served, strategies utilized, resources available). Major topics of exploration included service delivery strategies, "key ingredients for success," challenges, and accomplishments. Each case study includes summary descriptions of the agencies involved and the services provided. Services are also broken down into activity type (e.g., outreach, referrals, assessment, delivery process, and follow-up). Findings across sites were compiled to share themes and lessons learned. This report is intended to be shared with aging network agencies and professionals (e.g., Area Agencies on Aging, State Units on Aging, and Title VI agencies) to support their ongoing home modification service delivery efforts and to improve policies.

Case Studies

Agency on Aging Area 4 (AAA4)

Freed Fix It Program and Rebuilding Together, Sacramento, CA

https://agencyonaging4.org/
https://freed.org/services/independent-living/fix-it-program/
https://www.rebuildingtogethersacramento.org/

Background

About the Agency: Established in 1973, the mission of the nonprofit Agency on Aging Area 4 (AAA4) is to create and support opportunities that enhance the lives of older adults, people of all ages with disabilities, and their families to be safe, healthy and independent. It employs 48 staff and serves a seven-county region, much of which is rural. AAA4 partners with the FREED Center for Independent Living and the national nonprofit organization, Rebuilding Together's Sacramento affiliate to provide home modifications and repairs to keep the homes of adults age 60 and older safe, secure, and accessible.

FREED Fix It Program Overview: FREED, a Center for Independent Living, started receiving Older Americans Act funding through AAA4 for its Fix It Program over 20 years ago. The program provides health and safety-related minor home modifications and repairs that support older adults and people with disabilities to live in their own homes safely or transition from institutional settings to community living. Examples of services include installing grab bars and hand rails, repairing leaky faucets, support in building ramps, and minor entryway repairs. Services are provided by volunteers, and recipients are encouraged to participate in planning and creating the home repairs. The Fix It Program serves 125 people per year.

How the Fix It Program Started: At the beginning of each funding cycle, County stakeholders are formed into a County workgroup to identify the needs of the older adult community. Nevada County identified home modifications as a need, which resulted in a Request for Proposals for those services. FREED was assigned the contract to provide its Fix It Program.

Rebuilding Together Sacramento Program Overview: The Rebuilding Together Sacramento affiliate's mission is to repair homes, revitalize communities, and rebuild lives. There are three paid staff involved in the home modification and repair program funded by the Older Americans Act through AAA4. These services include minor home modifications only, and the program serves 62 people per year.

How AAA4's Collaboration with Rebuilding Together Started: Similar to the Fix It Program, a County workgroup that is established to identify the needs of the older adult community determined that home modifications were needed in Sacramento County. This

resulted in a Request for Proposals for those home modifications, and Rebuilding Together was assigned the contract.

Program Details

Eligibility requirements: Both programs share the eligibility criteria for services funded with Older American's Act dollars: the client must be aged 60 or older, live in the home to be repaired or modified, and either own the home to be repaired or modified or have the expressed written consent from the property owner to repair or modify the home. Additional funding sources may be different for each agency.

Services:

- FREED Fix It Program: The Fix It program provides health and safety-related minor home modifications and repairs that support older adults and people with disabilities to live in their own homes safely or transition from institutional settings to community living. Examples of services include installing grab bars and hand rails, repairing leaky faucets, support in building ramps, and minor entryway repairs, and they typically cost less than $500 per project.
- Rebuilding Together Sacramento: Similar to FREED's Fix It Program, AAA4's funding for Rebuilding Together covers minor home modifications that typically cost less than $500 per project.

Personnel:

- FREED Fix It Program: FREED employs a full-time Fix It Coordinator and 10% of a Program Manager's time to facilitate the Fix It Program. Many of the home modifications were provided by volunteers prior to the pandemic, but when most volunteers, who were over age 65, were required to stay at home, FREED hired a handyman to perform the work. It still has one paid handyman and the volunteers have slowly returned.
- Rebuilding Together Sacramento: There are three paid staff involved in the home modification and repair program. The home modification repairman responsible for planning, scheduling, and conducting the minor home modifications is full time.

Policies: Both programs can serve renters but must have owners' approval per Older Americans Act regulations.

Funding: Of AAA4's budget fiscal year for 20-21, 1.33% went to home modification and repairs. All home modification program budgets combined average $140,000 per year. Both the Fix It Program and Rebuilding Together's services utilize Older American's Act Title IIIB funding.

- FREED devotes 3% of its total budget to the Fix It Program. The Fix It Program's budget per year is $80,444. FREED uses creative funding strategies in addition to Older Americans Act Title IIIB funding. This includes the Money Follows the Person Program, City/County Housing and Community Development Department (e.g.,

Community Development Block Grants, HOME Block Grants), and Local General Funds.

- Rebuilding Together Sacramento uses the following funding sources to provide home modification and repairs: Older Americans Act Title IIIB dollars, City/County Housing and Community Development Department (e.g., Community Development Block Grants, HOME Block Grants), state and/or local tax programs (e.g., state sales tax rebates, local tax credits), private pay, fundraising, grant funds, corporate funding, such as from the Bank of America, and other local corporation funding.

Outreach

AAA4 shares program information at various venues: community resource fairs and events, Commission on Aging meetings (there are five Commissions in the seven counties), virtual Information and Assessment meetings with presentations by different service providers, and quarterly ADRC meetings in four counties in which other home modification and repair programs participate. The statewide falls prevention coalition, Stopfalls is active in Sacramento and will also share information about the programs. AAA4 staff conduct presentations at quarterly ADRC meetings to cross train the other members about its services and to share information. The Older Americans Act Title IIID-funded evidence-based classes such as A Matter of Balance promote the AAA4 home modification services. AAA4 now offers MOB directly. AAA4 also uses social media such as Facebook and an e-newsletter for outreach. Its agency directory also lists by county all different services and HM are listed by county, provider, contact.

Referrals

AAA4's nutrition programs conduct home safety checks when they go into the home and refer to FREED's Fix It Program or Rebuilding Together as appropriate. Other funded partners such as legal services refer, as do direct service Person Centered Counselors, Information and Assessment, and the Stopfalls Network state coalition refer as well. The Older Americans Act Title IIIE-funded Caregiver Support Program includes questions in its assessment about the home and pre-pandemic, it conducted an assessment in the home and would identify when a person could benefit from home modification and repairs. The senior Information and Assessment referral in every county is aware of AAA4's home modification and repair programs and will connect people in need to them.

Intake

FREED and RT intake form focuses on safety, fall prevention, and fall risk. Both FREED and Rebuilding Together can have a waitlist. Both agencies also have a variety of funding sources for their home modification programs of which AAA4 funding is just one of many. When a client calls for services during the intake process, both agencies will determine which funding source will be used based on the consumer's needs and which funding sources are available to fill their needs.

Service delivery is prioritized for those with the greatest need, for example, if someone is being discharged from a hospital and needs a ramp. If a person is not eligible for services because of their age, they are directed to non-Older Americans Act-funded programs which could be at FREED, Rebuilding Together or another community partner. Intake involves listening to the consumer and addressing their needs rather than telling them what they will do or need. Intake staff are trained to “dig deeper” to thoroughly identify needs.

Assessment

Both programs have an assessment form and protocols to assess individuals’ homes.

Delivery process

There are many factors that determine the timeline from intake to assessment to installation, for example, if is there a waitlist and the level of urgency of the project.

Follow up

The funded partner assumes responsibility for conducting a final, onsite inspection to assure all work done under this service category has been done properly in accordance with appropriate safety and building code standards. A final inspection may be conducted by a trained volunteer or by paid staff.

Networks and Coalitions

California has a network of local county and regional coalitions called the Stopfalls Network. It includes major hospitals across the state, Area Agencies on Aging, and community-based programs. Stopfalls members will refer people in need of home modifications and repairs to AAA4.

Challenges and Ingredients for Success

Challenges: Like all Area Agencies on Aging, AAA4 relies on federal funding to deliver services. Home modifications and repairs are one of its most important programs, and it must decide where to direct limited Older Americans Act Title IIIB dollars. It relies on each county to tell it which programs they need most. Each year, all programs tell AAA4 that they could use more money and AAA4 wishes it could give them more. AAA4 has many more people that need to be served than funding support to serve them.

Ingredients for Success: AAA4 has the buy-in and support of its counties and board members. It has established service providers that are trained dependable, dedicated, and easy to work with. AAA4 has strong communication and connections with its funded partners, perhaps because it’s a nonprofit participating in community events spanning seven counties. AAA4 and its partners share the same core beliefs and guiding principles. They know what AAA4’s mission is and AAA4 knows what their partners’ missions are.

CICOA Aging & In-Home Solutions (Area Agency on Aging) Central Indiana

Safe at Home Program

https://cicoa.org/services/home-accessibility-modifications/

Background

About the Agency: The Safe at Home program is provided by CICOA Aging & In-Home Solutions, a nonprofit that serves Central Indiana. Established in 1974, CICOA is the largest Area Agency on Aging in the state with 366 full time staff. CICOA's mission is to empower older adults, people of any age with a disability, and their caregivers by providing innovative answers, services, and support they need to achieve the greatest possible independence, dignity, and quality of life.

Program Overview: The Safe at Home program provides home modifications and repairs to Marion County homeowners over age 60 and adults with a disability at or below 250% federal poverty guidelines. The program aims to promote aging in place, reduce falls, and increase home accessibility. Modifications include ramps, widening doorways, grab bars and handrails, and replacing doorknobs or faucet knobs with lever handles. Safe at Home has been in operation for 15 years, serving about 90 households and 150 individuals per year. The average total cost per client is $2,000, ranging from $1,000 to $7,000 per client.

How the Program Started: In 2006, Community Development Corporations (nonprofit, community-based organizations that support community health in underserved neighborhoods) in the state had Community Development Block Grant funding to provide home modification and home repairs. The Mapleton Fall Creek Community Development Corporation reached out to CICOA to collaborate, knowing that CICOA's experience working with older adults would be a natural fit as a partner to promote home accessibility. In this partnership, CICOA realized that there was a gap in services to adequately meet the community's home modification needs. CICOA's development department started writing grants and Safe at Home became an ongoing program in 2007. Over time, the program has continued to grow. Out of this work came the first Safe at Home event that provided services to 20 homes in neighborhoods with high levels of need. As of 2022, Safe at Home provides about 70 home modifications each year. Grants from foundations, benefactors, and city funds support contractors to complete the home modifications.

Program Details

Eligibility requirements: Targeting a population that is not at a Medicaid level of financial and physical need, the program is offered to Marion County homeowners over age 60 and persons of any age with a disability at or below 250% of the federal poverty guideline.

Services: Common modifications include ramp installations, widening doorways, grab bars and handrails, and replacing door and faucet knobs with lever handles.

Personnel: Safe at Home has five paid staff. The Safe at Home director plays a key role in all aspects of the program: intake, assessment, developing a scope of work, involving partners, engaging contractors, and the final work inspection. The program engages eight to nine contractors on an ongoing basis; about half have completed the Certified Aging in Place (CAPS) Specialist training.

Funding: Safe at Home's $150,000 annual budget is primarily supported by grants and donations that often apply to specific geographic areas or are limited to modifications specifically for fall prevention. The program tracks the funding available for each type of modification, different zip codes, and other specifics. CICOA's marketing department occasionally sends out a press release or newsletter to funders and donors, highlighting the areas in need of services. The grants sufficiently cover the expenses to run the program; less than one percent of CICOA's total budget is devoted to Safe at Home.

Outreach

CICOA has used local media to promote Safe at Home. In early 2022, news outlets highlighted a particular project in which Safe at Home and its local partners Habitat for Humanity and Servants at Work all came together to assist an individual in need. Another method of outreach is CICOA's annual Safe at Home event, held in conjunction with the nationally recognized initiative, Falls Prevention Awareness Week. It is a high-impact, half-day of service to homeowners aged 60 and older or to persons with a disability of any age in lower-income neighborhoods. With sponsor and volunteer support, accessibility modifications such as handrails and grab bars are provided along with yard clean ups to reduce fall risks and injuries in the home.

Referrals

Ninety-five percent of program referrals come from the hundreds of calls CICOA's Aging and Disability Resource Center receives each day. Referrals also come from the Community Development Corporations. Safe at Home takes 10 new referrals per month and typically has a waitlist of about 25 people.

Intake

The CICOA Aging and Disability Resource Center has an intake process to identify an individual's needs and find appropriate resources to address them. Intake staff will interview potential Safe at Home clients to determine their eligibility, and if appropriate, they complete a referral form and send it to Safe at Home. If an individual is not eligible for Safe at Home, CICOA provides referrals to other programs it provides and to its partners in the city.

Assessment

The Safe at Home Director conducts the assessment, which includes the individual as well as their environment. The assessment examines the individual's needs, for example, mobility issues, and it examines indoor and outdoor areas of the home. The assessment process is guided by a comprehensive checklist developed by the national nonprofit organization, Rebuilding Together. It includes education and involves listening to the homeowner's description of problems they encounter as they move through their environment. A long-term view is applied, considering the individual's future as well as current needs. If Safe at Home does not have the funding to cover a need, CICOA will reach out to other organizations to coordinate. Partners include Servants at Work for building ramps, Habitat for Humanity and Community Development Corporations for general home repair and maintenance, and KG Community Action for weatherization services.

Delivery Process

The program director creates a scope of work based on the assessment. Modifications include ramps, widening doorways, grab bars and handrails. The average cost is $2,000 per client and ranges from $1,000 to $7,000 per client. The Safe at Home program director determines which contractor would be most appropriate for the job based on the contractor's experience and specialty areas. Contractors are vetted, bonded, licensed, and provide a one-year warranty on parts and labor. Depending on the size of the job, one to five contractors may be involved. After visiting the home, contractors submit an estimate of the projected cost. Once approved, the project is completed in two to three weeks. The timeframe from the request for services to implementation of the modifications is three months, with six to seven projects taking place per month.

Follow up

Once the work is complete, the Safe at Home director conducts a final inspection. He ensures that it has followed the scope of work and is of quality material and craftsmanship. If any issues arise, the contractor is brought back to correct them. There is a one-year warranty that covers contractor labor and materials.

Networks and Coalitions

The Indiana Fall Prevention Coalition and Safe at Home are complementary. The coalition is comprised of statewide agencies and organizations and CICOA is also a member. It educates consumers and professionals about CICOA's Safe at Home program and includes links to it on the coalition website: http://www.infallprevention.org/

An initiative launched in 2021 called Independence at Home Network convenes local agencies including CICOA quarterly to promote partnership opportunities.

Accomplishments, Challenges, and Ingredients for Success

Accomplishments: Through about $130,000 in grant funding from a number of foundations, Safe at Home provided 56 home modifications and built eight ramps in 2021. The annual Safe at Home event is a highlight of the program. For the most recent event, volunteers across the community came together and provided services for 19 homes in one day.

Challenges: A challenge the program encounters is maintaining a consistent pool of skilled contractors. Their ability to participate depends on the grant funding they have available, as well as external factors. Projects with a smaller scope can be difficult to draw contractors when other, more lucrative opportunities are available.

Ingredients for Success: An ingredient for Safe at Home's success is its strong working partnerships with nonprofits in the community. Safe at Home partners with local nonprofits including Rebuilding Together, Habitat for Humanity, Neighborlink Indiana, Easterseals Crossroads, and Servants at Work (SAWs). Providing critical supplemental services such as ramp building, they enable the program director to work more efficiently and extend the reach of the program's funding.

CICOA is looking for funding opportunities to provide the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) Program in the future. CAPABLE is an evidence-based program in which a registered nurse, occupational therapist, and handy worker provide services including home modifications to support older adults' health, independence, and safety. CICOA also aims to expand its services to address other needs it sees in Central Indiana's older housing stock, including home maintenance and repairs. Part of this plan involves creating a team of volunteer handy workers who can be deployed across the city to delivery services.

DC Department of Aging and Community Living (DACL) (State Unit on Aging) Washington, DC

Safe at Home Program

https://dacl.dc.gov/service/safe-home

Background

About the Agencies:
Established in 1975, the **DC Department of Aging and Community Living's (DACL)** mission is to advocate, plan, implement, and monitor programs in health, education, and social services that promote longevity, independence, dignity, and choice for District residents age 60 and older, people with disabilities ages 18 and older, and their caregivers. It employs over 100 staff and is growing. Ninety percent of DACL's budget goes toward direct services, mostly through grants to community partners.

Home Care Partners: Home Care Partners is a private, non-profit home care agency that has been serving low-income older adults, adults with disabilities, persons with dementia, and their family caregivers since 1957. Its mission is to enable older adults and their family caregivers to age in place at home safely and with dignity, regardless of economic status. It provides services, education, and resources on fall risk management, home modification, caregiver support, and body mechanics. There are three Occupational Therapists on staff.

Program Overview: Safe at Home is a minor home modification program administered and funded by the DACL and delivered by the non-profit agency, Home Care Partners. In operation since 2016, the Safe at Home program's mission is to promote aging in place for residents aged 60 years and older and residents living with a disability age 18 to 59 years by offering home accessibility adaptation grants that reduce the risk of falls and barriers that limit mobility. Examples of adaptations include: grab bars, railings, straight-run stair glides, off-set hinges, pocket doors, lighting, and durable medical equipment. Services do not include remodeling.

How the Program Started: The Safe at Home program started with an occupational therapist with a background in Assistive Technology. In her private practice, she realized that her recommendations for simple home modifications such as grab bars were not affordable for most clients. The DC Department of Housing and Community Development Program provided a home modification program funded by the U.S. Department of Housing

and Urban Development (HUD), but it was more suitable to fund large scale repairs, not minor changes such as grab bars.

This occupational therapist advocated for a program that would provide minor home modifications for low-to-middle-income older adults in the city to address this unmet need. As part of this advocacy, she started a Falls Prevention Coalition in the DC area in collaboration with the National Council on Aging, and met partners including DACL's Nursing Home Transition program. She learned that many people were being held back from transitioning to the community due to barriers to independence in their homes. The primary solutions available to address these barriers at that time were remodeling and elevators, when not all barriers required such major modifications. She worked with the Nursing Home Transition program to provide recommendations for minor home modifications for two individuals. These successful transitions demonstrated the value of home modifications and adaptations that did not require remodeling, and resulted in transitioning people out of nursing homes that had been in them for years.

Equipped with this evidence, the coalition advocated with DACL to support a minor home modification program. DACL contracted with the non-profit home care organization, Health Care Partners, hired the occupational therapist to create and run the program, and provided $56,000 as seed money for a demonstration project to show DACL what they could do. Now, every fiscal year they receive $4-4.5 million. Approximately 900 jobs are conducted every fiscal year.

Program Details

Eligibility requirements: District residents who are age 60 and older or ages 18-59 with a disability and have an income at or below 80% of the Area Median Income, including homeowners and renters.

Services: Adaptations include grab bars, railings, straight-run stair glides, off-set hinges, pocket doors, lighting, and durable medical equipment such as shower seats and toilet risers.

Policies: The program has a two-project limit over a lifetime. There are three criteria for a second delivery of services: more than three years have passed, the individual has moved, or there has been a change in the individual's functional status.

Personnel: Home Care Partner staff operating the program include: three full time occupational therapists, one of whom is also the clinical manager; four administrative assistants; and one program manager. DACL staff provide oversight, outreach, and grants monitoring.

Funding: The program is fully funded by DACL. Home Care Partners covers expenses up front and is reimbursed by DACL, which monitors activity to ensure they are meeting fiscal and quantitative goals. Twice a month, Home Care Partners submits data for review. Nursing Home Transition funds will sometimes supplement funds if the modifications

required exceed the Safe at Home budget. The Nursing Home Transition programs fund the contractors directly. While there is a maximum budget of $6,000 per household, the average scope of work is $3,900.

Outreach

Both DACL and Home Care Partners conduct outreach to promote Safe at Home. The program is well-known in the DC area due to a strong ongoing publicity campaign supported by the Mayor and word of mouth. Outreach includes presenting at sites throughout city and town hall meetings, community talks with Villages, and posting flyers in apartments. They have conducted targeted outreach to parts of the city that are within the eligible income range but not utilizing the program, including Villages.

Referrals

People are referred to Safe at Home from other Home Care Partners programs, other DACL programs such as a hospital discharge program, a Persons with Disabilities Waiver program, and DACL's Nursing Home Transition program, and individuals seeking services directly. Self-referrals comprise the majority of Safe at Home referrals. When people call DACL for other services, during the intake process, they are referred to the Safe at Home program if there is a need. Referrals also come from case managers, social workers at facilities, and case managers in the community. Often, people will not transition to the community until they have talked with Home Care Partners. The program does not have a waitlist.

Intake

DACL handles intake and sends electronic referrals to Home Care Partners via a shared database. Home Care Partners will conduct intake if referrals come to them directly. If an individual is not eligible for the program, they are referred to other programs based on their needs. For repairs, they are referred to the Department of Housing and Community Development program. If they are outside of the service area, they are referred to Rebuilding Together or Habitat for Humanity. Individuals are typically ineligible because they surpass the income limit. They are referred to private pay. While services are provided first come, first served, Nursing Home Transition cases may receive priority. The program makes referrals if recommended work extends beyond the program scope.

Assessment

The Mayor mandated that the occupational therapist-delivered assessment occur within 30 days from the referral. In this time, the individual must submit all required documents. The assessment process includes three to seven standardized assessment tools depending on the individual needs, including the SAFER assessment and the Falls Efficacy Scale (FES).

Delivery process

The contractor must visit the home within seven days after the occupational therapist's assessment. The contractor has 14 days to complete the work, but exceptions are made in the rare occasion that special order equipment is needed. Contractors are preselected, vetted, bonded, licensed, and mandated to provide a one-year warranty on the work. They are familiar with the program's set product list. While there is a maximum budget of $6,000 per household, the average scope of work is $3,900. Common modifications provided include grab bars, railings, and straight-run stair lifts/stair glides. The program can remove doors, install off-set hinges, pocket doors, lighting, and provide durable medical equipment. They make referrals for any recommended work outside of the program scope to be done at clients' own expense. If someone is moving soon, they will recommend waiting on receiving services. If the scope of work has reached the maximum budget and durable medical equipment is needed, they partner with a medical equipment closet that offers refurbished equipment at a lower price.

Follow up

Within seven days after the work is completed, the occupational therapist returns and conducts a final visit in which the SAFER and FES assessments are re-administered. Satisfaction surveys to measure everything from customer service to quality are also sent out on a quarterly basis and average at a 96-97% rating.

Networks and Coalitions

The DC Falls Free Coalition was originally focused on home modifications and accessibility. It advocated for the development of the Home Safe Program. Membership includes Villages, occupational therapists and physical therapists, other medical professionals, contractors, aging services, university staff, and the DC Department of Aging and Community Living. It continues to advocate to improve access to existing programs such as a Medicaid Waiver, implement evidence-based education city-wide through the Matter of Balance program, and aims to be a referral source for senior and health care providers in DC.

Accomplishments, Challenges, and Ingredients for Success

Accomplishments: Safe at Home has demonstrated to other agencies, such as the Medicaid Agency and Housing Authority, that there are lower-cost options for helping people transition out of - or avoid - nursing homes.

Challenges: There is a critical need for home repairs and healthy home solutions. The program encounters significant challenges related to mold, roof and foundation problems, and lead, and has installed grab bars in homes that have holes in the floor or roof. This need is great, and there is a lack of services to address it.

Ingredients for Success: Interagency coordination and implementation are essential to Safe at Home's success. Home Care Partners has fostered relationships with the agency that provides Medicaid services which funds the Nursing Home Transitions program and relies on their support. A second strategy for success is streamlining its service delivery. The program offers a limited range of home modifications with a set item list, making it clear to clients and contractors what can and cannot be done. Third, the eligibility requirements comprise a wide income range, giving a broad audience access to the Safe at Home Program. Lastly, the Mayor's platform and media support have been a huge boost to the program's success.

(Continued on next page)

Iowa Department on Aging
(State Unit on Aging)

https://iowaaging.gov/

Background

About the Agency: Established in 1966, the Iowa Department on Aging (IDA) is the designated state unit on aging. It provides resources, tools, and support to enable Iowa Area Agencies on Aging (AAAs) and partners with common goals to effectively deliver core services - Information & Service Assistance, Nutrition and Health Promotions, and Services to Promote Independence - to their consumers. IDA employs 30 staff.

Home Modification as a Priority in Iowa

IDA places a priority on home modification service delivery to people who are in the "pre-Medicaid" category, that is, 138 to 300% of the federal poverty level. A number of forces were at play in highlighting this area of need. There was an unmet need for home modification to support aging in place and facilitate care transitions for non-Medicaid eligible older adults through the statewide care transitions program, Iowa Return to Community. In 2016 to 2017, Iowa went from a fee-for-service state for Medicaid benefits to full managed care and AAAs were in transition. IDA Director Linda Miller, a nurse by background, came on board in 2017 and identified home modification as a key way for AAAs to help the pre-Medicaid population stay in their homes or transition to the community, and avoid having to join Medicaid. During this time, people on the Medicaid Elderly Services Waiver had $2,000 to access for home modifications, but people who were not on Medicaid had no options. Director Miller pushed to tie other support services into home modifications to support care transitions and the pre-Medicaid population. It is IDA's goal to be the state level resource hub for home modifications, providing networking support and helping consumers and professionals to find funding and services.

Home Modification in the Iowa State Plan

IDA's State Plan on Aging (FFY2022-2025) focuses on home modification needs as an objective under *Strategies to Address Service Gaps:* "Objective 2.7: Expand access to home modifications programs to ensure safe home environments for aging Iowans." Action items include, 1) "Participate with the Iowa Livable Homes Coalition to strategize and develop a better network of local and statewide providers to create a State Program Hub for home modifications," 2) Coordinate home modification resources and connect funding and providers back to the Iowa Return to Community initiative to further ensure safe at home environments, and 3) Pilot the Community Aging in Place-Advancing Better Living for Elders (CAPABLE) program and create an infrastructure to sustain and grow CAPABLE across Iowa. CAPABLE is an evidence-based program that helps low-income older adults to maintain their independence in their homes. Participants receive services

from an occupational therapist, a registered nurse, and a handy worker including home modifications that aim to improve health, independence, and safety.

Relationship Between SUA and AAAs

IDA provides technical assistance to its six AAAs for home modifications. For example, a AAA will contact IDA when it has trouble fulfilling an individual's home repair and modification needs. IDA will get background information including income levels, whether they own the property, and veteran status; then sift through the housing trust funds and state housing programs to create a menu of options, or connect them with other community partners to find resources. IDA checks in with AAA directors periodically, and quarterly conversations with AAAs about initiatives related to the state plan provide another opportunity to discuss questions.

Role of AAAs in Home Modification in the State

Funding Sources for Home Modifications
Iowa's six AAAs help to facilitate home modification service delivery utilizing Older Americans Act Title IIIB funding and State General Fund dollars to supplement it. Some also obtain grants from Local Housing Trust Funds, and others partner to utilize Community Development Block Grants (CDBG). For example, the Northeast Iowa AAA (NEI3A) partners with the City of Waterloo to utilize entitlement CDBG funds to make home modifications and home repairs. Iowa also has pilot funding to conduct a program similar to Money Follows the Person but with a pre-Medicaid population to connect AAAs with hospitals and skilled nursing.

Home Modification Service Delivery
The AAAs utilize a home assessment to identify consumers' needs. AAAs will recommend services based on consumers' assessment, income level, need for assistive technology, and case management needs using a person-centered practice that prioritizes what the individual wants to receive from the AAA. After needs are identified, the process for obtaining home modification varies. Consumers using Older Americans Act-funded case management can access home modifications through their plan. Many AAAs maintain a list of contractors they have worked with before. If a consumer is using Information and Assistance or a short-term transitional service like Options Counseling, they can identify their own contractor. AAAs support consumers and their care teams in identifying contractor options. IDA created a resource available on their website to guide AAAs and consumers through the process of obtaining home modifications.

IDA Funding Support of Local Programs and Service Delivery

IDA received an Empowering Communities Fall Prevention grant from the Administration for Community Living in 2020 to pilot the CAPABLE Program in four counties. Partners include Connections Area Agency on Aging, Greater Des Moines Habitat for Humanity, and Happy at Home Consulting.

IDA facilitates conversations at the Governor's level about home modification to expand awareness, build a better system, and support change. As a result of these efforts, in 2021, IDA obtained $100,000 in Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) funds that was awarded to Easterseals, the state assistive technology program. The funding provided 90 older adults and people with disabilities with 394 assistive devices and training on how to use them, and supported the Easter Seals' assistive technology lending library.

In 2021, IDA obtained an additional $100,000 in CARES Act (2020) funds to support a collaborative effort among the city of Charles City, IA, Teltex, Inc. and the Elderbridge Agency on Aging to implement a three-year pilot project called Smart Home Iowa. This project identified 13 high needs consumers and installed a suite of in-home support and monitoring devices to promote aging in place. The devices can assist consumers with turning lights on and off by verbal command, or by alerting the care team if a door is opened during specific timeframes. The project includes community wrap around services that provide additional support as needs change.

Partnerships and Coalitions

The Iowa Livable Homes Coalition has been a driving force in promoting home modifications in Iowa. Originally funded by the Multiple Sclerosis (MS) Society, it is now run by Iowa's University Center for Excellence in Developmental Disabilities. As written in the State Plan, IDA is to, "participate with the Iowa Livable Homes Coalition to strategize and develop a better network of local and statewide providers to create a State Program Hub for home modifications." As a coalition member, IDA provides technical assistance and the state perspective.

Iowa has a strong partnership with Habitat for Humanity at the state and local levels. A local affiliate's interest in aging in place rose to the statewide Habitat office, which connected with IDA to explore collaboration. Many, but not all of Iowa's counties have a Habitat affiliate, and AAAs have independently built strong relationships with them, often due to regularly occurring natural disasters. AAAs will work with older consumers by phone to fill out applications sent to them by Habitat for services. Knowing that their older adult populations do not always have the income to cover the cost of supportive services, the AAAs are very resourceful in finding solutions to meet the needs of their communities.

Challenges, Ingredients for Success, and Future Directions

Challenges to Home Modification Service Delivery

One challenge IDA sees is lack of consumer awareness about the availability and benefits of home modifications. As residents age and daily activities become more difficult to complete, they will often change their behavior to fit within the constraints of the home environment rather than change the home environment to support their needs. IDA has also faced challenges establishing partnerships with contractor groups and companies across the state to aid in finding handypersons. This may be due to demand from storm recovery and larger remodeling jobs. Habitat for Humanity is a consistent partner along with groups on the coalition; however, systems change with the housing sector has been very difficult.

Ingredients for Successful Home Modification Service Delivery

One ingredient for success that has been critical in IDA's work with home modification is finding partners with shared goals and leveraging their expertise. IDA's partnerships with Habitat for Humanity and Easterseals of Iowa – the state's Assistive Technology program – have played a key role in the state's home modification service delivery. The Connections Family Caregiver Assistance program referred a client to the CAPABLE Program, which provided a wheelchair for him. A local Center for Independent Living provided a stair lift, and the Housing Trust Fund funded the pouring of a cement pad for the man to use when exiting his car.

Future Directions

While the story above exhibits a successful braiding of funding streams to transform a life in the community, IDA representatives acknowledged the amount of staff time and the number of agencies it took to make that happen. To streamline this process, IDA aims to create a statewide system for home modification service delivery that brings together all of the necessary partners. It aims to align CDBG funds for entitlement cities and non-entitlement cities, align Local Housing Trust Funds' various eligibility levels and priorities with home modification, and formalize the ways that assessments are completed and projects funded. The Livable Homes Coalition is advocating for support from the General Fund that will be part of an annual appropriations process. The vision for this funding is to build a broad-based home modification service delivery system with a unified language between aging and disability that IDA can integrate into its services for Iowa's older adult population.

Southern Alabama Regional Council on Aging (SARCOA) Area Agency on Aging (Aging & Disability Resource Center)

Neighbors for Seniors Project

https://sarcoa.org/neighbors-for-seniors/

Background

About the Agency: The Southern Alabama Regional Council on Aging (SARCOA) was established in 1986 with the mission to improve quality of life for the older adults and persons with disabilities (SARCOA clients) in southeast Alabama through service, support and advocacy. With a staff of over 100 people, SARCOA covers seven mostly rural counties.

Project Overview: The Neighbors for Seniors (N4S) project supports independence by installing ramps and handrails for safer home entry access. The project matches clients in need with volunteers looking for worthwhile community projects to support with financial donations or their time. N4S is primarily funded by donations and all modifications are completed by volunteers. Two SARCOA staff members administer the N4S projects in between time spent on SARCOA funded programs. The total cost per client averages $1,000. The program completed 25 home modification projects in 2020 and 20 projects in 2021. In the first half of 2022, 26 home modification projects were completed.

How the Project Started: In 2015, the N4S project grew out of an annual SARCOA project called Santa for Seniors. Santa for Seniors is a grassroots volunteer project that brings Christmas joy to older adults and people with disabilities who need basic items for everyday living. Without this project, these individuals would not have a Christmas. SARCOA case managers choose the neediest clients as Santa for Seniors recipients. Personalized write-ups about the clients are posted on SARCOA's website and potential sponsors can read the stories to select the client they would like to support. When home modifications and repairs began increasingly appearing on clients' wish lists, SARCOA saw there was a need to expand this area of the Santa for Seniors project. N4S was created to address the year-round home modification needs of older adults and people with disabilities.

Project Details

Eligibility requirements: N4S projects are limited to the seven counties SARCOA serves. There are no income limits, but clients with the greatest need are prioritized. The project aims to address long-term need rather than short-term need, for example, recovery from an injury.

Services: Services include ramp and handrail installations. Occasionally, yardwork is completed if it is a safety hazard.

Policies: When serving renters, the renter and owner of the home must sign a release form. If a person has lived in their home for less than one year, SARCOA may not provide services. Owners are expected to maintain the ramps and handrails for a five-year period before the program will return to a home for repairs.

Personnel: Two paid SARCOA staff run N4S, conducting the work between time spent on funded programs. All donations go toward the cost of the modifications and not salaries. The project uses a 15-minute tutorial video on how to build ADA compliant ramps for its volunteers. SARCOA hired a Community Coordinator to recruit volunteers and oversee the projects. Many volunteers come from church groups. Some groups can give time, but not money. Other groups can give money, but not time. Some can give both. SARCOA fills the gaps, such as identifying volunteers with a necessary skill set.

Funding: The total project cost per client averages $1,000. Funding comes primarily from donations. However, SARCOA received its first home modification grant in 2021 for $15,000 from the Alabama Department of Senior Services. It is limited to clients over 60 years of age and has a $1,500 maximum cost per client.

Outreach

SARCOA's outreach efforts are focused on recruiting volunteers. It has used the local news, radio, presentations at events, and social media. Prior to the pandemic, it launched a successful volunteer-recruiting campaign, emailing every school, college, church, and Habitat for Humanity affiliate.

Referrals

Most clients self-refer. Other referrals come from home health nurses and SARCOA case managers.

Intake

Intake staff collect health information to determine the client's level of need, whether they can help fund the project, and if they have family who could help as volunteers. The health information collected includes mobility level and ability to do daily activities. If the need goes beyond ramps and handrails, the client is referred to the Habitat for Humanity affiliate and the U.S. Department of Agriculture (USDA) regional office. A write-up describing the client and their situation is created and placed on SARCOA's website to seek donations and volunteers. Clients are kept anonymous, but the stories personalize the need. During the assessment, individuals are screened to determine if they qualify for other programs they are not currently enrolled in.

Assessment

The lead volunteer goes to the client's home to determine the scope of work, designs the ramp, and lists materials needed for the project. The client's concerns and preferences are prioritized within ADA requirements. A common request from clients that the program honors when possible is to install the ramp at the back door rather than the front.

Delivery Process

The Community Coordinator works with the lead volunteer to order the building materials from a local company and SARCOA receives the bill. Volunteers are trained if necessary. The project timeline varies; in an emergency, it could be a two-day turnaround.

Follow up

After the project is completed, the lead volunteer sends photos of the work to the SARCOA Community Coordinator. The SARCOA Community Coordinator calls the client to confirm that the work meets their needs and discuss any concerns.

Accomplishments, Challenges, and Ingredients for Success

Accomplishments: Before N4S existed, people who needed a ramp often went without one. One or two churches would help, but their reach was limited, especially in more rural counties. For example, prior to getting a ramp from N4S, one client who was permanently disabled would scoot on his back and belly to get out of the house. Another client who was younger, a mother with three children, had been permanently disabled in a car accident and was living with her mother. Obtaining a ramp allowed her to move her family back into their own home to live independently.

Challenges: In its early years, the project faced challenges recruiting volunteers and had over 30 clients needing home modifications on its waiting list; some for three years. After taking inventory, it was clear that the clients on the list had greater needs than the project could address. A new roof, for example, required a skill set that most volunteers did not have, and a dollar amount that most donations could not cover. SARCOA limited the project's focus to ramps and handrails and reached out to volunteers again with success. While it remains harder to get volunteers than donations, SARCOA reaches out to the local media and social media, and the community usually responds to assist.

Ingredients for Success: A critical ingredient for N4S' success has been its use of respected community volunteers and church groups. In 2021, N4S received its first grant from the Alabama Department of Senior Services for $15,000. It is increasing the project's impact, but the project's sustainability still comes from its community. For example, a woman once contacted SARCOA, inquiring how many people were on the wait list and the average cost of a ramp. When she was told 10 people and $1,000, she donated $10,000 and asked to remain anonymous. True to the format of the program, its success lies in the community and those who are willing to help their fellow neighbor.

Challenges, Advice, and Recommendations

Program representatives described the barriers and challenges they encountered related to home modification, advice to other agencies involved in home modification, and recommendations to increase access to and availability of home modifications for aging in place within the aging network. These responses are compiled in tables, below.

Barriers and Challenges to Home Modification Service Delivery

***Communicating the importance of being holistic to funders.**
Home modification is more complex than simply providing grab bars. Outcomes go beyond how many grab bars were installed. Taking a holistic approach reduces fall risk and can increase quality of life. Some important outcomes are difficult to measure. (SUA)

***Working with renters.**
The program works in apartments in high rises, public housing, and rented houses. It must get permission from the landlord when serving renters and encounters difficulties. They have a partnership with a legal service, which allows pro bono lawyers to work with clients and inform landlords about the Fair Housing Amendments Act. (SUA)

***Home repair.**
Homes can present serious issues that go beyond resolution by home modification. The intersection of health and housing needs to be looked at more closely, for example, mold, roofs, foundations, and lead. The program has installed grab bars in places with holes in the floor or roof. Some cases were referred to Adult Protective Services if there were deplorable conditions, but there are not many options for home repair. Home repair is a huge issue that is overlooked. (SUA)

***Engaging contractors.**
We have had difficulty because we don't always have a lot of funding available, projects can be limited in scope, and when construction is booming, contractors can make good money doing other things. (AAA)

***Funding.**
I would like to go out and put in a barrier-free shower for 80% of the folks I meet. (AAA)

***Securing volunteers.**
People didn't know about the program, or thought they couldn't do the work. It is harder to get volunteers than donations. (AAA)

***Public awareness and acceptance.**
People are not planning ahead, and do not think about home modification until an emergency. People also tend to accept that activities are getting more difficult as they get older, rather than thinking about changing the home to make them easier. (SUA)

Advice to Other Agencies

***Moving Home Modification Forward in Your State**

- Advocate with your state to provide home modifications through a Medicaid Waiver. It can make a significant impact.
- Look at your state assessment, look at your data, and identify where your unmet needs are. Use your state's strengths to improve a weakness while evaluating plans and during the assessment process.
- Use a partner to move things forward, such as a Medicaid provider, Community Development Block Grants, Economic Development Board. It is unique to each state. Set small goals and bring it up and forward.
- Take an agency-centered approach. Ask agencies what they need to deliver home modifications, where they see the gaps. It won't help if you bring them funding and they don't need it. Ask the locals what they need to fix the services.

***Funding Local Home Modification Programs**

- Go for the funding that has no strings attached.
- Get creative to help people whose needs go beyond the budget. Find someone to help meet the needs: Community members, organizations, Home Depot. Search high and low and seek groups with similar guiding principles.

***Effective Service Delivery**

- Work with an Occupational Therapist (OT) who can objectively determine the necessary home modifications. An OT is not in a position to benefit financially, and they will take a holistic look at the person and the situation and determine what would serve the individual best regardless of whether the work uses the full budget available for the job.
- Clearly communicate with clients to ensure they understand the work being done and how to use any new equipment.

***Raising Community Awareness of Your Home Modification Program/Services**

- Conduct marketing or outreach to get the word out to eligible individuals that the program is available to them.
- Get a good volunteer - a dedicated person who can go out and recruit other volunteers. It has been instrumental.
- Personalize the need when seeking donations. Don't just say, "We need $5,000 for ramps." Say, "We have a lady who lives in this city, lost her husband, and is having trouble getting in and out of her home."

Recommendations to Increase Access to and Availability of Home Modifications for Aging in Place within the Aging Network

*__Track the data__ – it is key to identify the level of need. If you can show that you have 50 people a month requesting home modifications and home repairs, that puts power behind your position. Get the word out and advocate on the state level. Identify one person at every Area Agency on Aging to participate in a digital network or community to share best practices.

*__There absolutely needs to be more funding.__ For example, $30,000-$40,000 for a whole year only covers 10 clients. If you cannot stay safely in your home, you will not benefit from other home and community-based services. We need to advocate for home modification. People are living longer, they want to stay in their homes, and often, their houses older.

*__Bridge the gap between health and housing.__ Challenges can arise when housing professionals encounter mental health issues such as hoarding or dementia, or when a social service agency tries to provide home modifications and end up hiring contractors who are not familiar with working with older adults. Find partners in the community who can address needs that go beyond the services that you provide.

*__Keep barriers low to accessing programs__. Home modifications are not something that people are abusing. If people are applying for home modifications, they probably need it.

*__Giving accommodations to older renters__ makes more rental stock more aging friendly.

*__Provide funding for the underserved.__ Support people who cannot access a Medicaid Waiver or USDA loan grant program for home modifications. They are left to call the local church and if the church cannot do it, there’s nothing. Grants could help the ones who fall through the cracks. We have to catch everyone, and with limited resources and volunteers, everything only goes so far.

*__Building community.__ During the pandemic, people died alone in institutions. There should be a campaign about the importance of staying at home, in one’s community.

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Appendix A: The Research Process

- Phase 1: A USC investigator scheduled a 30-minute call with case study agencies to review the case study concept, provide basic information, and answer any questions. Afterwards, USC sent a link to a digital survey to be completed online (about 20 minutes). Based on the survey responses, USC requested available program materials.

- Phase 2: USC conducted 1-hour Zoom interviews with representatives of the case study agencies to learn about the programs in more detail and clarify information collected in the online survey. The interviews were semi-structured and covered topics including program implementation, accomplishments, challenges, and lessons learned. Interviews were recorded and transcribed in Zoom. See Appendix C for interview questions.

- Phase 3: USC developed the case studies and shared the drafts with agency representatives for review. All input and edits were straightforward and did not necessitate communication beyond email communication.

Appendix B: Case Study Online Survey Questions

i. Contact Information

- Name and title
- Name of Agency
- Name of Program
- Email Address
- Phone Number

ii. Agency/Organization Information

- Agency/organization mission and/or goals
- Year agency/organization was established
- Is your agency/organization non-profit?
- Number of paid staff at agency/organization

iii. Home Modification/Repair Program Information

- Program's mission and/or goals
- Length of time program has been in operation
- Number of paid staff involved in program
- Number of persons served per year by program
- Activities the program is engaged in (checklist)
- Special features program includes (checklist)
    - Use of an occupational therapist
    - Use of volunteers
    - Helpful partnerships with other agencies, organizations, or entities
    - Free home assessment
    - Person-centered approach
    - Translated materials
    - Creative funding strategies
    - Follow up after services are provided
- Indicate if the program specifically targets any of the following special populations (check all that apply) (checklist)
    - Adults over the age of 60
    - Low-income older adults
    - Veterans
    - Racial or ethnic minority elders
    - Rural elders
    - Caregivers
    - Adults under the age of 60 with disabilities
    - Native American elders
    - Renters
    - Our home modification or repair efforts do no specifically target any special populations

    - Other (please describe)
- Eligibility requirements

<u>iv. Funding</u>

- Percentage of total budget devoted to program
- Program's total cost per client
- Program's budget per year
- Funding sources utilized for home modification (checklist)

<u>v. Other</u>

- Identify any national, state, and/or local policies in place that support your program.
- Indicate with of the following materials are available to share with the USC team as part of this study.
    - Agency/organization overview or brochure
    - Organization chart for the agency/organization and/or for the home modification and repair program
    - Description of program position roles/responsibilities
    - Home modification and repair overview/flyer
    - Program intake form
    - Program home assessment form
    - Program training materials
    - Program consumer awareness materials
    - Client testimonials
    - Examples of clients' homes that have been modified
    - Internal reports or studies that evaluate the program's effectiveness
    - Journal publications about the program

Appendix C: Case Study Zoom Interview Questions

1. Can you give a brief history or timeline that highlights the key points of how the program came to exist as it is today? Prompt: History or evolution within agency of how program came to be

2. Can you walk me through the general process of how the program works?
   a. Outreach activities
   b. Referral to program
   c. Intake
   d. Assessment
   e. Delivery process
   f. Follow up
   g. Funding and payment

   Include if needed:
   h. Person-centered approach
   i. Partners
   j. Policies

3. Please describe the professional background and credentials of staff and volunteers, and the responsibilities of each.

4. Please share your methods for sustainability in a holistic sense, including funding, partnerships, integrating into agency protocols and budgets, and any plans for the future.

5. What have been the greatest challenges to developing and/or implementing your services/program? Prompt: Obstacles to moving program forward

6. What are 1 or 2 ingredients for success that have been critical in helping you deliver your services/program? Prompt: Motivators, strategies, key stakeholders, champions

7. What are 1 or two of your program's greatest accomplishments and why?

8. If you could give advice to another aging agency that wants to start or improve a home modification and repair program, what would it be? Prompt: Lessons learned, what worked, what hasn't worked

9. Do you have any recommendations for increasing access to and availability of home modifications for aging in place, specifically within the aging network?

10. Is there any additional information you would like us know?