

**The Role of Home Modification in Promoting Aging in Place and Community
May 16, 2019**

Please stand by for realtime captions. [Captioner is on hold, waiting for event to begin.] Good afternoon. We will begin our webinar in just a moment. We do have participants joining us, so we will begin in just a moment. Good afternoon everyone.

My name is Damon Terzaghi. I'm a senior director here at the National Association of States United for Aging and Disabilities, also known as NASUAD. On behalf of NASUAD and the National Information and Referral Center, a project of NASUAD, I would like to welcome all of you to today's webinar on the role of home modification in promoting aging in place and community. As we all know, when individuals age in place, the way that their home was designed originally may not fit all of their support needs as they age and acquire new conditions so we're extremely excited to learn more about this important topic. Let me cover a few quick housekeeping items before we get started. We know that one of the most common questions is if individuals would like a copy of the slides and presentations. We do want to assure you that all of this information -- the slides and audio recordings and transcripts from the webinar will be posted to the NASUAD website in the next several days. When you visit the NASUAD website, please click on the National Information and Referral Support Center project, and there is a webpage that has all of the monthly calls archived. This link is also posted in the chat box on the right hand side of your screen. During the presentation, all of our listeners will be on mute to reduce background noise. We welcome your questions and comments, but please use the Q&A function available on the right side of your screen, to submit any questions, concerns or comments. Please feel free to submit your questions at any time during the presentation, and we will address them at the end in the order that they are received. For those individuals who would like captioning, we do have real-time captioning for today's webinar, on the right hand side of the screen; you should see a multimedia view panel where the captioning will appear. You can minimize this panel, or keep it open. It will not block the slide presentation. You may need to enter your name and organization and click submit in order to view the captioning. So, with that many individuals who reach out to I&R programs are seeking services that can help them stay in their home and communities. Home modifications supports community living yet remains an unmet need for individuals who seek assistance. Today we are very excited to learn more about the resources in this area. The webinar will cover the fundamentals of home modification, different types of agencies and funding sources that offer these services and practical skills to use when an older adult or caregiver needs to address fallen safety hazards in the home. We are very excited to have presenters from the University of Southern California Leonard Davis School of Gerontology. Today we are joined by Emily Nabors, a program manager with the Fall Prevention Center of Excellence, and Julie Overton, Senior Learning and Development Specialist with the National Resource Center on supported housing and modification. Emily is an expert in educating service providers and professionals on fall prevention with a focus on home modification in place and strategies. Julie is a supported housing and long term care specialist whose primary expertise in the area of home modification. Their work is dedicated to

promote aging in place and independent living for persons of all ages and abilities, and receive support from an Administration for Community Living funded project focused on home modification of which I'm happy to say NASUAD and I personally are partners on. So now, I will turn it over to the presenters to help us get started.

Hello, thank you so much Damon, and NASUAD, for making this webinar possible, and hosting myself, Emily, and my colleague Julie, to share this information with you today. I would like to give a brief background. The Leonard Davis School of Gerontology is where Julie and I do our work where the Fall Prevention Center of Excellence is housed, and the Leonard David School of Gerontology was founded in 1975. It's the oldest and largest school of its kind, and as Damon introduced our specialty area in terms of fall prevention is reducing fall risks in the home environment. Our faculty and staff have conducted applied research in home modification, universal design and fall prevention for over 30 years. We also develop and disseminate information for consumers and professionals through our website stopfalls.org and homemods.org, and those will be included in the slides at the end. We also offer professional online training through our executive certificate in home modification programs and more information is to be found on homemods.org about that. I'll also give a brief overview of the project that Damon mentioned that we are very excited to be working on. It is funded by the Administration for Community Living and it is titled "Promoting Aging in Place by Enhancing Access to Home Modifications." This is a three-year project, and we are excited to be partnering with NASUAD, as well as the National Association of Area Agencies on aging, and the National Council on Aging. The project's goal is to maximize older adults' ability to age in place by increasing the availability and awareness of home modifications at the local, state, and national levels. I'll give a brief overview of our objectives the first is to develop a knowledge base of local, state, and national home modification activities and programs with an emphasis on evidence-based, best practice and innovative efforts. The second objective is to advance home modification as a key priority by improving coordination and building new partnerships among federal, state, and local home modification programs and professionals and we've put together an interagency steering committee that met long ago, our first meeting with representatives from HUD, HHS, USDA, and CMS, to name a few of the federal agencies involved. The third objective is to enhance the aging network's ability to deliver and promote access to best practice home modification programs through targeted training and technical assistance. A great example of this is today's webinar. This is the first in a series of webinars that we will be providing both, some of them will be for a broad audience, some of them will be specific to professionals who engage in I&R activities, and today's webinar provides an overview, and foundation and we will just continue to build on that. Some major projects that will come out of through this three-year project is a home modification toolkit called lessons from the field, with project findings and replicable consumer materials specific to varied older adults needs. That actually reminds me that I think I skipped that fourth objective, which is important, so I do want to mention it. It is addressing barriers to access and use of home modifications by identifying consumer needs and disseminating targeted

information to underserved older adults and caregivers. We do have some special populations that we are focusing on, such as older adults in rural areas, tribal communities, older adults who speak a language other than English as their primary language, so we really want to make sure to reach those groups especially with information and access to services, and going back to the products that we will be releasing part of the projects, the toolkits I mentioned will highlight project findings and replicable consumer materials, specific to those older adult audiences. We will also be putting together home modification training programs for the aging network. We will create an online searchable database of national, state, and local home modification activities and we will release recommendations from the steering committee to improve home modification coordination. Now I'd like to give an overview of why we are discussing this topic, why home modification is such an important component to older adults' ability to age in place, in their homes, and communities. I imagine this information is familiar to most of you. There are sweeping demographic changes in the West population at this time. If you see the bar on the right in the chart, that the first chart there, by 2060, the 65 and older population is projected to nearly double from 49 million in 2016 to 98 million. More people are aging in the community. The majority of older adults do express that they would prefer to stay in their homes and communities as they age or age in place, and the CDC defines aging in place as the ability to live in one's own home and community safely, independently, and comfortably. However, many of these many people who are aging in the community are living with disabilities and chronic conditions and this leads to more care being delivered in these settings, so these can be challenges to aging in place, and it also brings the home setting to the forefront, and when we look at the majority of today's housing stock, it is not meeting the needs of the older adult population and I know any of you on the webinar today in your work. You are working to help people stay in their homes, providing supportive services, such as nutrition or in-home assistance to help people stay independent in their homes and communities, but housing is like a foundation, and if it is lacking accessibility and supportive features, such as grab bars and handrails, it could be more difficult for older adults to age in place and for caregivers and other health professionals to help them do that. The majority of housing does lack these accessibility features and often includes the presence of hazards, like poor lighting for example. So when housing does not already start with these features in place, there is the need to go back in and modify the home to increase safety and support, and unfortunately more often than not, the older people who need home modifications the most are the least likely to have them. Situations with housing are really across-the-board. The majority of the homes were not built with aging in mind and this includes urban settings, suburban, rural, tribal communities, as well as public housing. In addition to lacking supports as we age, our homes age with us, and present safety hazards, as I mentioned, that can lead to falls among older adults. When we look at where falls occur, and this is specific to 65 years and older, 55% of falls occur inside the house, with 23% outside near the home and 22% away from the home. Home modification is a key part of a multifactorial all intervention along with home assessments and modification. We also talk about multifactorial; the different factors also include a fall risk assessment by a health professional, as well as physical activity to improve strength

and balance, but home modification goes beyond just reducing falls, which of course is important, but I will define what we mean when we say modification and we will look into the benefits further. So home modification is changing the environment by removing hazards, such as fall hazards, broken stairs, clutter on the floor, uneven thresholds between rooms. It also includes adding supports such as improved lighting, grab bars, handrails, and it also includes changing behavior. For example, changing the way someone prepares their meal in the kitchen, instead of standing and doing this activity, we can set up a place for them to be seated and keeping items -- frequently used items within reach is another example. There are many benefits to home modification. It can make activities of daily living easier which improves functioning and independence. It can, as we mentioned reduce falls and injuries associated with falls, reduce depression, increase activity and social connectedness. An example of this would be if a person entry with stairs to enter their home are broken, or they are afraid to use them because they are lacking support, like handrails on both sides, a person may stay in their home. They are not going out and getting that activity; they're not seeing people. But some simple repairs to the stairs making them safe and supportive, now this individual can go out in their home to get more activity, combat that social isolation, and to be more socially active as well. This can really make an impact on a person's quality of life. Home modification can also be cost-effective, and save money to the individuals themselves, and to Medicare, this is something Julie will discuss. The Institute of Medicine, discussed in a porch that home mods can support caregivers, and home modification, as we talked with aging in place, help people avoid institutional settings. We would like to give a few examples to illustrate what we are talking about. I have three slides. Each one starts with an image that shows hazards, or challenges. The first one here, this gentleman is demonstrating how he would get into his bathtub, and he's using a towel rack and soap dish with a handle for support. The problem here is that neither of those things were designed to hold a person's weight.

In the middle, and on the right, we show more supported features in the bathroom. We have a grab bar, a vertical one, to provide support as a person gets into the shower area and a horizontal one, a shower seat and a handheld showerhead. This white grab bar on the dark tile is also effective if a person has vision problems. On the right, this is from Eskaton; it's senior housing in Northern California, and it shows great lighting feature that can increase safety if someone is using the bathroom at night at night, and then tile that is textured so that it reduces slipping on the surface. Here we are looking at some home modifications in the kitchen, and on the left I probably don't need to describe why this is dangerous but I believe this was a colleague who was an occupational therapist, and he asked his mother to demonstrate how she reaches up to get -- and may have even been a drinking glass for cocktail hour -- but I think this was a daily deadly thing that she did to reach something that she uses frequently. So we like to keep items, frequently used items, in accessible places to reduce the need to climb up or have to bend down and risk the chance of losing balance. As well, on the right there is an example of a place to sit down and prepare meals, there are countertops at different heights to accommodate people and their different sizes. There is also a pullout cutting board as well in the back and adequate lighting. These two pictures from the middle and

on the right are also from Eskaton. The last set of the example is commonly used stairs. On the left there is a lot of clutter in the image and the handrail is only on one side of the stairs, and it also looks kind of dark in terms of lighting, so we want to get rid of that clutter. Unfortunately, in the middle here, the stairs are also lacking the handrail on both sides, but I wanted to demonstrate there is a light switch here at the bottom of the stairs. This is actually in my parents' house a light switch at the top of the stairs so that you can go up and down the stairs in safety of light as opposed to darkness. There are also anti-skid strips that are contrasting in color. It helps see where the edge of the stairs are, then on the right we do have the handrails on both sides. At this time, I'm going to pass the presentation over to my esteemed colleague Julie Overton, and she is going to build off of this foundation and share some helpful information in terms of incorporating this information into the work that you do.

Thank you Emily and thank you to NASUAD facilitating this webinar, specifically Nanette, Damon, and Jillian and I'd also like thank the Administration for Community Living for providing support for efforts like this webinar. We really appreciate the opportunity. Emily has talked about, and many of you know from personal and professional experiences, how the homes condition can affect the ability of a person to care for themselves, maintain optimal levels of independence and prevent falls, and my colleagues at UFC believe that the failure to include home modifications as an integral component of home and community based care, is one of the single largest impediments of developing a comprehensive system. I will provide an overview on some challenges related to home modification access, but also some solutions relative to awareness, service delivery, and funding. I'm sure everyone knows the number one preference of older adults to age in place and in familiar surroundings, I would even guess this would be true as well for anybody on the call; however, about 80% of older adult respondents, in the aging survey, think that their homes will support aging in place without modifications to the environment, and this can be explained in part by consumer denial and lack of awareness of the home environment role, in compensating for any future physical limitations. Few people think of themselves as old or disabled. There's always someone older and less able. Older adults may be unaware of the problems and dangers their homes present, because they've gradually adapted their activities and living patterns to accommodate their increasing limitations. While changing the home environment for safety, comfort and convenience makes good sense, most people get used to the way they live. Studies have shown they are more likely to change their behavior, for example bathe less if they feel unsafe, rather than change the environment. More importantly, this desire to age in place is not a single event or decision accompanied by a systematic evaluation of the home. It's the result of striving on a daily basis to attain the goal of remaining as independent as possible in one owns home. Also, even if they are aware, people have long-held beliefs about home modifications having an institutional appearance, high cost, and uncertainty in trust about who would come into their very private home environment to make the most personal changes. There's few advertisements on television, or in general print in publications, that help the beauty of home modification. So, demand and awareness is low because recognition is low, and this reality is especially important for I&R staff and others because an older

adult may reach out seeking a formal caregiver for help with bathing, but not recognize that without grab bars or a bath seat or easier access into the shower, with or without a caregiving, bathing will be unsafe.

Let's talk about solutions to address a lack of consumer awareness through effective communication strategies. Hopefully addressing these communication strategies these will shed light on how to increase receptivity for home modification users who would otherwise would be unaware. First, the importance of consumer driven assessments. So, imagine yourself being probed about you home environment over the phone, or a professional coming into your home equipped with a clipboard, while they walk through your house, checking off information and exploring the most private rooms for an assessment. Now depending on your relationship with said professional, this situation will most likely produce some anxiety and resistance. No one likes having their personal space invaded or not being told that they've not made good decisions about their home. The key during and assessment or intake is respectfully getting to know the consumer who lives in the home, their values, their preferences, and to establish a rapport before making suggestions to change their most personal space.

Also key during an assessment is knowing how someone functions in the environment. An assessment instrument should examine both the supportiveness of the environment and how the person functions in the environment. Person environment fit is an important theory that we refer to a lot related to home modifications, and relates to consumer driven assessments. It says that the person and the environment together predict human behavior better than each of them does separately, and then outcomes are most optimal when personal attributes and environmental attributes are compatible. Here's two examples relative to assessments. First, the case manager might view a person's living room as overly cluttered and suggest that much of the furniture be moved out to create a clear path for walking. However, unless the case manager asks the client how he or she gets around the room, or better yet observes how he or she walks through the room, the case manager might miss that the person holds onto various pieces of the furniture for support. If those pieces are suddenly removed, there may be a greater chance for the resident to stop and fall. Another case study relative to consumer driven assessments concerns the home of an 83-year-old woman named Mary, a well-meaning, well-educated professional comes in to assess Mary's home and before getting to know Mary declares, "of course I would remove all of your area rugs because I know that you could trip on them." Well in this case, it turns out that those area rugs were a wedding present from Mary's grandmother who she dearly loved and that Mary remembers when she slept alone in her living room at night looking at them. Why would she want to give up those few things that give her pleasure? A solution might be hanging the gorgeous oriental rugs on the wall so that it could still have a presence but not place her at risk of a fall. So, consumer driven assessments are key to increasing receptivity and therefore increasing consumer awareness. A second communication strategy is to change the perspective in messaging. What if the environment, is looked upon as the problem, instead of the person? Many think of home modifications and assume the discussion is of course about individuals experiencing losses in their abilities. An alternate perspective is that the environment is the problem, a perspective of the consumer. Our director likes to say that we live in Peter Pan housing built for people as if they never grow

hold. How about if we were to say the bathtub with tight perimeter is handicapped instead of the person, or asking a client why the builder put the outlet so low or wire those shelves so high? This approach places the blame on the environment and increases receptivity. Likewise instead of conveying to a person that their home needs to be altered because their independence is decreasing, how about changing the perspective so that the modifications will actually increase their independence and that they will be able to do more. The perspective adoptive is important in terms of getting consumers to be receptive. The third effective communication strategy to increase consumer awareness is to change ourselves. Let's face it: a supportive home environment is good for people of all ages. A famous disability rights activist, Irving Zoling said we are all only temporarily abled. Any one of us could find ourselves in the dependent category, either very suddenly or gradually over time. So when discussing home modifications with a client, we try to convey that they are for all of us and not just them. By approaching clients with the orientation that a supportive home environment makes sense for you as well, and perhaps sharing challenges in your own home, you may find that people are much more willing to listen and make changes. A few more effective educational approaches to increasing awareness, the good news is that there is a lot out there in terms of consumer materials, through our ACL grant, we're in the process of creating inventory, and a review of checklists and fact sheets. So far we have identified 740. These are from national, state, and local agencies, national associations, such as AARP has a wonderful home fit and developed also by private professionals. Our goal in looking at this big inventory is to identify gaps, particularly, as Emily was saying, for underserved consumers in rural areas, Native Americans, low income older adults, caregivers and for individuals for whom English is their second language. So, the key is approaching consumers with really straightforward information and solutions. Complex situations might require complex solutions, but by starting with basic information this information first, people realize that there are simple solutions and they tend to be more receptive. The image at the bottom of the slide, in the middle, is a home safety checklist created by the CDC through the evidence based study project. You can get this for free off the CDC website. To the far right top is an image of one in a series of brochures that we created with the Hartford Insurance company, the preferred homeowners insurance policy for AARP and through a joint study that we did with them, we found information on universal design given to an older adult at the time of a claim resulted in 80% of them incorporating a universal design feature at that time that they would already be making changes to their home. And why is this important? Well it's because the education is taking place at the very definition of the window of opportunity versus when it's a very urgent need. So providing home modification materials alongside other types of outreach efforts should be considered. Also key in raising awareness is exposing people to actual home modifications, and this helps to reduce stigma. At USC we have been involved in a variety of projects to raise consumer awareness in mainstreaming home mods. For example, we organized home tours of successfully modified homes, as well as displays and donated retail space showing consumers real modifications up close in real homes, helps them realize within their own communities that modifications have been made and one really cool thing that happens by either the modified homes being occupied by older adults or people with disabilities,

visitors can talk to peers firsthand to hear how these modifications have made a difference, and or staffing these display tables with volunteers that have made modifications themselves is also really effective.

USC has just created an inventory of stock and actual home modification images on a website called lifetimehome.org and we welcome your addition. Moving on to our second challenge and solutions area is service delivery. A very sobering thought is that the delivery system for home modifications this is a patchwork of uncoordinated services that leaves consumers to and navigate many different types of professionals. Effective long-term home modifications is a process where more often than not many providers only specialize in one aspect. First there is the initial intake, which as I discussed is key, in identifying need, and establishing rapport, maintaining that receptivity. Second there is the assessment to identify problems and specific solutions through ideally a combined environmental and functional assessment, and then there's setting priorities and selecting products. Then of course, there's securing funding which I will talk about in a few minutes followed by the actual installation process. A key aspect we advocate for that is often overlooked is follow-up. As needs change, remember that person in environment fit; we believe that any home modification should be revisited periodically to ensure that it is being properly used, and is effective and is meeting any changing needs. A variety of providers play a role in this process, and here they are. There are lots of providers, and partly that's due to the multidisciplinary nature of home modifications. Professionals from four different sectors, are either indirectly or directly involved in home modifications. On this list, we have professionals represented from four different sectors: from the housing sector, remodelers, contractors, handypersons, architects. From the disability sectors, centers for independent living, rehab centers. From the aging sector, information assistance specialists, senior centers, or Area Agencies on Aging, and the fourth sector is health care: nurses, actually doctors are increasing and getting more interesting in finding out what happens when somebody gets home, occupational therapist, physical therapist, and

[Silence] -- It looks like our presenter Julie may have discontinued from audio. We'll be in contact with her to help her reconnect, but Emily I will pass the ball over to you. Are you able to maybe follow up?

Yes.

Sure, can you hear me?

Yes we can. Okay great.

I'm happy to hop back off after Julie gets back on the line. This slide is highlighting results from a recent study from the CDC, Centers for Disease Control. They have examined seven fall risk, or contributing factors and seven falls interventions for community dwelling adults age 65 and older, and addressing home hazards with the assistance of an occupational therapist. It was found that that would prevent the greatest number of medical treated falls, and over the most indirect medical costs. It found it was over 45,000 falls, and in terms of medical costs, over \$442 million.

Another program that we wanted to highlight that has shown some very promising evidence is the CAPABLE program, out of Johns Hopkins. It's led by Dr. Sarah Santon, and this is an evidence-based fall prevention program of which home modification is a key component. It includes a team approach. The three key professionals involved are an occupational therapist, a registered nurse, and a handy person. The program takes place in an individual's home, and it serves the low income older adults, low-income often frail older adults. And it is not only client-centered, but it's client directed. The individual determines which goals that are related to their functioning that they would like to pursue as part of this program. An example of a goal would be bathing safely, getting in and out of the tub in order to bathe safely, and so the nurse, occupational therapist, and the handy person all work together to support the individual to reach their goal. The OT would watch how they get in and out of the tub, interact with their environment, give recommendations to the handy person, to for example, have a shower seat, or install grab bars. Then the nurse may work on physical activity to improve strength, getting in and out of the tub, and also work with medication and having them speak with their doctors to determine if medication could increase the risk of falls. It was found to increase older adults in the study, to increase their functioning, reduce depression, home hazards, nursing home admissions, and hospitalizations. It was found to save Medicare \$10,000 per participant per year. The home modifications were quite simple and straightforward. It averaged about \$1300 and the typical features were Stair railings, grab bars, raised toilet seats, and improved lighting. The overall program was about \$3000 per person. In addition to this evidence-based program CAPABLE which we are all very excited about, there are many other not evidence-based, but very promising practices going on in communities around the country. There are nonprofits such as Rebuilding Together and Habitat for Humanity that use volunteers to make repairs and modifications in the homes, often of vulnerable populations, such as older adults. The Philadelphia Corporation for Aging has some excellent home modification programs. There are other examples here, and home safe is in Los Angeles, and they have this great van that they can drive to clients homes and if they're just doing an intake they can often do home modification right on the spot. We also have our website homemods.org listed here. We have a national directory of home modification resources and you can search it by state keyword. You can see the state and it lists providers by cities and as a part of our grant from the Administration for Community Living, we will be thoroughly expanding that with our findings from the work that we are doing. We wanted to provide you with some more information regarding referrals and the access channels. This is broken up by the centers that Julie mentioned, the four key sectors that we often engage with related to home modification, so Area Agencies on Aging, the Eldercare Locator. They're an excellent source of information in terms of where to get home modification services or access to programs, senior centers as well. Within the disability sector, there are local independent living centers and assistive technology programs that could be a source of information. I think that Julie may be back on the line. I will see if I can pass it back to her as much as I love talking about this. Let's see. Julie, are you online? >> Emily, We are not sure if Julie has rejoined. If you are able to keep going that would be wonderful.

She should be on shortly.

Certainly I will in just a moment. -- So the housing sector city and county housing and community development departments are a source of information often there are programs that will provide repairs to homes and also do accessibility improvements that can include home modifications. In the healthcare sector, there home health agencies. I mentioned in the previous slides, the voluntary sector, Rebuilding Together, Habitat for Humanity, and then our resources as well that are we are working on at USC. Another key aspect to improving access to home modification and the availability of home modification services is improving the skills of home modification professionals. There are a range of training programs that exist at this time, including CAPS certification for the National Association of Homebuilders, USC, we offer a training as I mentioned, the Executive Certificate in Home Modification Programs, online training, and SUNY Buffalo has course specific to Universal Design. There's also Certified Living in Place, Certified Environmental Access Consultant, as well as many more. Here are some examples. This slide introduces the third and the last challenge that we wanted to cover in this webinar which is complexity in home modification and funding. Here

we are looking at the federal agencies that are involved in offering home modification services and funding programs. As you can see there is quite a few which is great that we have those programs out there, but it does become complex. The first row of arrows highlight the different target populations for each program, so there may be a program out there, that you learn of, or an individual learns of but it may not be targeted and may not be in that targeted population. Some are focused just for homeowners, some for renters and landlords, others for veterans, and some do include family members as well. Besides target population, there could be other eligibility requirements such as income, age, disability, or a geographic location where the individual lives, so if even you are able to access the home modification program it may not be one you can benefit from unfortunately, and we work with the National Council on Aging to develop several inventories of modification resources, and one of them pictured here features funding source from federal agencies, as well as it's divided by housing and different sectors, like housing, healthcare, taxes as well, and this is available on our website stopfalls.org for you to search through, we are going to be updating this as part of our efforts in our project as well.

Emily, this is Damon, I did want to let you know that Julie has rejoined.

Great I will pass it on to Julie.

Thank you for that team work Emily, and I apologize. I'm not sure what happened, I didn't touch any buttons, and so thank you for pinch-hitting Emily. I have the pleasure of talking about some innovative funding solutions that are happening at the national, state, and local and many other levels. First of all, tax Credits as of 2018 home modification legislation passed by 12 state legislatures provides financial systems for home modifications via tax credits; policies allow an individual homeowner or family member to be able to recoup some of the costs of modifying a home. Also Medicare Advantage plans are now able to include

and cover home modification as part of this supplemental service, and while plans are still implementing this exciting change, it is encouraging. States are increasingly including environmental adaptations as part of their Medicaid waiver programs, recognizing that a supportive home environment can help to delay or prevent expensive community settings. In terms of direct state funding, in our ongoing inventory that we mentioned the state level home modification programs, we've looked at states like Illinois, whose housing and development authority through the Affordable Housing Trust Fund, has the Illinois Home Accessibility Program which provides grants for low-income seniors and residents with disabilities of Illinois. The state of Massachusetts Rehabilitation Commission has a home modification loan program to support modifications to the primary residents of elders, adults with disabilities and families with children with disabilities. So look to your state, as well for State Tech Act Funds, I know recently there was a webinar on that topic, local nonprofits such as AAAs that I mentioned are providing home modifications and some with the Older Americans Act and the Hartford, again being an innovator in this area, actually has a policy writer that homeowners can purchase as a part of their coverage that will pay for home modifications or universal design at the time of a claim. Some other great news for home modification and policies this year alone, HUD Fiscal Year 2019 appropriations included \$10 million to make grants to experienced nonprofit organizations, states, and local governments for the purposes of ensuring safety and functional home modification repairs to meet the needs of low income elderly. Senate Bill 702 which is a Senior & Disability Home Modification Assistance Initiative a=Act was introduced by Senator King in March and it focuses on coordinating federal efforts and Senate Bill 117, that should be 117, not 1171, is the Disability and Integration Act introduced in January of this year, and it includes home modifications relative to long-term services and supports for individuals being integrated into the community. So, a lot of really exciting things happening regarding home modifications at the federal level. I'm not sure where mine cut off, but I know Emily did a really great job covering some of the challenges overall in terms of home mod access. The great news is, that there is a lot of emerging solutions, some of which we've shared today and we look forward to featuring more of them in the future through webinars and our ACL project in general. Please reach out to us. We look forward to working with all of you on some of these solutions. So with that I think we have question-and-answer time period left.

Thank you so very much for that really interesting and informative presentation, as well as for being able to deal with some of the technical difficulties that arose with grace and calm under pressure. So, with that why don't we go ahead to the questions that have come in during the session? Unsurprisingly, there was a lot of interest in the availability of some of the programs you reference. We got a couple of questions specifically wondering if you have the 12 states referenced that the CAPABLE program is available in. This is Emily. I definitely have a number of them. You will have to count them off to see if we get to 12, and we can certainly follow up to confirm it afterwards. They should be California, Colorado, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, North Carolina, Pennsylvania, Tennessee, Vermont, and Texas.

That is 13, so that's even better. >> I was thinking there would be an extra one, so it might be that one isn't functional or not is not current or happening anymore. I can get an accurate list to share. We may even have information about the Sites that we could share as well. We also had a question come in via chat that asks about whether there is any information available regarding which states had tax credits for home modification as well.

Yes, so this is Julie, and the National Multiple Sclerosis Society has actually been the leader in tracking state level tax credits, and so if you email me directly, I can send you the link or you can go to the National MS Society website, and they track this regularly. The latest data was as of June 2018, but there are 12 states currently that have some tax credit for home modification.

Excellent, thank you very much for that.

The next question focuses a little bit more on process oriented things, but the question is really -- for a nonprofit, specifically AAAs, how would they go about getting funding for a home modification grant? Do you have any recommendations or suggestions on places they would look or specific programs that a community-based nonprofit like that could secure funding from?

So, this is Julie, and there is obviously a variety of ways to go about doing this. There's the governmental agencies, like the local city and county housing and community development department. We found that home modifications are often included within community development block grant programs, so that would be one link. If you're not already working for Centers with Independent Living, that's also a potential source of working together and/or accessing grants for individuals. Private foundations, some AAA's have actually, there's a AAA in Maine, that got funding from a private foundation to set up a system in which they would provide home modifications with volunteers, with some of those modifications covered. So there is a variety of avenues. I think the funding grids that Emily was outlining; we do have them on the website. That will sort of take you down various channels, but the most immediate one would be working with the housing and community development department and local areas. Great, thank you for that and I agree that funding chart you have developed is extremely informative and very useful, so I would encourage everyone on the line to take a look at that if you have a chance. >> As a clarification, someone on the line asked what is the AAA that you are referring to? I assume they mean the AAA in Maine that you referenced having secured that funding. >> Off the top of my head, I don't know the exact name, I have to say, so if the person who is asking emails me I am happy to share it.

Great, thank you.

The next question asks, "If you could provide some more information about lighting as a home modification, and how that benefits individuals?"

Emily you want to take that?

Sure.

It can assist in different ways. Lighting can help a person with their daily activities to see what they are doing, but lighting in general can help people to see hazards that may be on the ground; People with vision problems to help them see depth issues with the stairs. Lighting can also become a problem if the lighting is too harsh, it can cause glare on shiny surfaces, and that could be a risk for falls as well. We don't like to say increased lighting; we like to say improve lighting. Even something like if we encourage people to use long-lasting lightbulbs because if a lightbulb goes out, and we are trying to fix that climbing up high, this would be an issue as well. In a few instances there, and one more that comes to mind is when people need to walk from the bedroom to the bathroom at night in the dark, something as simple as a nightlight could prevent a fall and just make that trip, trip as in travel from the bedroom to the bathroom, safer. >> Great.

Thank you for that.

It appears that we don't have any more questions in the queue. I will wait just a second to see. One just came in. This question asks, During the intake process of the CAPABLE program is there a specific tool that was used? Or was it something that was created? I'm assuming it means created specifically for CAPABLE and not a broader tool that was available? >> This is Julie and yes, there was a specific tool that is used by capable, and that is also used by the pilot projects. CAPABLE has a website that has wonderful resources that is a part of Johns Hopkins School of Nursing. If you are interested in started a CAPABLE pilot project, they actually have the training that they offer to provide these tools and the process that is involved with implementing a CAPABLE program. Great, thank you for that. Well, that is the last question that we have received and since it is 4 PM, we are going to go ahead and close today's webinar. As a reminder, a recording the transcript, and slides of today's presentation will be posted on the NASUAD website in the coming days. With that, I do want to thank both of you, Emily and Julie, for taking the time to share this wonderful information and great resources with all of us today, and thank you for all who participated on the webinar. We hope you found it useful and interesting. Please feel free to reach out to our presenters or to anyone here on the NASUAD staff, if you have any questions after today's event ends. With that we will end today's webinar. Thank you all again, and you may now disconnect. -- May Disconnect. >>
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