

Home Modification and Repairs for Older Adults: Challenges and Opportunities for State Units on Aging

Summer 2020

KEY FINDINGS

- Nearly all State Units on Aging (94%) reported engaging in home modification and repair efforts.
- About 86% of State Units on Aging have home modification and repair funding collaborations with other agencies; and 92% cooperate with others to provide home modification and repair services in their state.
- Most State Units on Aging (94%) target limited resources to specific groups of older adults, with 78% targeting two or more groups.
- State Units on Aging rate home modification and repairs as moderate to high in importance.
- Procuring greater funding for home modification and repair services is viewed as the highest priority of State Units on Aging moving forward.



Introduction

The home environment plays a critical role in adults' ability to stay in their homes and communities as they age, commonly referred to as aging in place. Yet the majority of older adults' homes lack supportive features. Home modification is the process of making changes to a home to increase independence, safety, and health. Often combined with related repairs, *home modification and repair* (HMR) can be minor, such as adding grab bars and removing tripping hazards, or major, such as installing roll-in showers and ramps. Although HMRs can support people as their needs change and even preclude moves to institutional settings, numerous barriers challenge the ability of older adults and caregivers to access them.

In response, the Administration for Community Living (ACL) funded the University of Southern California (USC) Leonard Davis School of Gerontology to implement the project, "Promoting Aging in Place by Enhancing Access to Home Modifications." Its goal is to address the barriers to home modification access and service delivery by increasing the availability and awareness of home modification at the national, state, and local levels.

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A key activity of this project was to develop a knowledge base of state HMR activities and programs for older adults and persons with disabilities with a focus on the State Units on Aging (SUAs). These agencies develop and implement state plans and support services for older persons, adults with physical disabilities and their families. SUAs administer funds, including those provided through the Older Americans Act (OAA), to support HMR services through local Area Agencies on Aging (AAAs) and other state and local entities (e.g., OAA Title VI organizations that serve older Native Americans). SUAs can play a significant role in HMR by including it in state plans, providing designated funding, raising awareness, and coordinating with other state agencies such as housing, disability, and health.

In October 2019, USC and its ACL project partner ADvancing States administered an online survey of directors of the 56 SUAs (which ADvancing States represents). The 10-question closed and open-ended survey sought to ascertain SUA activities, challenges, and opportunities in HMR. With extensive follow-up through February 2020, 50 SUAs completed the survey (an 89% response rate).

This report summarizes the survey results, giving a bird's eye view of SUA roles in HMR and shining a light on examples of SUA HMR activities. Its purpose is to encourage greater involvement and coordination in HMR service delivery among agencies with a stake in assuring older Americans' ability to age in place.

The Role of State Units on Aging in Home Modification and Repair

SUAs can play a pivotal role in older adults' access to HMRs, either directly or through collaborations with other public and nonprofit entities. **Table 1** highlights eight common HMR efforts that SUAs were asked about relative to meeting their agency's goals, along with examples of each activity provided by respondents. **Figure 1** reports the responses with nearly all SUAs (94%) indicating that they engage in some HMR efforts (respondents could check all that applied).

Table 1. Home Modification or Repair Efforts by State Units on Aging

1. Integrate HMR services within home-and community-based and/or long-term care programs
Examples: Provide and/or monitor HMR through Medicaid Waivers, fall prevention initiatives, community transition programs, and state-funded home care programs
2. Administer and/or monitor HMR services via AAAs or Title VI organizations
Examples: Initiate a model statewide program that provides HMR services combined with home assessments and transportation; approve, encourage, and facilitate HMR as an allowable supplemental service for AAA implementation under OAA Title III-B and Title III-E for caregivers
3. Conduct activities that raise awareness about HMR among older adults and caregivers
Examples: Work with AAAs to create HMR educational programs for caregivers and older adults; raise public awareness about available HMR programs through other state agencies (e.g., Housing) to improve consumer access to non-aging funding sources
4. Incorporate strategies into the state plan that address individuals' HMR needs
Examples: Embed HMR goals into the state plan (e.g., assist older low-income homeowners to age in place through affordable HMR services); include HMR as a focus group topic in state plan development activities
5. Advocacy to increase HMR, policies and/or services
Examples: Request an increase in funds for HMR from the State Housing Finance Agency; educate legislators and community partners on available services, gaps in services, and the needs of older adults and people with disabilities for HMR; prioritize HMR within state general revenue funds to meet unmet needs
6. Educate/train professionals on HMR
Examples: Launch public-private partnerships to provide professional training on HMRs to meet the needs of very low-income homeowners
7. Participate in task forces/coalitions or planning activities with other agencies in the state relative to HMR
Examples: Participate in intrastate work groups to better coordinate HMR funding; develop a state-level multi-agency task force that focuses on the HMR needs of older adults; participate and serve on state assistive technology and fall prevention coalitions
8. Jointly administer programs with other state agencies that include HMR
Examples: Leverage other state agencies' HMR efforts by establishing formal joint partnerships (e.g., with Departments of Rehabilitation, Housing, Human Services, and Medicaid), weatherization and state Independent Living Programs (e.g., Centers for Independent Living)

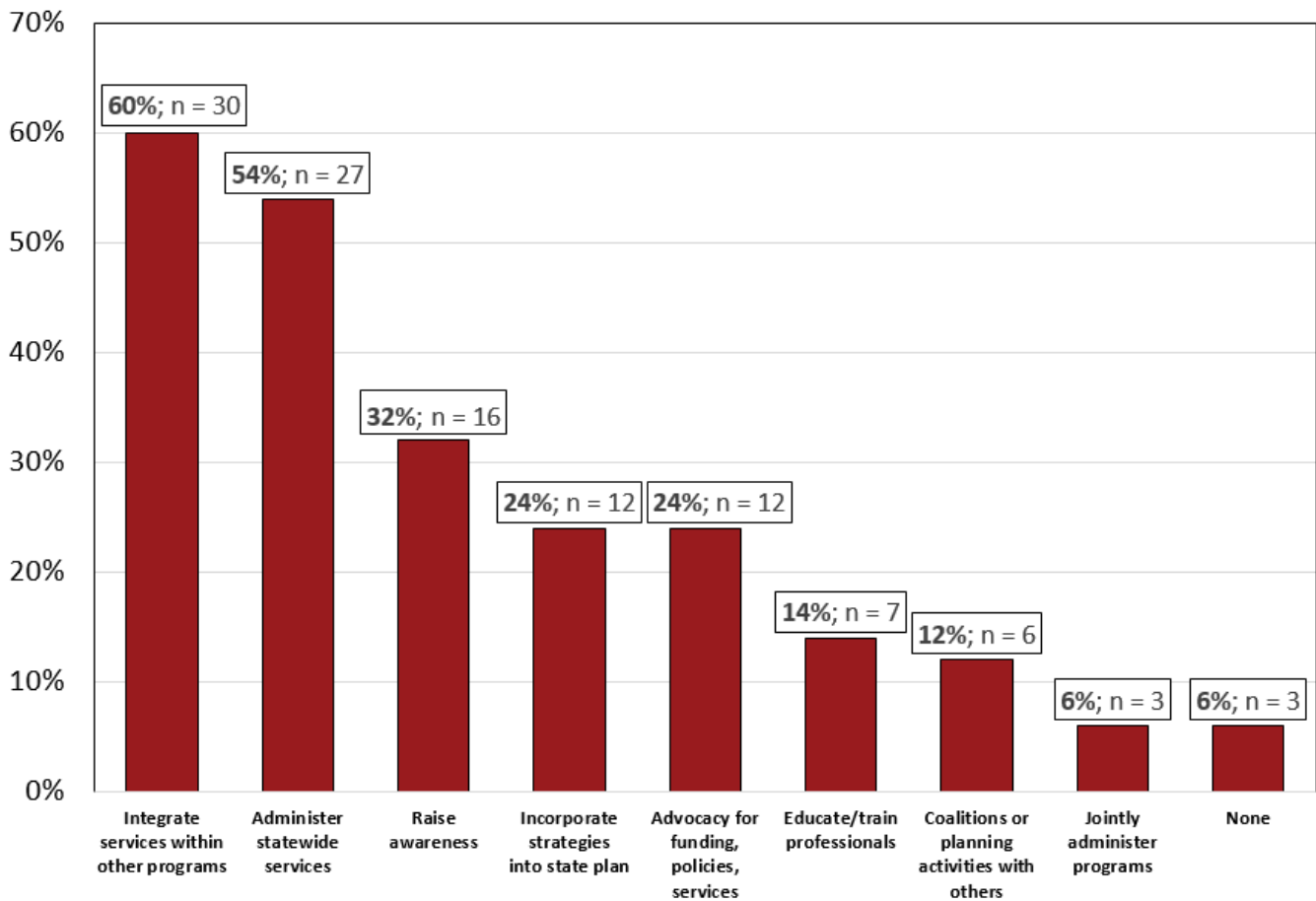
As shown in **Figure 1**, the most commonly cited HMR strategies involve *direct* efforts such as integrating HMR services within home-and community-based and/or long-term care programs (60%) and administering HMR services statewide via AAAs or Title VI organizations (54%).

- The State of New Jersey funds the Jersey Assistance to Community Caregivers program which allows for HMRs as identified in consumer plans of care. This approach suggests that older adults who are already part of a home-and community-based care or health program are more likely to have increased access to HMRs as part of their overall service plan.

About 1 in 4 SUAs (24%) reported that they had directly incorporated strategies to meet HMR needs into their state plans.

- The Minnesota Board on Aging includes specific HMR goals within the state plan, including advocating for a state-level HMR multi-agency task force, specifically targeting at-risk low-income homeowners who may not qualify for other programs, and working with other state departments such as the Housing Finance Agency and Rehabilitation.
- The Ohio SUA’s state plan includes strategies to research how funding is being used for HMRs; create pilot programs that utilize various professions to provide in-home assessments; and evaluating specific HMRs that are needed to assist individuals in remaining at home.

Figure 1. Percent and Frequency of Modification and Repair Efforts Reported by State Units on Aging (N = 50)



Additionally, many SUAs reported that they conduct *indirect* efforts to increase HMR within their states, including efforts to raise consumer awareness (32%).

- The New Mexico SUA offers counseling to Medicaid recipients and participants in other programs (e.g., the Technology Assistance Program through the Governor’s Commission on Disability) about accessing their HMR benefit or finding a contractor.
- The New Hampshire SUA included HMRs as a topic of listening sessions for consumers and professionals throughout the state.

Other indirect efforts included serving as advocates for HMR policies to increase funding and services (24%) and educating and training professionals on HMRs (14%).

- The Ohio SUA trains and offers technical assistance to HMR providers on program requirements and the state’s rules for HMRs.
- The Nevada SUA’s Community Advocates conduct presentations for professionals and attend trainings and conferences to provide information on HMRs.

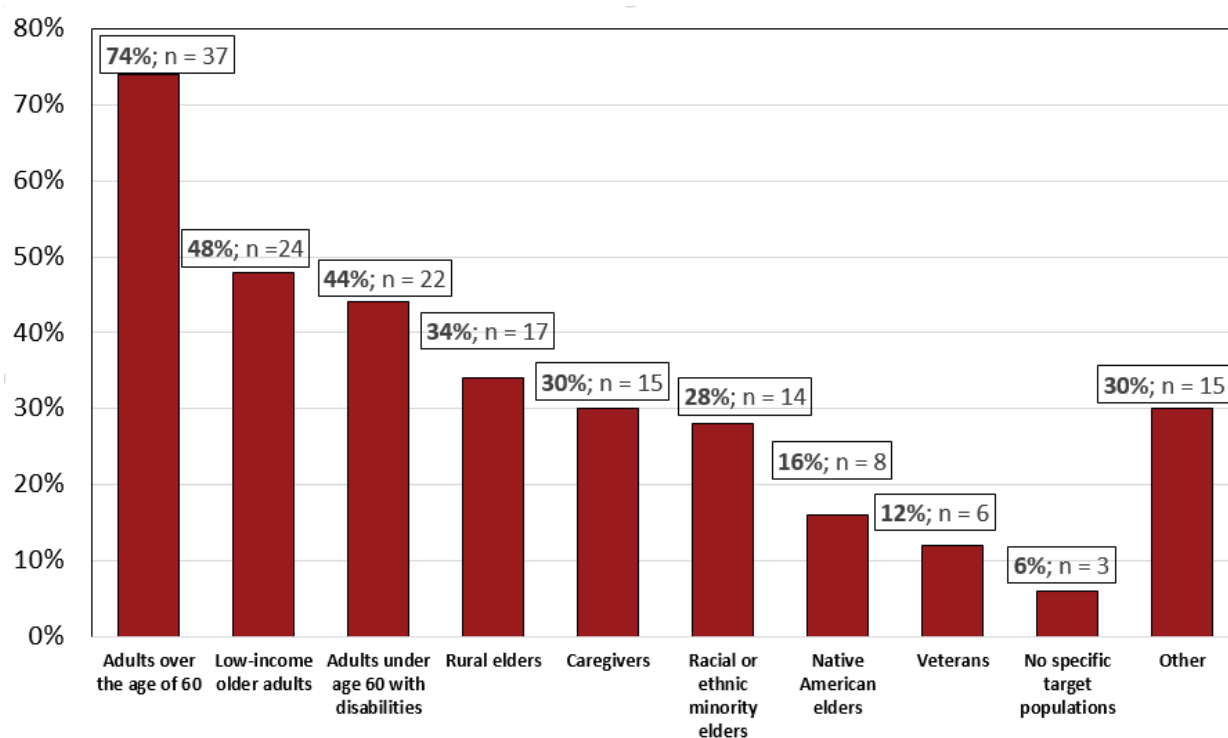
A smaller proportion of SUAs reported working with other agencies, either in task forces or coalitions for planning (12%), or working jointly with other state agencies to administer consumer programs (6%).

- The Vermont SUA co-chairs the statewide Falls Free Vermont coalition, working alongside other state agencies and community-based organizations to raise awareness of falls, expand programs and resources to prevent falls (including HMRs), increase surveillance of falls, and advocate for support.

Targeting of Home Modification and Repair Efforts

Survey respondents were asked to select priority populations they specifically target during their direct and/or indirect HMR efforts (see **Figure 2**). A list of 8 commonly targeted groups was provided with an “other” option. Respondents could check all options that applied. About 94% of SUAs targeted at least one group, and 78% reported targeting two or more groups. Targeting is often employed as a means for prioritizing scarce resources and maximizing impact.

Figure 2. Percent and Frequency of Targeting Specific Groups for Home Modification or Repair Efforts Reported by State Units on Aging (N = 50)



Not surprisingly, nearly 3 out of 4 respondents (74%) indicated that their SUA’s HMR efforts specifically targeted adults over the age of 60—the age of eligibility for most programs and services funded by the OAA. About half (48%) of responding SUAs also stated that they specifically targeted HMR programs to older persons who have low incomes. Nearly half (44%) targeted HMR services to persons with disabilities who are under age 60, which is reflected in the fact that many SUAs are embedded in larger state agencies that serve persons with disabilities of all ages.

Many SUAs also reported targeted HMR services at very specific subgroups of the larger population served. For example, 34% of SUAs targeted elders living in rural communities, where available programs and services are often limited and HMR may be an especially effective means for fostering aging in place. Similarly, about 30% of SUAs reported targeting caregivers.

A significant proportion of SUAs focused on service provision to persons of historically underserved groups. More than 1 in 4 SUAs (28%) reported targeting HMR efforts to older adults

who are members of racial or ethnic minorities, and 16% specifically targeted Native American elders. Just 12% of SUAs reported that they targeted HMR efforts to veterans—a group that is likely to have access to other sources for HMR benefits through the Veterans Administration.

Finally, 30% of respondents reported targeting other groups not listed including older adults who are viewed as having the greatest social need, are at risk for institutional placement, have limited English proficiency, and people with disabilities regardless of age, race or ethnicity. This response aligns with the OAA requirement that SUAs identify and prioritize individuals of greatest “social and economic need.”

State Units on Aging and the Older Americans Act for Funding Home Modifications and Repairs

The OAA authorizes funding through its Title III Part B (hereafter, Title III-B) to ensure that SUAs have flexibility in meeting the needs of older adults and their caregivers (National Association of AAAs, n.d.). HMRs are among the more than 25 authorized services that local agencies can fund through Title III-B. Funding has remained limited, even as demand continues to grow. Often, SUAs are faced with the difficult task of prioritizing the services they support based on their community’s most prevalent or pressing needs. One quarter (25%) of respondents indicated that they specifically allocate or designate funds for HMR as part of their OAA Title III-B services. For example, Michigan reported that in Fiscal Year (FY) 2018, its AAAs expended \$191,782 in OAA funds on HMR and home injury control and \$79,500 on home repair services. The Nebraska SUA worked with the ACL to obtain a waiver to increase the OAA Title III-B HMR allowable funding amount from the \$150 limit to \$500 for AAA approved HMR expenditures and a \$1,000 maximum on an as needed basis, with specific approval of the SUA Director.

Collaboration by State Units on Aging for Home Modification and Repair Funding and Services

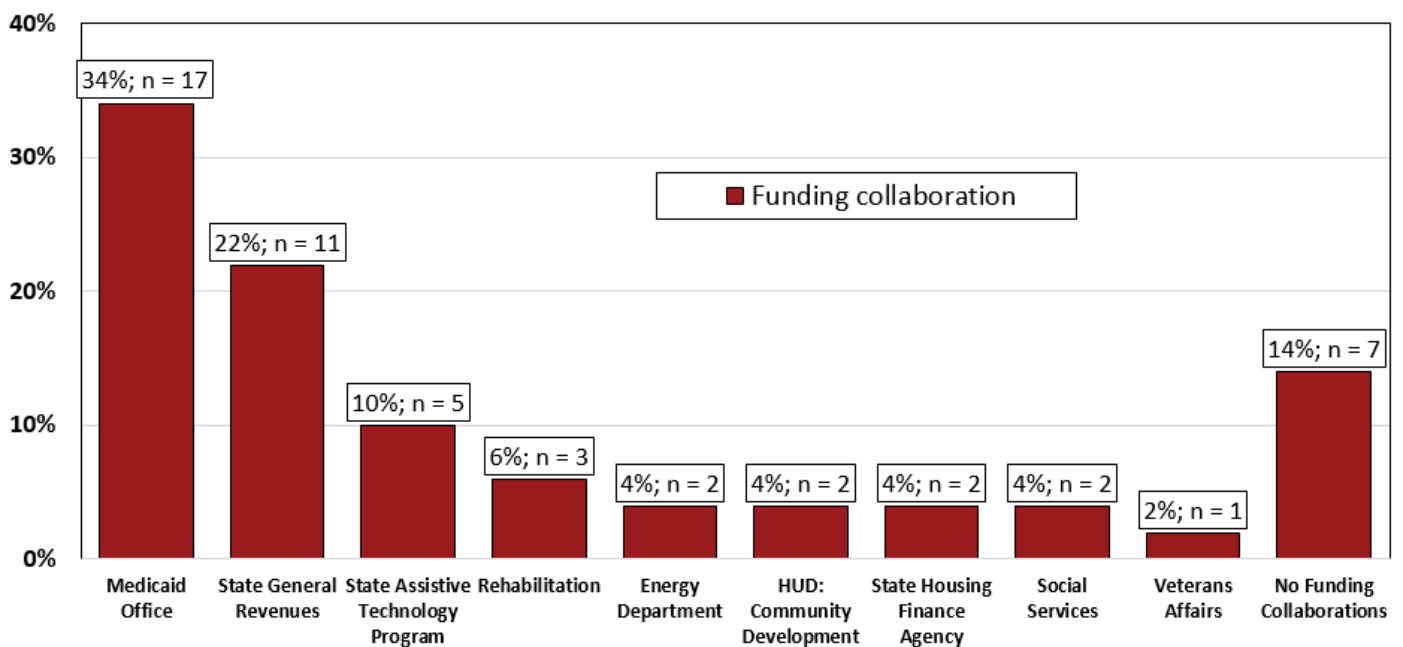
Collaborations between SUAs and other government agencies and organizations can yield synergistic results that make it possible to reach more persons than by acting alone. Indeed, HMR concerns in general often cut across programs and services in the aging, disability, housing, and health care sectors, and can impact individual outcomes related to wellbeing, quality of life, and the ability to age in place. SUAs can work to ensure that resources for HMRs are maximized by collaborating on funding and service provision, especially when populations overlap.

For example, HMR services with eligibility linked to rehabilitation services as part of an individual written rehabilitation plan (IWRP) may serve to accommodate persons who are aging with a disability. Thus, SUAs that partner with rehabilitation services can share costs or combine service provision to benefit both agencies. Likewise, SUAs working with state Medicaid Waiver programs that have funds available to modify homes of individuals at-risk of institutionalization will meet common agency goals of maximizing self-care and supporting caregivers. SUA respondents were asked to report separately on their collaborative efforts in two areas: ***funding*** and ***service provision***.

Survey participants were asked which state or regional entities their SUAs collaborate with for the purposes of funding HMR (see **Figure 3**). Many SUAs reported funding collaborations with other governmental entities, the most common of which (34%) was with state Medicaid offices related to home-and community-based waivers. For example, the Vermont SUA conducted an analysis of Medicaid Waiver participants and found that very few were accessing funds available for HMRs yet the Waiver program’s fall rate was very high. In response, the SUA and the Medicaid team worked together to improve education and training of case managers about the use of Medicaid Waiver funds for HMRs.

Twenty-two percent of SUAs reported collaborations that promote access to state general revenues. For example, the New York SUA received \$15 million in general state fund support to address unmet service needs of older adults. HMRs were identified as a needed service and thus, a portion of the \$15 million was dedicated to HMRs. About 10% of SUAs collaborate with State Assistive Technology programs to stretch limited financial resources.

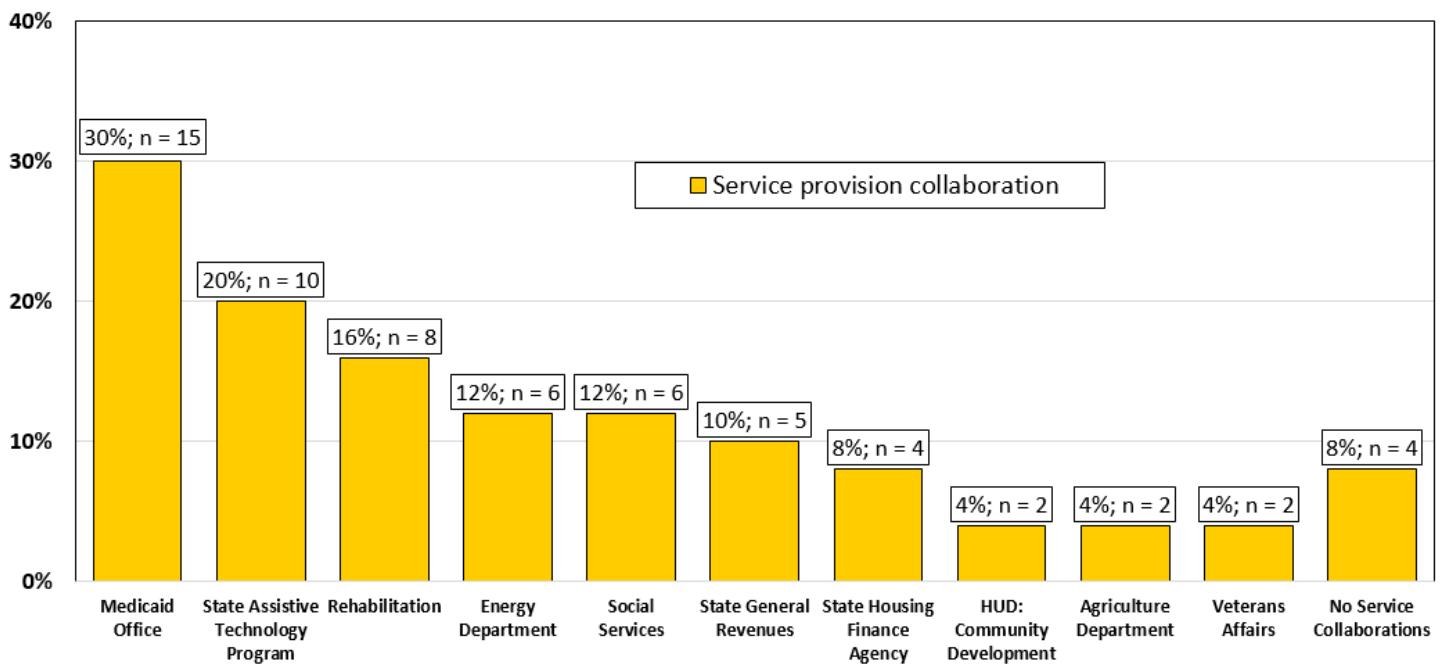
Figure 3. Percent and Frequency of Collaborations in HMR Funding Reported by State Units on Aging (N = 50)



In many cases, few (if any) formal funding collaborations were reported between some SUAs and other government agencies that serve the same targeted populations. For example, only one SUA reported a funding collaboration with their Department of Veterans Affairs (e.g., Specially Adapted Housing (SAH) and Special Housing Adaptation Grants (SHA)). Fourteen percent of SUAs reported that they had no HMR funding collaborations.

Figure 4 shows collaborations that SUAs reported with other government agencies in service provision. Again, the most commonly reported collaboration in service provision was with state Medicaid offices, with about 1 out of 3 (30%) SUAs reporting this type of relationship. Many respondents mentioned that HMRs are increasingly being included as part of transition service programs that SUAs help implement to ensure successful transitions of patients from nursing homes to supportive community settings. About 1 out of 5 (20%) SUAs reported collaborating with state assistive technology programs (e.g., the Nevada SUA even oversees and participates on the Nevada Assistive Technology Council which includes HMR efforts). About 16% reported working with rehabilitation services to cooperate in HMR service provision. Only 8% of respondents indicated that they had no HMR service collaborations with other government agencies.

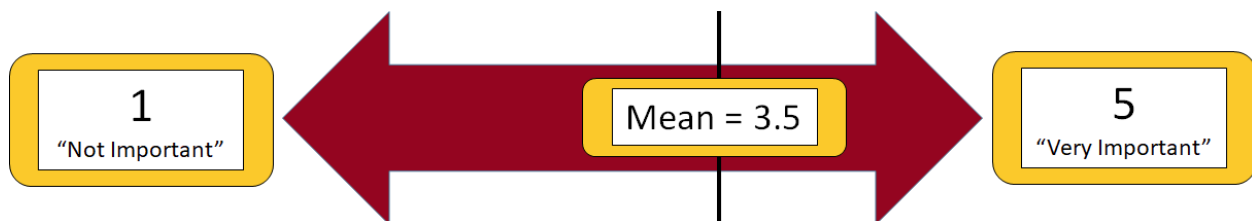
Figure 4. Percent and Frequency of Collaborations in HMR Service Provision Reported by State Units on Aging (N = 50)



Level of Importance Placed on Home Modification and Repair Activities by SUAs

Survey participants were asked to indicate the level of importance their SUA places on HMR activities based on a scale that ranged from 1 (= not important) to 5 (= very important). As shown in **Figure 5**, SUAs place moderate to high importance on HMR activities (mean rating 3.5 [$sd = 0.98$] out of 5). The degree to which administrators of SUAs view HMRs as effective and in alignment with their agency’s goals is likely to impact the importance that they place on HMR activities.

Figure 5. Rating of Importance Placed on Home Modification and Repair Activities, mean reported by State Units on Aging (N = 47)

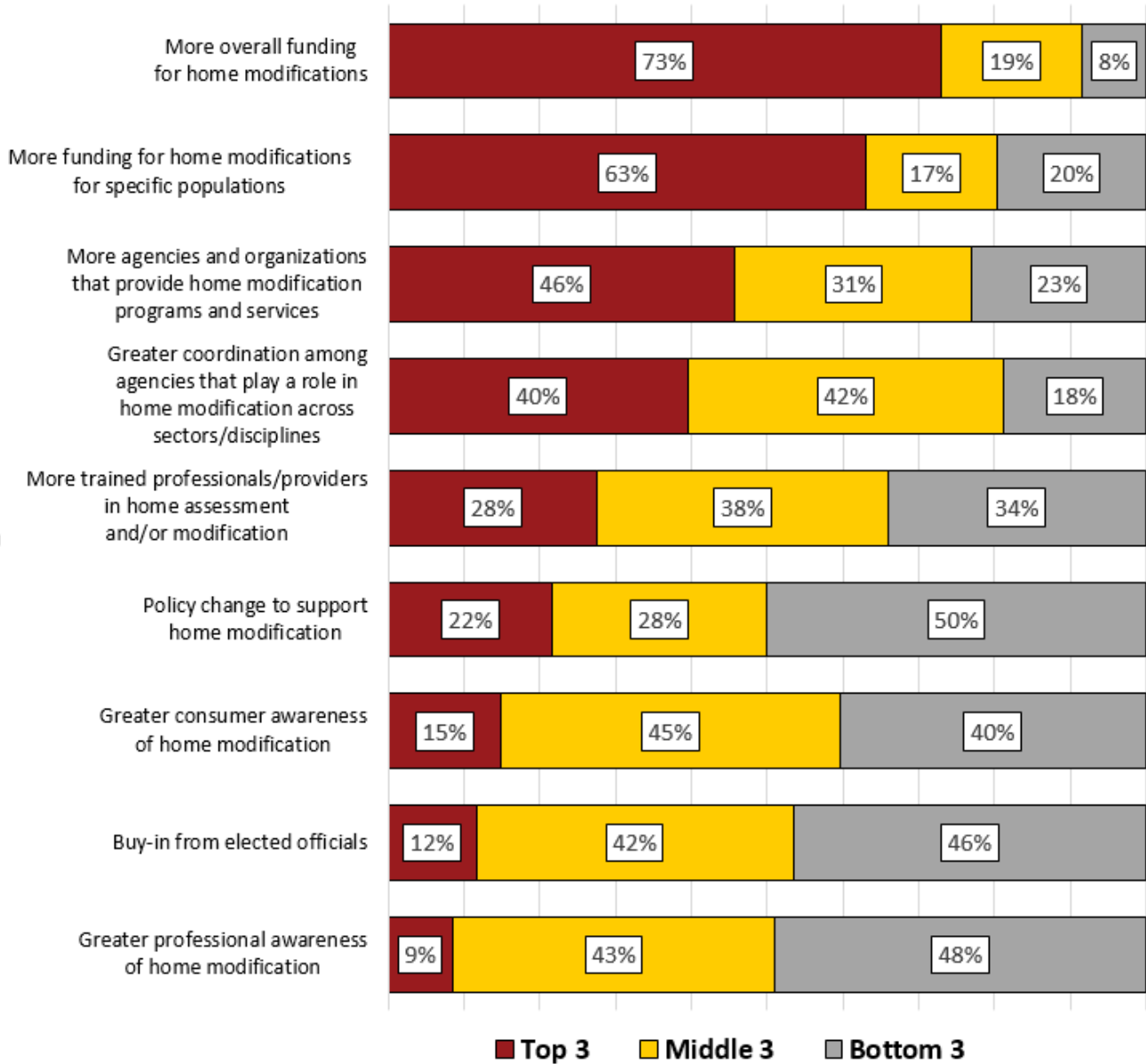


Home Modification and Repair Related Needs of SUAs

Survey participants were also asked to rank 9 selected potential HMR-related needs to reflect their SUA's most pressing HMR challenges. Priorities, ordered from most pressing to least pressing, are shown in **Figure 6** below. The percentage of responses received for each priority is depicted in ranking categories, from high priority (ranked 1 thru 3), middle priority (4 thru 6), to low priority (7 thru 9). For example, the highest-ranked priority, “More overall funding for HMRs” was ranked as either first, second, or third in priority by 73% of respondents.

Generally, limited funding of HMR, including funding for targeted populations (e.g., low income older adults or those living in rural areas), was identified as the greatest need by respondents. Increasing the number of organizations that provide HMRs and improved coordination between them were seen as moderate priorities. Increased professional awareness and increased buy-in from elected officials were each rated as lower priorities, even though the latter could be important to securing more funds.

Figure 6. HMR Needs of SUAs Ranked by Priority (percentage of responses into top, middle, and bottom 3 categories) N = 48



State Units on Aging: Perspectives

Finally, participants were given the opportunity to share any other thoughts they had related to HMR in an open-ended question. Responses were organized into 5 recurring themes, with examples of comments displayed in **Table 2**. Consistent with rankings shown in **Figure 6** (above), funding for HMRs was the most commonly cited theme. The need to raise awareness among professionals and the public as to the efficacy of HMR in promoting aging-in-place was also commonly cited.

Table 2. Home modification and repair perspectives reported by State Units on Aging	
<u>Theme 1:</u> Funding Needs	Challenges associated with inadequate funding for HMR initiatives pervade.
Example: <i>“Due to the cost of major modifications, such as a ramp, the funding provided by the OAA cannot support many of these services.”</i>	
<u>Theme 2:</u> Awareness and Training	There is a need to raise awareness and offer training/support for staff who provide HMR.
Example: <i>“Many of the case managers appear unaware of how to implement this service. Some may be intimidated by the construction/renovation project process, such as how to get quotes from contractors.”</i>	
<u>Theme 3:</u> Growing Demand	There is increasing demand for HMR to improve the safety and support of housing for older adults.
Example: <i>“[We] started the program in fiscal year 2016, and since then we have seen a positive increase in demand for the services each of the following years since its inception.”</i>	
<u>Theme 4:</u> Coordination Needs	There is ongoing need for coordination within and between state agencies that serve older adults.
Example: <i>“More state level coordination is required for [respondent state] to better address the need of older adults for home repair.”</i>	
<u>Theme 5:</u> Benefits to Independent Living	Home modifications often result in health/functioning benefits that can be cost reducing for state agencies.
Example: <i>“The ability to live independently and safely at home with home modifications when needed is critical to avoid assisted living and skilled nursing or other long-term care.”</i>	

Participants recognized the growing demand for HMR as population-aging continues, as well as the potential benefits of modifying the home environment to promote independent living. To meet this demand, participants acknowledged the need for better coordinated HMR efforts by stakeholders across agencies that serve older adults.

Highlights: Approaches of SUAs in HMRs

SUAs face challenges and opportunities in addressing the availability of and access to HMRs that support aging in place. Several overarching approaches emerged from the survey data relative to SUA activities in HMR: ***access, funding, coordination, and leadership.***

Access

The most commonly cited efforts by SUAs in HMR contribute to HMR access for older adults: integrating HMR services within home- and community-based and/or long-term care programs (60%) and administering HMR services statewide via AAAs or Title VI organizations (54%). Additionally, since the most common source of HMR funding and service collaboration identified by SUAs was Medicaid Waiver programs, SUAs engaged in these efforts are likely to be knowledgeable about and have the capacity to connect participants with accessing HMRs as an allowable service under Medicaid Waivers. For example, the New Hampshire, North Dakota, and Rhode Island SUAs oversee the Medicaid Long Term Services and Supports and home- and community-based waivers which fund some HMRs, creating an integrated delivery involving the SUA, provider agencies, and case managers.

Funding

The availability of HMR funding is dependent on the priority that SUAs place on it as an important element in home- and community-based care and strategies that are employed to increase its availability. The survey found that the most common funding sources for HMR used by SUAs include: Older Americans Act Title III, Medicaid Home- and Community-Based Waivers, and state funded Home Care programs, all of which provide health and supportive services. Additionally, some SUAs lead the way in creating and tapping into innovative funding streams that undergird HMR efforts by AAAs and other local agencies. Minnesota SUA's Live Well at Home Grant Program allows local grantees to fund HMRs, including, in one case, implementing the evidence-based Community Aging in Place Advancing Better Living for Elders (CAPABLE) intervention to help older people age in the community. The Pennsylvania SUA's implementation of the OPTIONS program, a state-funded program for older adults via the Pennsylvania Lottery Aging Block Grant, supports the funding of HMRs via AAAs. Local government codes in Texas allow multifamily residential developers the option of paying a fee to the housing finance corporations rather than reserve units for occupancy by low-income older persons. These fees are remitted to the Texas Health and Human Services Commission SUA and then awarded to AAAs to assist older adults with obtaining supportive housing, including HMRs.

Coordination

The multi-faceted nature of HMRs requires coordination among state agencies to ensure cost efficiencies and effectiveness. HMR is funded and administered by disparate state government agencies including housing, healthcare, aging, and disability sectors. With different purposes, practices, agendas, time horizons, and fiscal capacities, the result is often a confusing array of programs with disparate eligibility requirements, methods of assessment, coverage specifications, types of installers, and caps on costs. SUA respondents indicated that the most common HMR collaboration with other state agencies includes the Departments of

Weatherization, Rehabilitation, Housing and Community Development, Medicaid, and Housing Finance Agencies. For example, the North Carolina SUA coordinates directly with the North Carolina Housing Finance Agency on planning activities related to HMRs.

Leadership

The extent to which an SUA provides leadership relative to HMRs can impact HMR availability and access for older adults and people with disabilities. While the survey found that SUAs place moderate to high importance on HMR activities, respondents also identified limited funding of HMR as the greatest need. To directly address barriers to HMR activities, providing leadership and formal commitments (e.g., including HMRs in state plans and advocacy) is imperative to addressing funding challenges. For example, the Nevada SUA educates legislators and community partners on available HMR services, gaps in services, and the needs of older adults and people with disabilities.

Next Steps and Recommendations

State agencies such as SUAs charged with meeting the needs of a growing and diverse older population are challenged to find ways to deliver and fund HMRs that support older adults at home. While approaches vary accordingly by state relative to demographics, location of agency, and funding opportunities, SUAs acknowledge the need for HMRs in their state and some demonstrate creative approaches for replication. Recommendations include:

- Creation of case studies featuring innovative HMR efforts of SUAs for replication
- Development of state agency task forces or cross agency workgroups on HMR that address overlaps in state program missions and funding mechanisms
- Training of HMR professionals to address the increasing need for a supply of informed and qualified service providers
- Inclusion of HMRs as a key component of home-and community-based services
- Designation of a staff person within the SUA who is responsible for HMR efforts

Conclusion

In the last decade, new developments have elevated HMR on the public agenda. By 2060, the 65+ population is projected to nearly double from 49 million in 2016 to 98 million. The overwhelming preference of older adults is to stay in their homes for as long as possible (AARP, 2012). Aging in place maintains access to resources, social connections, and supports independence (Pynoos et al., 2006). Safety and support in the home environment is increasingly included in discussions about health in later life, underscoring HMR's importance in aging in place. However, the extent to which state-level agencies, such as SUAs, contribute to maximizing access to HMRs has not been well understood. This report provides a knowledge base of state HMR activities for older adults and persons with disabilities, current challenges to optimal service delivery, and strategies to support SUAs to meet the HMR needs in their states.

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