



HOME MODIFICATIONS FOR AGING IN PLACE (HOMEMAP)

BUSINESS PLAN PREPARED BY AGNEW::BECK FOR SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL), AUGUST 2014



Engage Plan Implement

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EXECUTIVE SUMMARY

INTRODUCTION

Southeast Alaska Independent Living (SAIL) has developed *HomeMAP (Home Modifications for Aging in Place)*, a trademarked and copyrighted model for conducting comprehensive home assessments for individuals who wish to continue living independently but who may experience barriers to remaining in their home. HomeMAP assessments identify home modifications and other solutions that can help an individual achieve their goal of staying in their home and maintaining independence.

The overarching goal for the HomeMAP program is to provide a quality home assessment model that supports the safety, health, independence and longevity of the aging and disabled population. Key objectives for the program are:

1. To provide an affordable and comprehensive home assessment that details solutions to remove barriers in their homes, to any individual who requests the service.
2. To help all HomeMAP recipients access resources to implement recommended changes/modifications.
3. To inspire providers and potential funders of home modifications to recognize the value of comprehensive assessment and contract for home assessments from trained and certified HomeMAP assessors.

The primary purpose of this business plan is to identify additional needs during the startup phase for HomeMAP to become a viable and sustainable program for SAIL. Looking out longer term, SAIL would like to position the HomeMAP model as a best practice across the state, and so all startup activities are also considered through this lens.

BACKGROUND

THE INDEPENDENT LIVING MOVEMENT

The goal of the Independent Living (IL) movement is to maximize leadership, independence, productivity and full inclusion and integration of individuals with disabilities into the mainstream of American society. Alaska's independent living program, established under the federal Rehabilitation Act and Alaska Statue, 47.80.03, is charged with assisting individuals with disabilities gain full inclusion and integration into mainstream society, employment, and independent living through the Statewide Independent Living Council (SILC) and Alaska's Centers for Independent Living (CILs).

CILs are charged with two main bodies of work: systems advocacy and the provision of independent living services. Under the umbrella of independent living services are five "core" services that every CIL must offer:

- 1) advocacy,
- 2) information and referral,
- 3) peer support,
- 4) skills training, and
- 5) transition services.

In addition to the core services, CILs are authorized to provide a wide range of independent living services, including housing modification services, rehabilitation technology, mobility training, personal assistance services (including personal attendant care and the training of personnel providing these services), transportation, individual and group social and recreational services, and “any other services that may be necessary to improve the ability of an individual with a significant disability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment and that are not inconsistent with any other provisions of the Act.”

Alaska is divided into five IL service regions served by four CILs: Access Alaska, Southeast Alaska Independent Living (SAIL), Independent Living Center (ILC), and Arctic Access. Among them, they manage centers or satellite offices in the communities of Anchorage, Juneau, Fairbanks, Sitka, Ketchikan, Wasilla, Homer, Soldotna, Nome, Kotzebue, Seward, and Haines.

ABOUT SAIL

Southeast Alaska Independent Living (SAIL) is a nonprofit 501(c)(3) organization that has served Southeast Alaska for nearly twenty-five years with the mission of “Inspiring Personal Independence.” SAIL empowers seniors and people with disabilities by providing services and information to support them in making choices that will positively affect their independence and productivity in society. SAIL serves seniors and people with physical, cognitive, and mental disabilities regardless of race, ancestry, color, religion age, marital status, sexual preference, gender and/or income. SAIL maintains offices in Juneau, Haines, Ketchikan and Sitka, and is responsible for IL service delivery throughout a region that spans 32 communities over 32,000 square miles (approximately the size of South Carolina). The region is home to more than 16,000 individuals who experience disabilities. Only three of the communities in SAIL’s service area – Skagway, Haines, and Hyder – are connected to any road system; even the state capital of Juneau, home to approximately half of the region’s population, can only be accessed by boat or airplane.

HOMEMAP HISTORY

HomeMAP was developed as a response to a combination of converging factors, including:

1. Multiple survey findings show that most of us want to age in place, to live in our own homes as long as possible.
2. Simple improvements can often make living at home easier.
3. Home modifications can be overly complicated and needlessly expensive.
4. Trained experts can save the consumer (and the State) money by providing innovative solutions, which often include no- and low-cost solutions.

As we age, simple home activities, such as cooking and bathing, that were easy to negotiate when we were younger or more able-bodied can become more challenging. Home tune-ups ranging from assistive technologies and safety equipment to actual home modifications can minimize or eliminate age or disability-related barriers. Modifications can range from the relatively simple and inexpensive – such as installing better lighting, grab bars or handrails – to more involved bathroom or kitchen remodels, or entry ramps.

Nonprofit entities in Alaska and across the country have been doing home assessments and/or home modifications for many years. A few years ago SAIL staff recognized a tendency toward home modifications that were unnecessarily expensive, complicated, or simply not the optimal solution for the situation. One provider offers as a common example, “Everyone thinks they need a roll-in shower” – which involves extensive installation requirements and can cost \$10,000 or more – “when

sometimes it turns out they only need a transfer bench,” which anyone can put in and has an average cost of \$100 or less. But what might happen if home assessments were much more comprehensive and treated as an integral part of the home modification process?

SAIL staff underwent an intense process, researching best practices and design standards and incorporating them into a new approach for assessment. The model that emerged includes training to ensure assessor expertise in adaptive equipment and assistive technologies, barrier removal and the construction implications, and independent living. This multi-faceted expertise, combined with an approach that incorporated a whole new level of customer input and choice, resulted in an innovative model for home assessment that maximizes the identification of no- and low-cost solutions and best meets an individual’s needs to support remaining in their home.

Staff members spent the next three years developing a thorough training program, a comprehensive assessment guide, and tools and templates that have already seen the following benefits:

- a more thorough identification and prioritization of potential improvements and assistive technologies (adaptive devices/daily living aids) from which to choose that can make the home environment both more livable and more “visitable” by those with mobility and other disability issues,
- a final report that provides sufficient detail for potential contractors to more quickly and easily develop a realistic scope of work and cost estimate to individuals wanting to implement home modifications, and
- reports that include no- and low-cost solutions, including many that consumers and contractors typically would not identify.

The result is HomeMAP, a model with the potential to become the gold standard in Alaska – and eventually, possibly beyond – for home assessments and an integral piece of the process for identifying and implementing home modifications that are best suited to consumer needs.

The HomeMAP model was designed based on the principle that aging in place is a preventive medicine concept. We floss our teeth to avoid cavities; likewise we can install handrails and grab bars to prevent falls, which are more costly for seniors and the leading cause of accidental death for those aged 65 and older. In addition to hospitalizations, falls often result in post-discharge needs such as medications, occupational and physical therapy, all of which are often more extensive for those who are older. In addition, there is a higher risk of complications from falls in the aging, which frequently lead to an individual’s move from their own home into a more restrictive and costly living situation. There is also the emotional and financial stress such incidents cause for the individual as well as for their family members and friends. Yet an upfront investment in prevention measures can be relatively simple and inexpensive.

A thorough assessment can also result in solutions that increase the functionality of those who wish to continue living at home and make their daily lives easier when engaging in tasks such as cooking, bathing, and basic house chores. Additionally, if a person wishes to stay in their home, they may want to maintain a strong sense of community, which means making sure their home is easily visited by friends and family. The populations served by the HomeMAP program may also have family and friends with accessibility issues. HomeMAP offers an innovative model for making sure a resident is not only able to stay in their home but also able to maintain community connections with family and friends, reducing the likelihood of isolation.

By embedding a model that takes a more comprehensive approach up front and consistently integrates assessment into the home modification process, there is the potential to better meet consumers' needs while simultaneously reducing the costs required to help them stay in their home.

KEY OBJECTIVES OF HOMEMAP MODEL

What sets HomeMAP apart from other models can be seen in its primary objectives:

1. AFFORDABILITY

HomeMAP provides an affordable and comprehensive home assessment to any individual who requests the service, which identifies safety equipment and other assistive technology solutions to remove barriers in the home. Many programs are over-priced with solutions that include recommendations for “off the shelf” products, rather than incorporating more in-depth problem solving that often leads to less costly solutions. If a person is having balance or mobility issues, the recommendation from another assessment might be an expensive and unnecessary wheelchair-accessible ADA bathroom, whereas the more involved HomeMAP process might discover that all that is needed are strategically located grab bars around the bathroom fixtures and a raised toilet seat. HomeMAPs provide a wide spectrum of ideas, suggestions, and solutions that are individually tailored and strive to meet the person's needs, while seeking solutions they can afford. Unlike other programs, HomeMAPs offer a range of low cost and no cost solutions as well as more extensive end solutions where necessary and appropriate. The HomeMAP team is dedicated to assisting individuals in getting the modifications and equipment they need in order to live more independently and safely in their homes.

2. PRIORITIZATION OF IMPROVEMENTS AND ACQUISITIONS

Because the HomeMAP team consists of individuals well versed in assistive technology and other independent living resources, there is a more thorough identification and prioritization of potential improvements and assistive technologies (adaptive devices/daily living aids) from which to choose that can make the home environment both more livable, as well as more “visitable” by those with mobility and other disability issues. HomeMAPs offer solutions that include home repairs, remodels, alterations and equipment, and services to make the consumer's life better. Many other programs offer home repairs or remodels only, without recognition of the various types of adaptive equipment available that can also benefit the consumer.

3. FINAL REPORT

A final report provides sufficient detail for potential contractors, in a way that is easy to follow for the individual and their family as well. This report includes resources to purchase equipment as well as actual pictures of the individual's home and illustrations and/or photos of the modification options. For example, a report might include drawings showing a ramped entrance to the house and/or a platform lift to the entrance.

4. ONGOING SUPPORT

IL staff, who participate in the HomeMAP assessments (in order to address barriers not related to remodel efforts), are able to assist recipients in identifying available resources to assist in implementing recommended changes and modifications, as well as resources for recommended safety equipment and other assistive technologies.

OVERVIEW OF MODEL

The HomeMAP model utilizes a team approach that utilizes trained assessors who are well-acquainted with assistive technology and other safety equipment and who are knowledgeable in the Americans with Disabilities Act (ADA), and accessibility guidelines. A pair of assessors goes to the person's home or apartment and interviews the individual, care-givers, and/or other family members to gain valuable perspectives from the people most directly affected by the home environment. This team approach affords the opportunity to develop solutions for unusual problems identified during the home visit. It also allows a team approach in developing the report, in which one person focuses on content about the visit and assessment, and the other person focuses on incorporating guidelines, photos and drawings related to home modification recommendations.

During the home visit, assessors also walk through the property, take photos and identify immediate and possible future concerns and challenges. They discuss possible solutions and priorities with the client, to ensure a good understanding and comfort level with possible modifications to their home. The final report incorporates the findings, photos, and recommendations, as well as guidelines for potential modifications, in a visually friendly way for the client that can also be used as a guide for bidding by contractors, inclusion in a request for financial assistance, reporting unsatisfactory living conditions to housing agencies, and/or as guidance for those who implement the modifications.

Once the report is complete and provided to the client with recommended modifications, the next step is to assist the customer with accessing potential resources for implementing HomeMAP recommendations. While these services are not considered part of the HomeMAP model itself, they are essential to making sure home assessments lead to the actual implementation work needed to help a person stay in their home. Such assistance can include, as relevant and appropriate:

- Recruiting and coordinating community volunteers
- Delivering certain types of assistive technology and safety equipment
- Providing information about available financial assistance for modifications
- Assisting clients with applications for funding assistance as needed
- With client approval, discussing the report and potential solutions with a care coordinator, family members, case managers, grantors, and/or other parties as appropriate
- Discussing the report with a landlord in relation to the Federal Fair Housing Act

APPROACH

After a three-year process of building the HomeMAP model and program materials, SAIL contracted with Agnew::Beck to assist in determining an appropriate charge for HomeMAP services. Through the course of early discussions it became clear that many factors would come into play when developing a pricing structure for HomeMAP. For instance, to date most individuals accessing home assessments through a nonprofit have been low income, limiting their ability to pay for the full cost of the service. Other nonprofits that have home modification programs through grant or other funding are also likely to have limited funding to pay for a comprehensive home assessment. For instance, one program is able to offer individuals a maximum of \$2,500; a comprehensive home assessment would leave very little for implementation of solutions.

A larger conversation ensued regarding the financial outlook for rolling out the new home assessment model, as well as about startup needs such as infrastructure to ensure fidelity to the HomeMAP model, development of a sliding fee scale for clients, and resource development to

sustain the model. This business plan and the accompanying 5-year pro formas are intended to document the planning and development that has taken place to date, as well as to highlight remaining needs for developing and promoting HomeMAP as a best practice and achieving long-term sustainability.

Much of the information contained in this plan was obtained through ongoing interviews and conversations with key staff from SAIL and Kenai ILC. In addition, information about the model was obtained by reviewing HomeMAP materials that have been developed to date. The desired scope and approach focused around documenting the work to date and what staff have already identified as remaining startup needs. Therefore, the methodology did not incorporate any market surveys, nor any analysis or comparison of other existing home assessment practices in the state.

Finally, the financial projections include many assumptions, which are noted in the pro formas themselves and discussed later in this document. Many of the revenue figures, for example, are estimates for potential funding that is still in the exploration stage; therefore, conservative figures have been used in developing the pro formas.

MARKET OVERVIEW

PRIORITY POPULATIONS

HomeMAP is potentially available to anyone who wants or needs it. Conceptualizing the model as a preventative health program leads to the potential for mass marketing to the population as a whole; everyone is aging, and many home environments could be modified to make them safer and easier to live in. However, with limited resources comes the need for prioritizing populations. Therefore, the current priority consists of two target populations with a higher likelihood of barriers staying in their home:

- seniors (individuals aged 65 and older), and
- people experiencing disabilities.

There is also strong interest in incorporating a specific focus on individuals with Alzheimer’s Disease or Related Dementia (ADRD). Funding has recently been committed toward this effort, and exploration is currently underway to develop and incorporate specific guidelines, solutions and innovations for this target population.

The population estimates in the following table likely have some overlap, as there may be individuals with disabilities who also fall into the 65-and-over age group; however, this table is intended to illustrate the extent of the need in relation to current capacity for conducting home assessments. The HomeMAP model could serve a great deal more people with additional resources, including more trained HomeMAP assessors, as illustrated below:

COMMUNITIES	TOTAL POPULATION*	(A) AGE 65+**	(B) POP. WITH DISABILITY^	(A+B) PRIORITY POPULATIONS	HOMEMAP-TRAINED ASSESSORS
<i>SAIL:</i>					
Haines	1,809	273	169	592	2
Juneau/Douglas	38,809	2,635	2,855	7,350	5
Ketchikan	8,313	859	665	2,000	2
Sitka	9,039	1,008	744	2,264	1
Remaining service area	15,802	1,797	1,111	4,073	0
<i>Total SAIL service area</i>	<i>73,772</i>	<i>6,572</i>	<i>5,544</i>	<i>16,279</i>	<i>10</i>

*2013 population estimates, State of Alaska Department of Labor

**2010 U.S. Census

^2009 figures based on SILC Statewide Assessment Report

MARKET CONSIDERATIONS

FINANCIAL BARRIERS

People who experience aging and/or disability are more likely to experience unemployment, creating financial barriers to their ability to make their homes more livable. The table below helps illustrate this issue, comparing unemployment for those with disabilities versus the general population in several boroughs and census areas in SAIL's service areas. Those with disabilities experience unemployment at a rate two or even three times as high as that of the general population.

CENSUS AREA/BOROUGH	UNEMPLOYMENT RATE	
	General population	Individuals w/disability
Hoonah-Angoon	12.7%	24.0%
Juneau	5.1%	14.8%
Ketchikan Gateway	8.4%	23.7%
Sitka	6.3%	19.1%

United States Census Bureau. (2012). 2008-2012 American Community Survey 5-year estimates.

NON-TRADITIONAL HOUSING

Throughout the state one can also see many examples of non-traditional housing. Examples commonly found here include houses on stilts due to ground unsuitable or too expensive for building a foundation, and houses with outdated heating and/or plumbing systems. One in every 16 households (6.32%) in Alaska lacks indoor plumbing, the highest percentage in the nation.¹

To illustrate the wide variation between communities, some rural villages such as Mud Bay do not have *any* housing units with complete plumbing facilities; others have high rates of housing units without complete plumbing facilities, such as Port Alexander (37.5%) in SAIL's service area. In other communities, a significant number of homes lack complete kitchen facilities, such as Kake (5.2%) in SAIL's service area.² Two in every five Alaskan households (41.5%) utilize fuel oil, kerosene or other fuels rather than electricity or natural gas to heat their house, compared to just 15.9% in the U.S. as a whole.³ There is also what's known as an "Alaska Natural," where people have built ramshackle additions which often violate building codes for health and safety. In the words of one local service provider involved with home modifications, "If a ramp gets built, it may be the sturdiest part of the house." Generally, the farther off the road system one goes, the more pronounced issues can be found in regard to non-traditional housing issues.

¹ Rural Community Assistance Partnership. (2004). *Still living without the basics in the 21st century: Analyzing the availability of water and sanitation services in the United States*. Retrieved from http://www.win-water.org/reports/RCAP_full_final.pdf.

² Ibid.

³ United States Census Bureau. (2012). American Fact Finder: Community Facts. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none.

WEATHER-RELATED WEAR + TEAR

Housing throughout the state is susceptible to accelerated wear and tear due to inclement weather, and Southeast Alaska is no exception. The region is known for its year-round rainfall and persistent winds, which can cause unwanted impacts to housing. For instance, high amounts of rain in addition to high humidity means building surfaces are wet or damp much of the time, which can in turn cause building materials to warp and cup if they have not been carefully finished and installed so they have a chance to completely dry.⁴ Average precipitation in some Southeast Alaska communities exceeds 100 inches per year, including Ketchikan (137 inches) and Petersburg (110 inches).⁵

GEOGRAPHY AND TRANSPORTATION

Due to the diverse geography and travel challenges in Alaska, it can be particularly challenging for people to stay in their homes as they age, or if they experience a disability. The severely limited road system makes travel difficult and expensive for those not connected to any road, and many Alaskans live in small communities (less than 1,000 people) with severely limited available resources for seniors and disabled individuals.

The primary geographical challenge in Southeast Alaska is, of course, the lack of a road system. Most communities served by SAIL are only accessible by boat or airplane. There are population centers, such as Juneau, Sitka and Ketchikan, where a greater level of resources exist, but they are difficult to reach, and many of the other communities in SAIL's service area are home to fewer than a thousand people each, which means resources for housing, transportation, and other services are extremely limited. Providing supported housing in such small communities presents many challenges, including qualified labor pools and financial sustainability. At the same time, moving aging or disabled individuals to other communities with such resources has a much larger social and emotional impact due to the geography; family and friends cannot simply hop in the car and drive twenty minutes up the road to visit; they may have to incur air or ferry travel as well as overnight lodging.

A one-time investment can offset many of the above barriers to allowing more individuals in tiny Alaskan communities to age in place.

MARKETING + COMMUNICATIONS

Given the size of the potential market, direct outreach efforts to consumers will have to be balanced against the availability of resources to meet demand. There is an existing promotional flyer geared toward end users of the HomeMAP product, and some agencies refer individuals to SAIL (or Kenai ILC) for home assessment information. The existing messaging concepts are as follows:

Message 1: *Want to live at home longer – and safer?*

Audience: Direct consumers

Message 2: *Make your home more easy to visit by those with mobility issues.*

Audience: People with family and friends who have accessibility issues but want to visit

⁴ Alaska Housing Finance Corporation, Research and Rural Development Division. (2000). Alaska Housing Manual, 4th ed. Retrieved from <http://www.ahfc.us/files/9913/5716/0257/housing-manual-4th.pdf>

⁵ Alaska Climate Research Center. (2000). Data from 1971 to 2000. Retrieved from <http://climate.gi.alaska.edu/>.

This messaging can also be used to provide referrals by agencies with cooperative agreements in place.

The potential customer base includes those with disabilities, who on the whole tend to have more limited financial resources. Among seniors, however, the picture is more mixed. There are those who rely primarily on Social Security and have extremely limited financial resources, but there is another group of people who are aging and have experienced varying degrees of financial independence. One strategy toward financial sustainability for HomeMAP will be to target this latter group. They are more likely to have the ability to self-pay the cost of a HomeMAP assessment, thus helping to subsidize lower-income customers. The above messaging can also be used to directly target this population. Proposed targets for this marketing strategy include but are not limited to:

- Home shows
- Rotary and other civic groups
- Contractors and contracting associations
- Real estate agents
- Local AARP chapters

In order to subsidize HomeMAP customers with a more limited ability to pay, SAIL will also pursue cooperative agreements with grantee entities of the State and other grant funding programs discussed in more detail in the Financial Analysis section. This leads to a second messaging target:

Message: *Most people want to continue living in their own home as they grow older.*

Audience: Referral agencies who work directly with consumers; potential funders and other partners

This is also a crucial audience to reach to build new revenue streams toward financial sustainability. Given the nature of this audience, the primary communications approach for sharing this messaging is through personal contacts and relationship building with agencies with the potential to pay for HomeMAP assessments through cooperative agreements.

FINANCIAL ANALYSIS

FINANCIAL STRATEGY

In addition to financial sustainability of the HomeMAP model itself, another goal is for the model to eventually generate sufficient revenue to contribute toward broader organizational sustainability. However, it is also anticipated that a substantial portion of customers will not have the ability to self-pay for the service. Therefore much of this program will need to be funded through subsidies to assist with costs for low-to-moderate income clientele. The most viable revenue stream is likely to be earned revenue through contracts with recipients of State funding programs.

It is important to note that with a growing senior population, as well as a significant population of individuals with disabilities, this is a much-needed model that could lead to the ability for more people to remain in their home. However, a great deal of funding has yet to be identified and secured. Because of this, the pro formas include a line for “gap” funding, which will need to be identified and secured in order for the HomeMAP model to become financially self-sustainable.

EXPENSES

STARTUP ACTIVITIES

As discussed in detail in the Goals and Strategies section below, the remaining startup needs for HomeMAP include development and implementation of a set of quality assurance protocols, including an assessor certification process; incorporation of Alzheimer’s Disease and Related Dementias (ADRD)-specific information into the model; and the development of technology to decrease the time and cost of developing HomeMAP reports. It is anticipated that most of the costs related to these startup activities will stem from staff time. While the possibility exists to contract some of this work out, such as the technology development, the pro formas currently reflect all startup activity costs, an estimated total of \$100,000 in the first two years, included as staff time.

STAFFING

While staff have been trained in conducting HomeMAP assessments, current resources and other agency needs dictate that staff can dedicate only a small portion of their time to this program. Combined, initial staffing adds up to 1.0 FTE for conducting home assessments. Another 0.10 FTE will go toward implementation of quality assurance protocols.

Assessment time includes the home visit, report development, and any follow-up as relevant and appropriate. Follow-up can include one or more of the activities discussed earlier in this report in the model overview section.

VARIABLE ASSESSMENT COSTS

Due to the nature of the geography in Alaska and the limited road system, travel costs will vary widely by assessment, from mileage for a cross-town car trip to airfare and overnight lodging. It is difficult to anticipate the level of demand from places requiring air or marine ferry travel. For purposes of this document, travel costs have been estimated conservatively to remain steady during the five-year startup period, in order to direct limited resources toward initial capacity and infrastructure needs.

HomeMAP assessors are likely to frequently identify simple, low- or no-cost solutions that can be implemented either during or shortly after the home visit. They can include adaptive technologies,

minor modifications such as a transfer bench in the bathroom, or safety supplies. Again, these costs will vary widely depending on the assessment. While staff time has been estimated in the financial projections to allow for additional time for these variable needs, the standard per-assessment fee includes staff time for only the base time estimate of 10.5 hours.

OTHER PROGRAM SUPPORT COSTS

The pro formas reflect indirect support costs for trainings and refreshers, program supplies, printing and copying of reports and other materials, and an organizational overhead rate for program management and administrative support.

COST PER ASSESSMENT + PRICING

Cost per assessment has been divided into a direct base cost, and an average program overhead cost based on estimated assessments per year, as follows:

Direct base cost	\$ 842
Other program costs	<u>1,264</u>
Total per-assessment cost	<u>\$2,106</u>

As noted above, this total does not include travel, nor does it include costs for adaptive technology or minor modifications and supplies that can be provided by assessors without hiring a contractor. These costs will vary for each home assessment and will be added to the base cost on a case by case basis.

Because most HomeMAP customers are likely to be low-to-moderate income, a sliding scale will be adapted from existing such approaches. A sample policy from the Alaska Division of Vocational Rehabilitation is included in the appendix for reference. Key considerations that will be included in developing the sliding scale will include:

- Definition of household/family for sliding scale calculations
- Formula for determining the amount needed for basic living requirements
- Identification of poverty guidelines
- Determination of income and expenses to be included and excluded from sliding-scale calculation
- Development of considerations, if any, for size of home
- Documentation to be required for sliding-scale eligibility

To date, SAIL has done 19 Home Modifications that were done based on a HomeMAP assessment. Home modification for these ranged from \$600 to \$17,000, with an average of \$7,800. Less than a third of these cost more than \$11,000. The upfront cost of using the HomeMAP more than pays for itself in cost savings on home adaptations and modification down the road. As more expensive (and invasive) remodeling and construction efforts can easily reach \$20,000-\$25,000 or more per home, using the HomeMAP model can lead to enormous long-term savings.

REVENUE

Startup funding for HomeMAP rollout has come largely through grant funding from the Alaska Mental Health Trust Authority (AMHTA) and from existing other grant funds, as well as a smaller amount of funding from private sources. There is also some potential for re-allocation of existing funds as the program works toward financial sustainability, as long as such re-allocation does not put other programs at risk. To date, startup funding has been used to develop a training process, a comprehensive HomeMAP guide for conducting assessments, developing report tools and templates, and to pilot the assessment process itself with newly trained staff alongside more experienced mentors. Through an AMHTA-funded initiative, SAIL will also incorporate information into the assessment process that relates specifically to Alzheimer's Disease and Related Dementias (ADRD), and will make upgrades to its report process and structure.

The State of Alaska Office of Senior and Disabilities Services (SDS) has recently committed to a one-time allocation for a demonstration project that will contribute to startup activities such as building quality assurance protocols, building a performance measurement system, and other capacity and infrastructure needs. Ultimately, the State may utilize the knowledge gained from this demonstration project to inform a future possible RFP to expand implementation of the HomeMAP model across the state.

The SDS-funded demonstration project will commence in the Fall of 2014. To best leverage this project, a proposal to Rasmuson Foundation is currently in the exploration stage for additional capacity and infrastructure needs. It is anticipated that a Letter of Inquiry (LOI) will be submitted by early January 2015, with an approximate project start date of July 2015 if funded. Other private foundation and Federal grant opportunities will also be researched that can support the establishment of the HomeMAP model as a best practice for conducting home assessments.

As far as long-term sustainability, there are four major State funding programs with home modifications as part of their focus. Each of the programs awards funds to entities that cover various regions across the state, and those entities in turn distribute funding to individuals for home assessment and modification using an application process. These programs are:

Alaska Mental Health Trust Authority (AMHTA) / State of Alaska Department of Health & Social Services (DHSS) Home Modification & Upgrades to Retain Housing – Capital Grant Program: \$15,000-\$20,000 for owner-occupied housing; \$12,000-\$15,000 for rental units

Alaska Housing Finance Corporation (AHFC) Senior Access Program: \$15,000 for owner-occupied housing; \$10,000 for rental units

Alaska Housing Finance Corporation (AHFC) Owner-Occupied Rehabilitation Program (ORP): \$50,000 loan for owner-occupied housing, forgivable over 4 years; more available but must be paid back upon sale of home except in the event of death

State of Alaska Senior & Disability Services (SDS) Environmental Modification (E-Mod) Home Accessibility Program: \$18,500 to individuals who are eligible for Medicaid waivers; can re-apply every three years. SAIL will work with the State to identify solutions related to Medicaid certification requirements for vendors.

Over the long term, statewide earned revenue potential through these programs could, optimistically, look as follows:

FUNDING AGENCY	TOTAL AVAILABLE	AVAILABLE / PERSON	ESTIMATED AVERAGE	ESTIMATED # ASSESSMENTS	REVENUE POTENTIAL
AMHTA/DHSS	\$988,000	\$12-20,000	\$16,000	61	\$136,000
AHFC: Sr Access	\$1,000,000	\$10-15,000	\$12,500	80	\$178,000
AHFC: ORP	\$615,000	\$50,000	\$50,000	12	\$26,000
Total					\$340,000

However, it will take time to build the necessary relationships not only with the funders but with the grantee organizations to establish cooperative agreements. In addition, the figures above reflect averages and estimates at a statewide level; the actual number and amount of individual financial assistance awards may vary, and only a portion will take place in the regions being served by HomeMAP during its startup phase. The pro formas, therefore, reflect a very conservative approach to estimating revenue from these sources over the first five years. While eventual figures could total in the range of approximately 150 assessments statewide per year, estimates for the SAIL region during the 5-year startup phase start at 22 in Year 3 and increase to 34 by Year 5; in order to sustain the initial annual baseline of 75 assessments per year, it is likely that other sustainable sources of funding will need to be identified.

Because these resource are substantial and recurring, the goal will be to embed HomeMAP as the “gold standard” in the assessment element of the home modification process, with grantees contracting for assessments by those trained (and, eventually, certified) in the HomeMAP model. RurAL CAP, a grantee under the AMHTA/DHSS program, has already entered into negotiations with SAIL to contract for HomeMAP assessments in Southeast Alaska.

Several other, smaller funding programs exist in the state, and contracts have either been secured or are being developed that will fund a total of approximately 5-15 home assessments per year. Some funding during the startup phase will also come from grants and other sources, including potential re-allocation of existing unrestricted funds as noted above.

Five-year pro formas and related assumptions are included as an appendix.

CURRENT + PROSPECTIVE FUNDING SOURCES

GRANTS + DONATIONS

Alaska Mental Health Trust Authority (AMHTA): Partnership Grants. Funding from the Trust has been secured to assist with planning and startup costs during the first three years. As other revenue sources are identified and secured, this funding is expected to phase out.

Alaska Senior & Disabilities Services (SDS): SDS has committed to a one-time funding allocation of an estimated \$154,782 each to SAIL and Kenai ILC for FY 2015-16. This will fund a demonstration project that includes completing a combined total of 100-150 HomeMAP assessments on the Kenai Peninsula and in Southeast Alaska, and identifies processes and procedures that can inform a future statewide home assessment RFP.

Community contributions from individuals and businesses. First Bank, a regional bank serving Southeast Alaska, provided startup funding that assisted with the development of HomeMAP materials. One future strategy might be to develop additional low-interest loan opportunities for assessments and

modifications, in cases where such an approach is feasible and appropriate for a client who cannot access existing State resources.

Private foundation funding: Tier 2 grants from Rasmuson Foundation are most known for use toward capital projects, but they also fund “projects of demonstrable strategic importance or innovative nature, or the expansion or start-up of innovative programs that address issues of broad community or statewide significance.” Because the aging population in Alaska presents many challenges, particularly in terms of future resources needed to support this population, the foundation will be approached regarding their possible interest in assistance with remaining capacity and infrastructure needs. At the recommendation of Rasmuson Foundation, SAIL has also started preliminary discussions with Matsu Health Foundation about potential partnership and funding resources.

State legislative funding: During the startup phase, SAIL and Kenai ILC will work together in approaching groups such as the Alaska Commission on Aging, AMHTA, and the Governor’s Council on Disabilities & Special Education to build support for legislative funding that would provide resources during the startup phase.

EARNED REVENUE

RurAL CAP. RurAL CAP is the first grantee that has identified interest in a cooperative agreement with SAIL for assessments, which will target the Southeast Alaska service area. This agreement is funded through RurAL CAP’s Home Modifications and Upgrades grant from AMHTA/DHSS. It is expected that through RurAL CAP’s success with the HomeMAP model, other grantees through this and other key funding programs will also express an interest in entering into cooperative agreements for this service.

State of Alaska Nursing Facility Transition Program (NFTP). The funds from NFTP can be used to help an elderly person or individual with a disability transition from a nursing facility back into the community, including one-time funds for home or environmental modifications. This funding is initially anticipated to cover the costs of 1-3 assessments per year among individuals transitioning from nursing facilities back into their home. Funding from this source may also be used toward modifications.

State of Alaska Short-Term Assistance & Referral (STAR) Emergency Discretionary Fund. The STAR program assists individuals with developmental disabilities and their families wishing to access services. STAR discretionary funds are available to assist families in avoiding or alleviating a crisis if other resources, private or public, are not available. The STAR program can initially fund 1-3 assessments per year when there is a crisis for which home modifications may prevent the need to move a person out of their home.

State of Alaska Division of Vocational Rehabilitation (DVR). The State DVR has as its mission to assist individuals with disabilities obtain and maintain employment. A cooperative agreement has been secured which will initially fund between 1-3 assessments per year.

Client self-pay and third-party insurance. As noted earlier in this plan, most of the individuals who avail themselves of a home assessment through the HomeMAP program will likely be low-income, with no third-party insurance coverage. We anticipate that a negligible amount of funding will come through client self-pay or third-party insurance.

IMPLEMENTATION STRATEGIES

QUALITY ASSURANCE

As part of the development of the HomeMAP model, staff conducted exhaustive research of other home assessment practices across the country and found no existing standards for quality assurance. In order to ensure high quality and consistency in home assessments and recommendations, HomeMAP will incorporate protocols in the following areas of quality assurance:

- Pre-screening of assessors
- Multi-day comprehensive training
- Quarterly refresher trainings
- Peer review
- Assessor certification process (longer term)

The training manual for HomeMAP incorporates important skills for which potential assessors will be **pre-screened**. These include previous training in accessibility standards; knowledge of aging and disabilities issues in the context of independent living; construction experience; knowledge in using a digital camera, photo-editing software, and word processing software; patience and good listening skills; and strong writing and editing skills. While not every assessor will have all of these, SAIL and ILC will look for enough of these qualities in a potential assessor to ensure investing training resources in that person will be worthwhile.

An initial **comprehensive training** has been developed that provides an intensive, 3.5-day experience. SAIL has conducted this training with internal staff as well as with Kenai ILC staff, bringing the current total number of assessors trained in HomeMAP to fourteen. It is currently anticipated that once demand reaches capacity, another full training will take place to add capacity. This is anticipated to happen in two to three years.

While some staff may spend a large proportion of their time conducting HomeMAPs, others might only do a few each year, depending on total demand as well as geographic proximity of demand. Therefore, mandatory **refresher trainings** will take place on a quarterly basis. To save time and travel costs, these quarterly refreshers will be conducted via videoconference so that assessors in multiple locations can participate and engage with each other. Each refresher training will last up to two hours and include group reviews of actual HomeMAP reports and suggested improvements to the process and/or product, as well as an opportunity for participants to address questions and concerns.

A **peer review** process will be developed and implemented in which the most experienced and highly qualified HomeMAP assessors will take on a quality assurance role in order to ensure fidelity to the model and consistency across assessors. Each HomeMAP assessor will be accompanied on a periodic basis on a home visit by a peer reviewer, who will observe the process as well as review the final report, making recommendations for future improvements to the process and deliverables. They may also make recommendations for staff who need additional support, mentoring, and/or training.

An additional component of quality assurance will involve design and development of a HomeMAP **assessor certification**. The certification process and materials will be developed to ensure comprehensive quality assurance as the model is eventually rolled out more broadly across the state. Initial research into existing models for certifications is currently underway, and one likely tool, a scoring rubric, has been identified. The rubric will be developed for use in reviews of final home

assessment reports, which takes into consideration key topics and items and assigns a value to each; a qualified peer reviewer will apply the rubric to a selected number of HomeMAP reports, and a minimum score will be established as a threshold to be used for those who wish to apply for status as a certified HomeMAP assessor.

Three key components will be taken into consideration for certification: training, experience and skills. *Training criteria* will include HomeMAP-specific trainings but may also include ADA, Universal Design, building code/ANSI, and/or HUD Fair Housing design standards. *Experience criteria* will include actual HomeMAP assessments completed but also experience in construction as well as with aging and disabilities related issues. *Skills criteria* will include writing and editing, photography, and interpersonal communications. Specific requirements within these criteria will be identified as part of the certification process development. Additionally, there will be a qualitative component to the certification process, which may include such requirements as an interview with a peer reviewer that includes discussion of real-life situations and examples.

STAFFING

Because of the sporadic nature of client demand and resources for home assessments, multiple staff have been trained in HomeMAP and will conduct assessments, while also allocating staff time to other organizational programs. Therefore, staffing as shown in the pro formas (0.5 FTE for lead assessor time and 0.5 FTE for support assessor time) does not reflect two half-time individuals but rather multiple assessors who spend a smaller portion of their time conducting HomeMAPs. As demand and revenue streams increase, staffing may be revisited to assess the need for more directly dedicated assessment staff.

TECHNOLOGY

Materials and templates have initially been developed for manual use, based on resources for development of the HomeMAP model. One opportunity for time and cost savings is the development of software that assessors could use after completion of the home visit, into which they could enter findings, customer input, photos, and other information for auto-generation of the final report. The Alaska Housing Finance Corporation uses this kind of software to generate home energy audit reports and recommendations; their program might be used as the basis for an adaptation for HomeMAP use.

Since this kind of software specifically geared toward home assessment for aging and disabled populations does not currently exist, it will need to be developed. The cost savings are estimated to be significant and could significantly reduce per-assessment costs, since much of the time spent is for development of the report. However, the one-time resources needed to develop such software are such that this option will depend on future resources becoming available to develop such a tool.

PARTNERSHIPS

KENAI INDEPENDENT LIVING CENTER (KENAI ILC)

The single most important partnership to date has been with Kenai ILC, which has worked closely with SAIL in program planning and development, pursuing other collaborative opportunities, identifying and securing startup funding, and creating a business plan that incorporates strategies for long-term sustainability. Kenai ILC has four staff who have undergone HomeMAP training and are currently conducting home assessments using that model.

The combined service area for Kenai ILC includes 50 communities of the Kenai Peninsula and the Gulf Coast that are spread across 57,000 square miles. In this service area, unlike for SAIL, most communities and residents are more accessible by road. This is particularly true in Homer, Seward and the Soldotna/Kenai area, which are key population centers, house paid staff, and are within reasonable driving distances of a number of surrounding communities, giving those staff a broader reach without the high travel times and costs. However, a significant number of Kenai ILC communities require much longer driving times, and some do require air or water access.

ALASKA MENTAL HEALTH TRUST AUTHORITY (AMHTA)

AMHTA has expressed strong interest in the HomeMAP model and has provided startup funding since 2011. They have continued not only to provide financial resources but have also helped in forging connections and relationships with other stakeholder organizations, as well as playing a key role in development of additional partnerships whose interests are aligned with that of helping people remain in their home.

HOME MODIFICATIONS PARTNERS

SAIL and Kenai ILC have been in, or are exploring, discussions with a wide variety of agencies and organizations whose interests are aligned with individuals' rights to age in place. Entities who fund home modifications are discussed in more detail in the Financial Analysis section below; while there may or may not be direct funding available from these entities for assessments, the HomeMAP model might be embedded as one of their recommended approaches, providing opportunities to contract directly with grantees. These potential partner entities include:

- Alaska Housing Finance Corporation (AHFC)
- State of Alaska Department of Health & Social Services (DHSS), through its joint home modifications and upgrades funding program with the Alaska Mental Health Trust Authority (AMHTA)
- Alaska Office of Veterans Affairs (VA)
- Alaska Division of Vocational Rehabilitation (DVR)

POTENTIAL ADVOCACY PARTNERSHIPS

A number of statewide leaders have immediately grasped the potential of HomeMAP to improve results for those wishing to stay in their home. Others are in the beginning stages of conversations to share the benefits of this new model for home assessment. These entities have a great deal of potential for acting as champions in the incorporation of HomeMAPs as a best practice in the state, and for directing resources to increase the impact of this program. These entities include but are not limited to the Alaska Commission on Aging, the State of Alaska Governor's Council on Disabilities & Special Education, the Aging and Disability Resource Center (ADRC) Advisory Council, the State Vocational Rehabilitation Council, the Alaska Brain Injury Network, Agenet, and the Network Committee of the Alaska Statewide Independent Living Council (SILC).

IMPLEMENTATION ACTION PLAN AND TIMELINE

Due to the vast geography and transportation challenges in Alaska, initial implementation will take place in the service areas for SAIL and its closest partner, Kenai ILC. Assessors have already undergone training and in some cases are conducting assessments using the HomeMAP model. There is a sufficiently high level of need to spend the 3-5 year startup period continuing to develop the infrastructure and capacity needed for possible future implementation in other parts of the state

To date, the HomeMAP model has the following in place:

- Partial startup funding for conducting HomeMAP assessments, building infrastructure, and developing a business plan
- Detailed, step-by-step manual for conducting HomeMAP assessments
- Tools and templates for creating HomeMAP reports and recommendations
- Comprehensive, multi-day assessor training curriculum
- Fourteen assessors trained in the model, located in various communities in Southeast Alaska and the Kenai Peninsula
- Funding commitment for a 1.5-year demonstration project to track and share measurable outcomes of HomeMAP as a potential best practice

Several partners are so enthusiastic about the HomeMAP model that they have committed resources to further development of the model, including a demonstration project that can help build the case for HomeMAP as a best practice for home assessments. Entities with an interest in the new model have also provided feedback regarding essential elements to include that will help ensure consistency, high quality, and relevance to the target populations.

Below is a summary of startup activities needed to establish a solid infrastructure for the HomeMAP model. These activities will be addressed in more detail later in this business plan.

	ACTIVITIES	PARTNERS	BENCHMARKS OF SUCCESS
Operational			
<i>Short Term (Years 1-2)</i>	Implement demonstration project	State SDS, Kenai ILC	Initial results indicate HomeMAP can serve as a best practice model for home assessment
	Develop Quality Assurance protocols	Kenai ILC	Protocols are in place for maintaining fidelity to HomeMAP model across providers
	Create performance measurement system	State SDS, Kenai ILC	Measures are in place to determine effectiveness and efficiency of HomeMAP model
	Incorporate ADRD-specific guidelines	AMHTA	HomeMAPs can be provided for ADRD individuals
	Develop online and/or “app” capability for report development	TBD	Assessors trained and using online tools
	Develop partnership with AHFC	Kenai ILC, RurAL CAP	HomeMAP is integrated into two related AHFC grant programs
<i>Medium Term (Years 3-4)</i>	Provide second comprehensive, multi-day training	Kenai ILC	Additional qualified assessors & capacity for providing service
	Develop certification process and materials	Kenai ILC	Certification process launched

	ACTIVITIES	PARTNERS	BENCHMARKS OF SUCCESS
<i>Long Term (Years 5-8)</i>	Expand to other regions of state	TBD	HomeMAP is available in all ILC regions of the state
Marketing + Communications			
<i>Short Term (Years 1-2)</i>	Develop and conduct outreach campaign to seniors at or above Area Median Income	Kenai ILC	Self-pay revenue increases
Financing			
<i>Short Term (Years 1-2)</i>	Secure State funding for demonstration project	State SDS, Kenai ILC	Complete (secured for FY15-16)
	Develop sliding fee scale for clients	Kenai ILC	Sliding scale in place
	Identify and pursue additional startup funding	AMHTA, State SDS, Kenai ILC	Funding secured to develop online report capability, QA protocols, certification process
	Secure legislative or other ongoing “gap” funding	Kenai ILC	Sustainable source of State revenue
<i>Medium Term (Years 3-4)</i>	Secure agreements with grantees of major funding programs in state	Kenai ILC, RurAL CAP, State SDS, AHFC, AMHTA	Sustainable revenue streams coming from major grant programs in state

MEASURING SUCCESS

The key to developing relevant, meaningful performance measures for the HomeMAP model is understanding its role in relation to the overarching home modifications process. Assessment does not necessarily guarantee implementation of modifications for a variety of reasons, including cost, consumer preference, or other factors. However, given that the goal is that the overall home modification process has a well-integrated assessment element, measures should consider the following questions:

- 1) Does the assessment model lead to “best fit” solutions for the consumer?
- 2) Does the model identify solutions that meet the consumer’s needs at a lower cost than might have been incurred without the comprehensive assessment?
- 3) Does the model identify solutions that can be implemented in a timely manner and allow the consumer to remain in their home?

With those primary questions in mind, the HomeMAP model will incorporate the use of performance measures as follows to monitor both the process and results:

	MEASURE	METHOD	FREQUENCY	QUALITATIVE DATA
PROCESS RELATED MEASURES	Number of assessments completed	Assessment log	Ongoing	
	Time between initial request and report delivery	Assessment log	Ongoing	
	#/% of calls that result in assessment	Assessment log	Ongoing	If no, identify reasons
	Portion of assessments paid directly by clients	Sliding scale documentation/log	Ongoing	
	#/% of recommendations implemented by client, staff and/or volunteers	Follow-up customer survey	3, 6 months	
	#/% of clients able to access resources for implementation of recommendations requiring a contractor	Follow-up customer survey	3, 6, 12 months	If no, identify barriers
RESULTS RELATED MEASURES	# recommendations: <ul style="list-style-type: none"> total % no/low-cost 	Assessment log	Ongoing	
	#/% of prioritized recommendations implemented: <ul style="list-style-type: none"> no/low-cost higher-cost &/or requiring contractor 	Follow-up customer survey	3, 6, 12 months	If no, identify reasons
	#/% of clients still living at home	Follow-up customer survey	6, 12 months	
	#/% of clients who report: <ul style="list-style-type: none"> improvements in ease of bathing, cooking, hosting visitors decreases in tripping/falls 	Follow-up customer survey	1, 3 months	
	Cost savings for clients remaining at home versus moving into assisted living	Calculation based on average assisted living costs	6, 12 months	

These measures may not be available for other assessment approaches, which will mean direct comparisons may prove challenging; however, they will for the first time enable performance measurement for the assessment process itself as an element of the overall approach to allowing people to remain in their homes. They will also provide information about HomeMAP's effectiveness and aid assessors in identifying opportunities for continuous quality improvement.

APPENDICES

26	FINANCE: HOME MAP 5-YEAR PRO FORMAS
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66	HOMEMAP PROCESS: STEP-BY-STEP OUTLINE
67	HOMEMAP PROCESS: SAMPLE ASSESSMENT REPORT
77	SAMPLE SLIDING SCALE POLICY: ALASKA DIVISION OF VOCATIONAL REHABILITATION (DVR)

FINANCE: HOMEMAP 5-YEAR PRO FORMAS

SAIL: HomeMap Program		
Assumptions		
Staffing		Notes
# staff people to conduct assessment	2	
Average hours per assessment	10.5	Per team
Wage range	\$21-\$28/hr	Average \$24.50; used high end for lead, low end for support
Benefits	\$4-\$10/hr	Average \$7
Average wage increase per year	3%	
Capacity		Notes
Monthly assessments per 2-person team	5-8	Current demand somewhat lower
Assessments per year at full capacity	60-96	Current demand somewhat lower; assume 75 during startup
Expenses		Notes
Development costs	5,000	One-time fee; built into pro forma as contractor expense
Printing/copying	3,750	Assume 75 rpts/yr * 50 pp ea, in full color, @ \$1/pg
Training/refreshers:		
Attendee time	0	Built into wages, above
Trainer travel	2,350	Air + lodging + per diem + car, 2 people (2-day training)
Materials	250	Manuals, other handouts
Communications	250	Follow-up videoconferencing sessions
General program-related travel	2,000	2 half-time staff; staff meetings, retreats, etc.

SAIL: HomeMap Program		
Individual Assessment Cost		
Cost Element		Notes
<i>Costs trackable on per-assessment basis:</i>		
Hourly wage	\$24.50	Range \$21-27; used average
CAP @ 35% of wages	\$8.58	
Average benefits per hour	\$7.00	In addition to CAP
Total hourly amount	\$40.08	
x 2 people per assessment	2	
x 10.5 hours per assessment	10.5	Includes report development
<i>Base cost per assessment</i>	\$841.58	
<i>Program support + development costs:</i>		
Wages	\$53,040	Does not include one-time startup costs
CAP @ 35% of wages	18,564	Does not include one-time startup costs
Average benefits	16,016	
Training/professional development	2,850	
Program supplies	600	
Printing and copying	3,750	
Total	\$94,820	
Estimated assessments per year	75	
<i>Average indirect cost per assessment</i>	\$1,264.27	
Average total cost per assessment	\$2,105.84	
<i>To be charged on time + materials basis:</i>		
Travel time and expenses	Variable	Allowance included in direct staff wages for travel time + time spent on minor mods; to be charged on case-by-case basis
Minor mods, adaptive technology and supplies	Variable	

SAIL: HomeMap Program						
ProForma P&L						
Income	FY15	FY16	FY17	FY18	FY19	Notes + Assumptions
Allocations from Existing Funds						
State GF, Federal Parts B&C	0	0	0	0	0	Minimize to mitigate risk to other programs
Grant Income						
AMHTA: HomeMaps	25,000	0	0	0	0	
State (SDS) funding allocation	103,188	51,594	0	0	0	
Startup funding: State, private foundation, other	50,000	0	0	0	0	AMHTA: for incorporation of ADRD, report
Service-Based Funding						
Contracts with AMHTA/DHSS grantees: Home Mod Capital	0	0	16,847	21,058	25,270	Contracts to be negotiated
Contracts with AHFC grantees: Sr Access Program	0	0	16,847	21,058	25,270	Contracts to be negotiated
Contracts with AHFC grantees: Owner-Occupied Rehab	0	0	6,318	8,423	10,529	Contracts to be negotiated
Contracts with State (SDS) grantees: Medicaid-Waiver	0	0	6,318	8,423	10,529	Contracts to be negotiated, if eligible
State (SDS): Nursing Facility Transition Program	1,500	2,000	3,000	4,000	5,000	Referrals on as-needed basis; partial fee
State (SDS): STAR Emergency Discretionary Fund	1,000	2,000	3,000	4,000	5,000	Referrals on as-needed basis; partial fee
State: AK Div of Voc Rehab (DVR)	1,500	2,000	2,500	3,500	5,000	Referrals on as-needed basis; partial fee
State VA: Community Pilot Projects	4,000	5,000	6,000	6,000	7,500	Referrals on as-needed basis; partial fee
Client-Paid Fees	1,000	2,000	3,000	4,000	5,000	Potential direct mktg to higher-income seniors
Other Income						
Donations: Individual, Business	5,000	5,000	5,000	5,000	5,000	
State legislative funding	0	0	100,000	0	0	Base request on demonstration project results
Gap funding to be identified	65,000	195,000	35,000	120,000	105,000	
Total Income	257,188	264,594	203,829	205,464	209,099	
Expenses	FY15	FY16	FY17	FY18	FY19	Notes + Assumptions
Direct Expenses						
<i>Direct Wages:</i>						
Lead assessment staff (0.5 FTE * \$28/hr * 37.5 hrs/wk)	27,300	28,119	28,963	29,831	30,726	Includes allowance for travel, minor onsite mods; per-assessment fee does not include these variables, which will be charged based on time + mat'l's
Support assessment staff (0.5 FTE * \$21/hr * 37.5 hrs/wk)	20,475	21,089	21,722	22,374	23,045	
<i>Total Direct Wages</i>	47,775	49,208	50,684	52,205	53,771	
CAP at 35% of wages	16,721	17,223	17,740	18,272	18,820	
Benefits at average of \$7/hr * 1.0 FTE	14,560	14,997	15,447	15,447	15,910	
Assessment-related travel	10,000	15,000	15,000	15,000	15,000	
Adaptive technology, minor mods & supplies	0	0	0	0	0	Dependent on future funding
Program Support + Development Expenses						
<i>Program Support + Development Wages:</i>						
Program support staff (0.5 FTE * \$28/hr * 37.5 hrs/wk)	27,300	28,119	28,963	29,831	30,726	Non-assessment time spent by staff
Program support staff (0.5 FTE * \$21/hr * 37.5 hrs/wk)	20,475	21,089	21,722	22,374	23,045	
QA staff (0.1 FTE * \$27/hr @ 37.5 hrs/wk)	5,265	5,423	5,586	5,753	5,926	QA reviews & support
Startup costs	50,000	50,000	0	0	0	Staff time for program development needs
<i>Total Indirect Wages</i>	103,040	104,631	56,270	57,958	59,697	
CAP at 35% of wages	36,064	36,621	19,695	20,285	20,894	
Benefits at average of \$7/hr * 1.1 FTEs	16,016	16,496	16,991	16,991	17,501	
Contracts	5,000	0	0	0	0	Fee for model development
Training/refreshers	2,850	2,850	2,850	2,850	2,850	Quarterly updates
Assessment program supplies	600	600	600	600	600	
Printing and copying	3,750	3,750	3,750	3,750	3,750	
Total Expenses	256,376	261,377	199,027	203,358	208,793	
Net Income / (Loss)	812	3,217	4,802	2,105	305	

WANT TO
*Live at Home
Longer and Safer?*

Want to know how to tune-up your home
to meet changing needs for yourself or
for aging family & friends?

Get a **free** **HomeMAP**™ survey

by ADA-trained SAIL staff to
identify home adjustments
that can make life
easier, safer, and
more comfortable.

HomeMAP™
Home **M**odifications for **A**ging in **P**lace

ADRC
Information for Alaska
SAIL
SOUTHEAST ALASKA INDEPENDENT LIVING
586-4920
Juneau
(over)



LEVER DOOR HANDLES



Stair nosing
Hulse, Park, Inc. Visual 20
HIGHLIGHT STAIR NOSINGS



UNDER-CABINET LIGHTING



RAMPS – TEMPORARY OR PERMANENT



STAIR LIFTS



LEVER OR PADDLE FAUCETS

WHAT HOME TUNE-UPS MIGHT HELP YOU, PARENTS, FRIENDS & GUESTS LIVE AT HOME OR VISIT

HomeMAPTM What to Expect:

SAIL staff trained in the ADA and in aging & accessibility home modifications will come to your home, free of charge, and help you evaluate ways to adjust your home to meet challenges it presents to you, your parents, friends, or loved ones.

There are many solutions available:

- from shake-awake smoke alarms for hard of hearing,
- to a brighter light or a dimmer switch for vision changes,
- to bath grab bars and stair handrails for balance aids,
- to lever door handles and lever faucets for grip changes,
- to timer switches and automatic lighting for memory changes,
- to full ADA bathroom remodel or ramp for mobility changes,
- to whatever meets the challenges you face . . .

Get the information you need. Learn about options so you can choose adjustments that make sense for you.



DIMMER SWITCHES



ACCESSIBLE BATHROOM

Your free HomeMAPTM written report results will assist you as you consult with a contractor or perform the tune-ups yourself.



TOILET STAND-UP BARS

MAP out your future now
so you or a parent or friend
can live at home longer and safer.
Call **SAIL** at **586-4920**.
for a free HomeMAPTM survey.



Shake Awake Smoke Alarm

Helpful links - **print these from the internet, FREE**

- Residential Remodeling & Universal Design: Making Homes More Comfortable & Accessible
<http://www.huduser.org/publications/destech/resid.html>
- Wood Ramp Design: How to Add a Ramp that Looks Good and Works Too
http://www.design.ncsu.edu/cud/pubs_p/docs/rampbooklet296final.pdf
- Bathroom Tech Sheet – example floor plans for accessible bathrooms
http://www.ncsu.edu/ncsu/design/cud/pubs_p/docs/qap_tech_screen.pdf
- Principles of Universal Design: http://www.design.ncsu.edu/cud/about_ud/udprinciples.htm

Aging in Place: Home Modifications for a Lifetime

Sara Boesser, Aging in Place & Accessibility Specialist
Southeast Alaska Independent Living (SAIL)
Juneau, Alaska

Aging in Place

- 89% want to stay in their residence
- 85% want to stay in their communities

Aging in Place

- Growing older without having to move
- It's about being able to live independently

Aging in Place

It's about us, but also about friends and family who visit:

“visitability.”

What are the standards?

1. In commercial space, the Americans with Disabilities Act (ADA), and Building Codes.

What are the standards?

1. In commercial space, the Americans with Disabilities Act (ADA), and Building Codes.
2. For single family & duplex (owners and renters), can use Universal Design.

What are the standards?

1. In commercial space, the Americans with Disabilities Act (ADA), and Building Codes.
2. For single family & duplex (owners and renters), can use Universal Design.
3. Renters: Fair Housing Act.

Universal Design: uses ADA
but is more flexible.

and more focused on exactly
what you need.



ADA restroom grab bars:
very exact standards



Homes: stand-up bars, pull-down bar,
and more . . .



ADA shower: very exact standards



Home grab bars: any arrangement OK.

Universal Design:

Buildings & products that are easy to use by many people of many ages and abilities.

Elements of universal design are becoming mainstream.

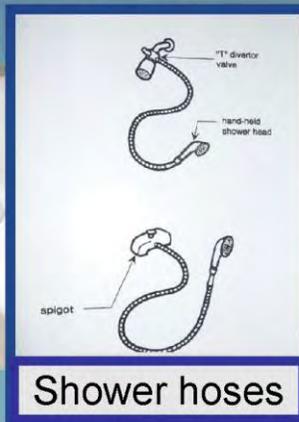
Some common universal design features



Lever door handles



Lever and paddle faucets



Shower hoses

More universal design features

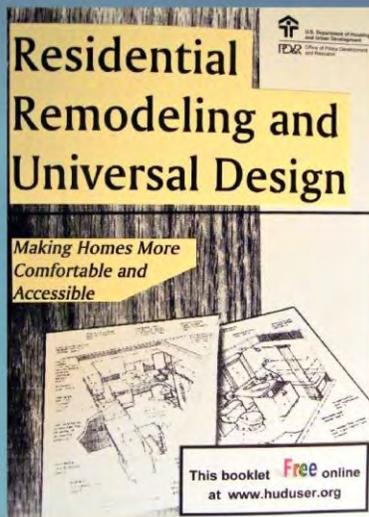


Front control, no-burn-on-contact stoves



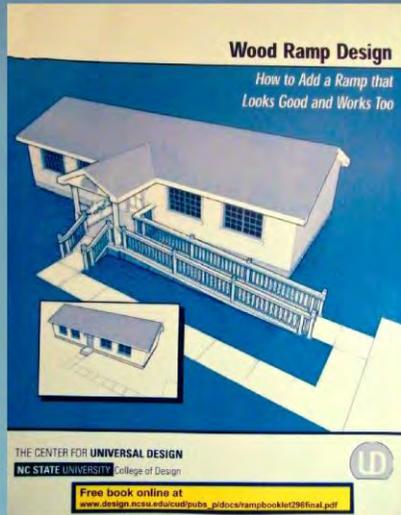
Knee space under sinks

Helpful free booklet by HUD:



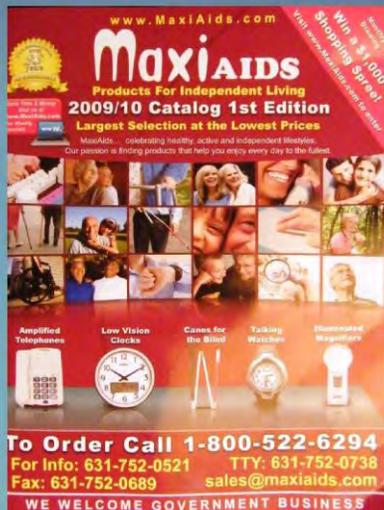
Great pictures and ideas:
free at
www.huduser.org

Excellent ramp how-to booklet



Free at
www.ncsu.edu

Example: helpful products



www.MaxiAIDS.com

**Preventive medicine concept
for home modifications for
aging in place
(vs. after-the-fact fixes)**

**As with bodies,
so with homes.**

Preventive medicine for
aging in place =
remodeling

Preventive medicine for
aging in place =
remodeling
and
helpful equipment

Preventive medicine for aging in place =
remodeling & equipment

Example: falls = leading cause
of accidental death 65 & older

- ▶ After-the-fact: OT list to
come home from hospital.

Preventive medicine for aging in place =
remodeling & equipment

Example: falls = leading cause
of accidental death 65 & older

- ▶ After-the-fact: OT list to come home from
hospital.
- ▶ Prevention = Fall prevention
checklist.

Example fall prevention check-list

What You Can Do To PREVENT FALLS

Many falls can be prevented. By making some changes, you can lower your chances of falling.

- Begin a regular exercise program.** Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination like Tai Chi are most helpful. Lack of exercise leads to weakness and increases your chances of falling. Ask your doctor or health provider about the best type of exercise program for you.
- Have your health care provider review your medicines.** Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall. Drink alcohol in moderation, if at all. Drinking increases your chances of a fall.
- Have your vision checked.** Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.
 - Remove things you can trip over (like papers, clothes, shoes and extension cords) from stairs and places where you walk.
 - Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
 - Keep items you use often in cabinets you can reach easily without using a step stool.
 - Have grab bars put in next to your toilet and in the tub or shower.
 - Use non-slip mats in the bathtub and on shower floors.
 - Improve the lighting in your home. As you get older, you need brighter lights to see well.
 - Know where your pets are before you step... tripping over pets is fairly common.
 - Wear well-fitting, securely-lee shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Make your home safer.**

For more information, please call the Aging and Disability Resource Center at 1-877-6AK-ADRC (1-877-526-2372) or visit the Alaska Commission on Aging website at www.alaskaaging.org

www.alaskaaging.org

Preventive medicine for aging in place = remodeling & equipment

Example: falls = leading cause of accidental death 65 & older

- ▶ After-the-fact: OT list to come home from hospital.
- ▶ Prevention = Fall prevention checklist.
- ▶ Prevention: HomeMAP



HomeMAP: a program created
by SAIL, Juneau, Alaska



Home

Modifications for **A**ging in **P**lace

HomeMAP reports

Solutions range from equipment

- 1) Outside glare:
Over-glasses are needed for X to see out-of-doors (to reduce glare).
She chose the "UV DARK plum" over-glasses that work for her retinopathy.

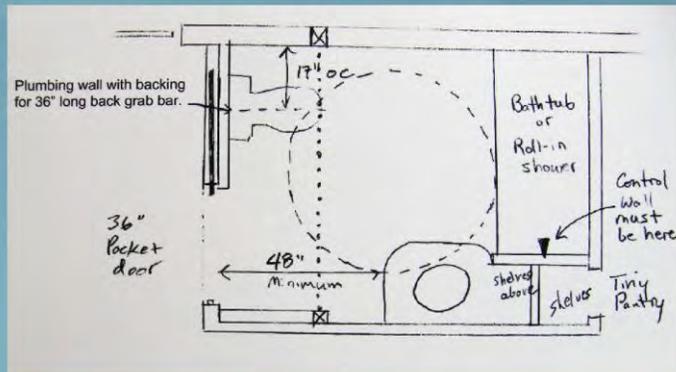


Available from
MaxiAIDS, and from:

NoIR Medical
Technologies
PO Box 159
South Lyon, MI
48178
1-800-521-9746

HomeMAP reports

Solutions range from equipment to remodel floor plans:



Think about specific home challenges for you or a loved one:

what is difficult now?
future concerns?

In home modifications,
address physical changes
that affect you & loved ones:

In home modifications,
address physical changes
that affect you & loved ones:

a. Sight or Sound?

In home modifications,
address physical changes
that affect you & loved ones:

a. Sight or Sound?

b. Balance or Walking?

In home modifications,
address physical changes
that affect you & loved ones:

- a. Sight or Sound?
- b. Balance or Walking?
- c. Other: grip, standing up,
etc)?

Some photos:

example solutions
to
aging in place
challenges

Sight



Over-glasses that fit your vision needs

Sight



Select the overglasses that work for you

Lighting



More light where needed

Reading machine



Reading machine



Not just reading: enjoy details,
write checks, carve, sew, etc.

Sound



Flashing door knocker

Sound



Strobe with sound

Shake-awake smoke detector



Stairs



One step can be too many

Stairs



Handrails both sides = best

Stairs



Good lighting, & highlight stair nosing

Stairs



Highlight with metal,
paint, etc

Ramps



Choice of stair or ramp = ideal

Ramps can be modular



Use now – then resell later

Chair lift



Platform lift



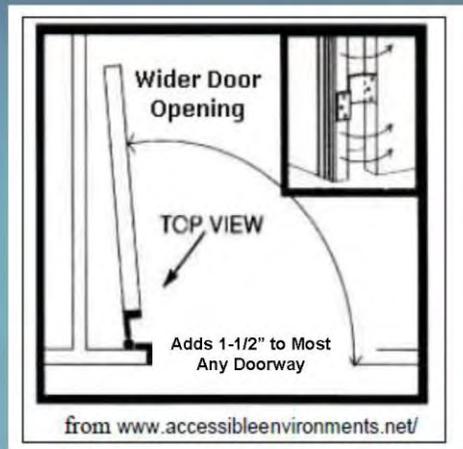
Exterior and interior models

Doors



Lever hardware

Door widths best if 36" door



Swing-clear hinges widen any doorway

Thresholds



High and abrupt can be tripping hazard

Thresholds



Before



After: wood trim transition
for gradual edges

Bathrooms



Grab bars and safety bars

Grab bars



Come in many shapes and sizes

Safe grab bars =
1-1/2" to wall



1-1/2" space to wall



Safe to leaning on, and if slip & grab

Higher toilet seat



“Comfort toilet” seat is 17-19 inches high

Toilet seat insert



Heights vary from in 2” - 6” lifts

Bathtubs



Clamp-on bars: permanent, or temporary

Tub and shower seats



More stable if straddle the tub edge

Showers



Roll-in shower with no-lip entry

Showers



Standard 4" lip can be too high to use

Showers



Add a long sloped transition plate to 4" lip

With questions, contact
SAIL:

Email: Info@sailinc.org

V/TTY: 1-800-478-7245

907-586-4920

Web: www.sailinc.org

Photos thanks to:

www.AccessibilityPro.com

www.MaxiAIDS.com

www.phc-online.com

<http://phil.cdc.gov/>

www.tkaccess.com

Linni Esther (SAIL)

Sara Boesser (SAIL)

 – a creation of SAIL, Juneau
www.sailinc.org 1-800-478-7245

HOMEMAP PROCESS: STEP-BY-STEP OUTLINE

Inspiring Personal Independence

SOUTHEAST ALASKA INDEPENDENT LIVING

3225 Hospital Dr, Suite 300, Juneau, Alaska 99801, 1-800-178-SAIL, ph/fxy: 907-256-1920, fx: 907-586-1980



HomeMAP

Home Modifications for Aging in Place

*Home surveys and reports: by HomeMAP teams
trained in ADA, Universal Design, and Independent Living*

Purpose: to interview clients in their homes or apartments and come up with a written report that will point out solutions specific to their needs. In the HomeMAP report, offer suggestions of home changes and independent living products that, if accomplished/attained, would allow the client to live at home longer, safer, and more independently. Additionally, changes will provide more "visitability" for friends and family.

- 1) **Establish a HomeMAP team of two people, with skill set between them of:**
 - a) Training in accessibility standards: ADA & Universal Design (also helpful = Building Code/ANSI, and HUD Fair Housing design standards)
 - b) Independent living specialty: to understand disabilities and aging, and the products available for various situations. Knowledge of what changes may lie ahead for particular medical issues.
 - c) Construction experience
 - d) Digital photography and picture editing
 - e) Ability to write clearly and to edit (and aware of "medical literacy" concept: Barry Weiss, MD)
 - g) Adept at using Microsoft Word or similar program, to add & edit photos & drawings
 - h) Good listening and note-taking skills
 - i) Patience - with clients who may take more time
 - j) Flexibility - since there are many ways to address any issue, including not to.
- 2) **Paperwork - do as much ahead of time, by phone, as possible.**
- 3) **Team does a home survey, with anyone who wants to be there - minimum 1 hour:**
 - a) Sit with clients first - explain the process, the forthcoming HomeMAP report. Explain that they will be able to use the report to seek funding, if needed, to accomplish the report's ideas.
 - b) Hear and acknowledge their main concerns
 - c) Question clients about other home aspects (the call is usually for one thing; you might find ten)
 - d) Tour the home, taking photos and notes and measurements.
 - e) Listen, mention ideas to get response, brainstorm.
 - f) Give the client an approximate time to expect the HomeMAP report.
- 4) **Away from clients, HomeMAP team discusses the site visit as needed to brainstorm solutions to unusual problems. Strategize ideas that might benefit a particular client.**
- 5) **Team takes on their appointed report-creating tasks. For Linni and Sara:**
 - a) Linni writes the text portion of the visit description
 - b) Sara writes up the how-to's, with the photos and drawings, edited in Word.
 - c) Linni edits Sara's, and Sara edits Linni's.
 - d) Final product is saved as a PDF (not editable). Send to the client, and the clients' designees. Save a copy for SAIL records for future reference.
- 6) **Report follow-up, as needed and as an agency can provide:**
 - a) Find and coordinate volunteers
 - b) Provide information on available grants client could apply for
 - c) Assist with the grant application
 - d) At client's request, be able to discuss the report items with care coordinator, family, case managers, grantors, etc.
 - e) Discuss items with landlord (know the Federal Fair Housing Act)

HomeMAP - a creation of *SAIL, Inc*, Juneau, AK: Designed by Sara Boesser, in consultation with Linni Esther.

HOMEMAP PROCESS: SAMPLE ASSESSMENT REPORT



It is SAIL's pleasure to offer you this HomeMAP. There are many ways to meet home challenges. We offer the following as ideas you might find helpful as you map out what home modifications work best for you.

We offer free *HomeMAP* surveys as part of SAIL's support of people seeking to "Age in Place." We are trained in Aging in Place, Universal Design, and ADA (Americans with Disabilities Act) methods of meeting aging and disability needs. This report provides information from those methods that might be helpful as you work with family, friends, or contractors.

Some diagrams from national accessibility standards (ADA and HUD) are used in this report to illustrate concepts. This condo does not need to meet these standards, but we use them because they're a good idea: they represent the "gold standard" design principles of access.

NOTE: the products we show are not being recommended by SAIL per se; they're just shown as examples of products that are available via SAIL's on-line searches. Other similar products by other companies are available on line and locally, too.

Consumer: XY

Site Visit Date: March 23, 2010

Address: Douglas, 99824

Email:

Phone:

SAIL Access & Aging in Place Specialists:

Linni Esther, lesther@sailinc.org and Sara Boesser, sboesser@sailinc.org

Today's Considerations:

X & Y are a married couple in their 80's who, about a year ago, moved from their long-time home in the Mendenhall Valley to a much smaller single floor condo on Douglas Island. Dotty experiences high blood pressure and Y has some visual impairment, sees slightly double, and often experiences slight vertigo. He also says he has some hearing loss and misses parts of conversations.

There is a covered walk that connects the XY's carport to their front door, with an approximate 9" step down to the walkway from the carport and a 7" step up into the house. There is not a handrail at the step near the carport. There is no support at the house entry step.

In the living room the XY's have a colorful throw rug which does not lie flat on the carpet below it.

The bathroom was their main area of concern. They have a suction cup type rubber tub mat that X said is regularly slippery, even with frequent cleaning. There are no grab bars in the bathroom. The shower head is a standard fixed model. The toilet seat at 15.75" is not tall enough for Y's comfort.

Y reported that at night he could use more balance support as he makes his way from the adjoining bedroom to the bathroom. There is not a night light in that area.

For ease and safety when getting into and out of their tub/shower, SAIL staff temporarily loaned the XYs a bi-level clamp-on tub rail to try out. Items from SAIL's Loan Closet can be borrowed for up to three months.

Summary:

Here are items SAIL staff suggests for X and Y to consider:

<u>description</u>	<u>page</u>
1. MaxiAIDS catalog provided	3
2. Handrail at the outside step by the carport	3
3. Anti-slip mat under throw rug	4
4. Pocket talker	4
5. Clamp-on bathtub grab bar	4
6. Add grab bars in the shower surround	5
6. Fold-down bench seat for bathtub	6
8. Shower hose with double heads	7
9. Tall toilet	7
10. Toilet stand-up bars (aka toilet safety bars)	7
11. Wiring for a night-light in the walk-through closet	8
12. Some kind of handrail in the walk-through closet	8-9
13. City Handout about grippable handrails	9-10

1. MaxiAIDS catalog:



SAIL staff provided a free MaxiAIDS catalog. It has many helpful items in it. There are other companies that sell these kinds of products, too.

2. Handrail at the outside step by the carport. The step at the edge of the carport is steep: about 9". Since it has no handrail it would be difficult for many people. Adding a grippable handrail on at least one side would be helpful. A handrail on both sides would be better still, but since there's a post on the south side, our drawing below will only describe a handrail there for starters since it would be so easy to do. See page 12 for more info on grippable handrails.



Add a handrail where the yellow bar is drawn. Install it 34" - 38" off the walking surface.

Be sure to return the ends of the handrail so it can't catch clothing and cause a fall.



3. Anti-slip mat under throw rug. Loose carpets are a leading cause of falls in homes. A new anti-slip mat under this carpet would make it safer.



4. Pocket Talker. This portable hearing system might be very helpful for Y in settings where he has some difficulty with peoples' soft voices. He can borrow one from SAIL to try out. This product is from MaxiAIDS.

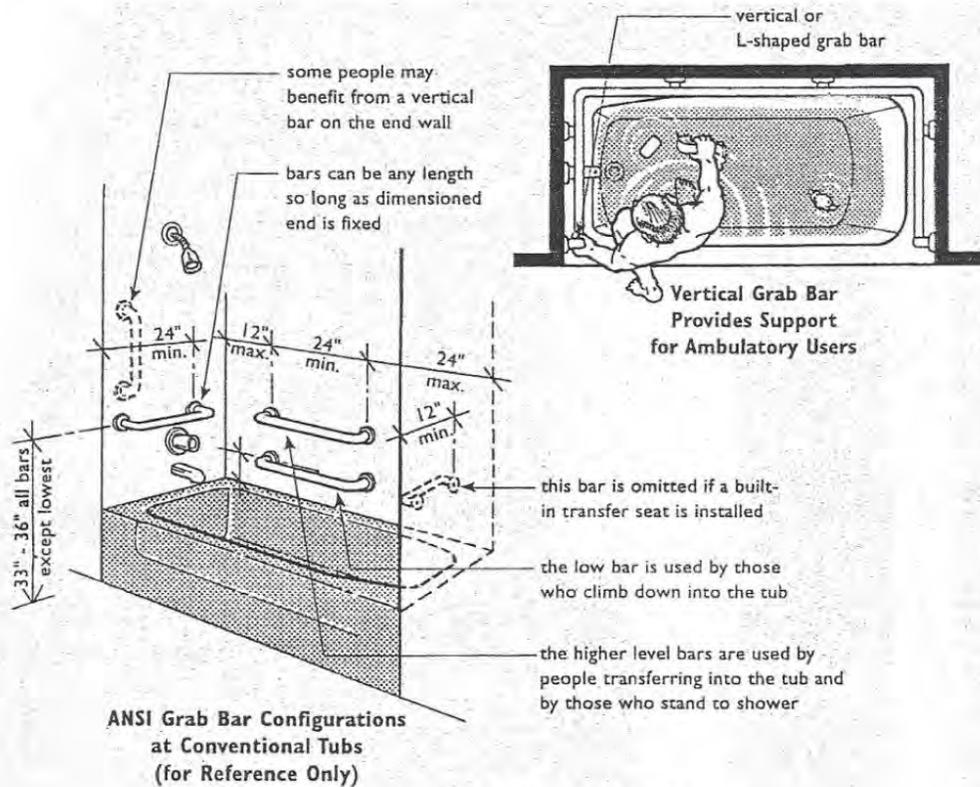


5. Clamp-on bathtub grab bar. SAIL staff loaned the XYs a clamp-on two-level high-low grab bar for them to try out. Here it is installed, on the left. The one on the right is another style that is on display at SEAMS and also sold at HomeDepot. It is also two-level, via an "S" shape. The two levels are important since the lower helps people rise from a sitting position, and the higher offers support when standing.



4 of 10

6. Add grab bars in the shower surround. The XYs are fortunate to have tub surround material that is flat and solid. This gives them the opportunity to install grab bars in ideal locations. Below are the sizes and locations recommended by HUD. In their condo, they do not have to meet these requirements, but they are the gold standard to aspire to. Be sure grab bars are secured to studs behind the surround material



HUD's Fair Housing Act Design Manual



Grab bar over 1½" from wall is a hazard

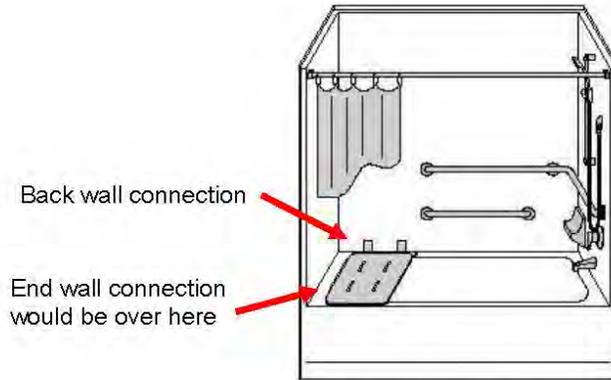
REMINDER: Grab bars are safest if spaced out exactly 1-1/2" from the wall, since a wider spacing can allow a person's arm to slip behind it, potentially causing breaks or strains.

Here's an example of a bar that has the correct 1-1/2" spacing:



5 of 10

7. Bench seat for bathtub. Bathtub seats come in a variety of styles: attached to the wall, free-standing on legs, and portable ones that fit across the top of the tub itself. Here are some examples. An internet search such as "ADA bathtub bench" will provide many options, or work with a local company like SEAMS or a plumbing contractor.



Fold-down bath bench.

This example attaches to the back wall. Others attach to the end wall. End wall connection is better for people who don't want to reach across the tub to pull the seat down.



Free-standing bench with legs

This example = Amerimark.com. MaxiAIDS, SEAMS, Costco, and others sell similar chairs. SAIL can loan a chair for a try-out.



Portable seat that secures snugly across the top of the tub. This example is from Careex.com

8. Shower hose with double heads.

The shower head is higher than in most homes, and is not easy for X to reach.

A shower hose system with two heads might be a good idea. With that, Y could still enjoy the high setting, and either or both could use the portable head in either a fixed lower position, or as a hand-held when using a shower bench. Two styles are shown here. One has a slider bar, one doesn't.



9. Tall toilet. Standard toilets are too low for many people's comfort. Y and X's is only about 15.75" high, which is a lot lower than the ADA's standard of 17" to 19" high. Today, taller toilets (now often called "comfort toilets") are readily available. Costco has a large selection. Plumbing contractors can supply them as well.

There are also toilet seat lifts that can create a higher seat on an existing standard toilet. SAIL can loan one for a try-out. This might work well if the higher "comfort toilet" seat would not work for X.



4" raised seat
MaxiAIDS.com

4" raised seat
Amazon.com

10. Toilet stand-up bars (aka toilet safety bars). There are a number of styles and brands. SAIL can loan either type for a try-out.



This style sits on the floor.

7 of 10



GUARDIAN

© ZMS

This style attaches where the toilet seat attaches.

11. Wiring for a night-light in the walk-through closet. The hallway from the bed to the bathroom is through a long dark walk-through closet with no outlet for a night light. An electrician could change the existing dual switch to a switch-outlet combo so a nightlight could be plugged in that would always turn on whenever it is dark.

NOTE: below is a very rough Photoshop edit just to give the idea:



existing: dual switch



suggested: dual-switch + outlet

12. Some kind of handrail in the walk-through closet. We discussed possible ways to provide a handrail in the hallway to the bedroom, for solid support while walking to and from the bathroom at night. The photo on the next page shows the 48" wide opening into current storage space.

There are probably a lot of possible solutions to this challenge. If X and Y have a contractor look at it, that person would probably be able to offer additional suggestions.

Here's one idea: put gate-style hardware on each side of the closet opening such that a 2x4 with handrail material mounted atop could be set in place at night. It could be removed any time full entry into the storage area is needed. See the photos on the next page for our idea.



The 2x4 with handrail stock atop it would span this opening about where Linni is holding the tape.

Here is a photo of the bracket we think could be mounted on each side of the opening. This hardware is sold at Don Abel's, and is called a "bar holder."



Handrail Stock
2x4

And here is a sketch of the 2x4 with oval handrail stock mounted atop.

13. City Handout about grippable handrails. See page 11 for more information about grippable handrails - specifically for the handrail up to the carport, but also for the material atop the hallway handrail 2x4 in # 11 above.

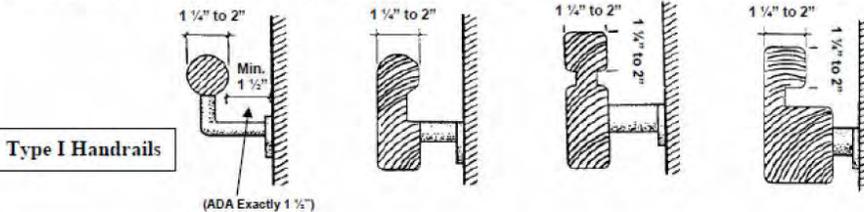
This concludes the summary of our HomeMAP visit with you. Please feel free to call with any follow-up questions. We wish you well with accomplishing your aging in place goals.



9 of 10

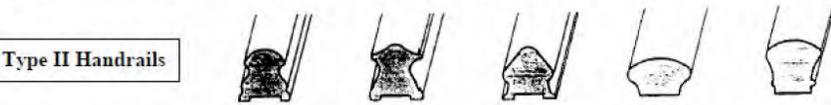
IRC "R311.5.6.3 Handrail grip size. All required handrails shall be of one of the following types or provide equivalent graspability.

1. **Type I.** Handrails with a circular cross section shall have an outside diameter of at least 1 1/4 inches (32mm) and not greater than 2 inches (51 mm). If the handrail is not circular it shall have a perimeter dimension of at least 4 inches (102 mm) and not greater than 6 1/4 inches (160 mm) with a maximum cross section of dimension of 2 1/4 inches (57 mm).



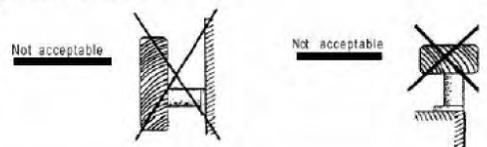
Type I Handrails

2. **Type II.** Handrails with a perimeter greater than 6 1/4 inches (160 mm) shall provide a graspable finger recess area on both sides of the profile. The finger recess shall begin within a distance of 3/4 inch (19 mm) measured vertically from the tallest portion of the profile and achieve a depth of at least 5/16 inch (8 mm) within 7/8 inch (22 mm) below the widest portion of the profile. This required depth shall continue for at least 3/8 inch (10 mm) to a level that is not less than 1 3/4 inches (45 mm) below the tallest portion of the profile. The minimum width of the handrail above the recess shall be 1 1/4 inches (32 mm) to a maximum of 2 3/4 inches (70mm). Edges shall have a minimum radius of 0.01 inches (0.25 mm). [ADA requires minimum 1 1/4\"



Type II Handrails

Examples of Unacceptable Handrails



Additional Handrail Code Information

"R311.5.6.1 Height. Handrail height, measured vertically from the sloped plane adjoining the tread nosing, or finish surface of ramp slope, shall be not less than 34 inches (864 mm) and not more than 38 inches (965 mm)."

"R311.5.6.2 Continuity. Handrails for stairways shall be continuous for the full length of the flight, from a point directly above the top riser of the flight to a point directly above lowest riser of the flight. Handrail ends shall be returned or shall terminate in newel posts or safety terminals. Handrails adjacent to a wall shall have a space of not less than 1 1/2 inch (38 mm) between the wall and the handrails." [ADA requires exactly 1 1/2\"

SAMPLE SLIDING SCALE POLICY: ALASKA DIVISION OF VOCATIONAL REHABILITATION (DVR)

State of Alaska		
Department of Labor and Workforce Development		
Division:	Vocational Rehabilitation	Policy No.: CS 9.0
Subject:	Financial Participation	Pages: 9
Reference:	34 CFR § 361.46; 34CFR § 361.47;34 CFR§ 361.54	Effective Date: 9/16/2009
		Revised Date:
Approved: <u>Cheryl A. Walsh</u>		<u>9/16/2009</u>
Cheryl A. Walsh, Director		Date

1.0 – Policy

The Alaska Division of Vocational Rehabilitation (ADVR) will consider the financial resources of individuals to determine the extent of their participation in the costs of vocational rehabilitation (VR) services delivered under an individualized employment plan (IPE). This shared financial participation represents ADVR's, the individual's and the individual's family mutual commitment to the success of the individual's employment outcome and enables ADVR to maximize its resources and thus the number of individuals served.

This policy applies uniformly to all individuals, assuring that the level of an individual's participation in the cost of vocational rehabilitation services reasonable as to not effectively deny the individual a necessary service. All individuals are encouraged to participate in the cost of their rehabilitation services to the extent possible.

The financial participation assessment (FPA) takes into consideration the size of the family, area of the state lived in, annual income, liquid assets, disability related expenses and court ordered payments such as child support.

An individual's eligibility for VR services does not depend on the individual's financial status. However, if the individual's income and/or liquid assets exceed basic living requirements (BLR), the individual must participate in the cost of VR services.

Individuals receiving Social Security SSI or SSDI benefits or public assistance such as food stamps or Medicaid are exempt from required financial participation, but are encouraged to participate to the extent feasible.

If the individual or the individual's family as appropriate elects not to participate in the FPA, the individual can receive only those services exempt from consideration for financial participation.

All projected gross income and liquid assets of the family unit shall be considered in the FPA.

The Permanent Fund Dividend of a minor child is not considered in the liquid assets of the family unit, unless the minor is the individual served by ADVR. ADVR staff may require

documentation of income or liquid assets including but not limited to a copy of the current tax return, W2 forms, pay stubs, Student Aid Report or a university financial aid award letter. ADVR will strictly observe the confidentiality of all financial information obtained from the individual and/or family members.

Services exempt from an assessment of financial participation include:

- Services paid or reimbursed by a source other than ADVR;
- Assessment to determine eligibility and priority for services, except those non assessment services that are provided to an individual with a significant disability during either an exploration of the individual's abilities, capabilities and capacity to perform in work situation through the use of trial work experience or extended evaluation;
- Assessment for determining the scope of vocational rehabilitation needs for services to be delivered under an individualized plan for employment (IPE);
- Vocational rehabilitation counseling and guidance;
- Referral and other services necessary to assist applicants and eligible individuals to secure needed services from other agencies;
- Job-related services including job search and placement assistance, job retention services, follow-up services, and follow along services;
- Auxiliary aids or service (e.g. interpreter services for deaf, reader services for blind or personal assistance services) that an individual with disability requires in order to participate in the VR program;
- Personal assistance services designed to assist an individual with a disability to perform daily living activities. The services must be necessary to the achievement of an employment outcome;
- Disability skills training;
- On-the-job training; and
- Support services such as maintenance and transportation when required to participate in assessment services.

Services which may not be provided until a financial needs assessment has been completed include, but are not limited to:

- All training (except on-the-job training);
- Maintenance (except when required in support of assessment services);
- Transportation (except when required in support of assessment services);
- Books and training supplies;
- Tools, equipment (including computers) and supplies;
- Behavioral health treatment;
- Medical services;
- Initial stock and supplies for self-employment;
- Assistive Technology services (including home and vehicle modification);

- Medical care for an acute conditions;
- Services to family members;
- Licenses: Business, occupational and professional; and
- Any other goods or services

2.0 – Definitions

Definitions for this policy are integrated into *Section 3.2 - Components of the Financial Needs Assessment Certification*.

3.0 – Procedures

3.1 - Overview

The Financial Participation Assessment Certification (FPAC) process gathers pertinent financial data with the individual or his/her representative certifying the validity of the information. The certificate must be signed by a parent or guardian if the individual is younger than 18 years and/or if there is an established legal guardianship.

The FPAC can be filled out on-line complete with formulas and calculations or can be printed for the individual to work on.

The FPAC shall be completed prior to IPE development and filed in the case file. When the certification is filled out early in the VR process due to an individual's interest in his/her level of financial participation, the counselor should review the certification with the individual when the IPE is prepared to verify there have been no significant changes.

For individuals exempt from financial participation, the FPAC shall be used to document that the individual meets the criteria for exemption. ADVR funding for post secondary school is subject to this process as well.

The individual or their representative may request a revision to the FPAC at any time due to changes in financial circumstances. If a revision is requested, ADVR reserves the right to obtain documentation as to the changes. The individual should also clearly understand that it is his/her responsibility to notify ADVR when there is a substantial change in their economic status. Failure to do so may result in the VR services subject to financial participation being discontinued.

A review of the FPAC shall be completed by the VR counselor and the individual at the annual review of the IPE. A new FPAC shall be completed if there is a substantial change in the individual's economic status. No change in the individual's financial status will be documented in the "Other Comment" section of the plan review document and no further action is required. If there has been a significant change in the financial status of the individual, a new FPAC should be completed and appropriate changes made to the IPE regarding the level of financial participation on the part of the individual.

Exceeding the financial needs threshold does not disqualify an individual from receiving financial assistance from DVR. The individual is simply required to contribute the available

resources towards the cost of their vocational rehabilitation services. The type of services and the extent of the individual's responsibility for the cost of the services must be clearly identified on the IPE.

3.2 - Components of the Financial Needs Assessment Certification

Section 1. Public Support and Exempted Individuals

Individuals who receive Social Security SSDI or SSI benefits and/or public assistance such as TANF, Food Stamps or Medicaid are not required to make a financial contribution toward the cost of services, but must sign and document the FPAC to receive the exemption.

SSI and SSDI recipients are by federal regulation exempt from financial participation in the provision of VR services. The other public assistance programs have a financial needs test for participation in the program which typically falls below ADVR's need threshold. If a customer has personal or family resources available, the VR counselor can encourage, but not require, a contribution to plan services. Comparable benefits however, if available, must be utilized as a first dollar resource.

Document an individual's participation in public assistance program(s):

1. The individual brings in proof of program eligibility in the form of an award letter, etc. and a copy is placed in the case file behind the FPAC or
2. If the individual has no proof of program participation, the VR counselor will obtain a Release of Information (ROI) from the individual to the Division of Public Assistance (DPA) for verification of participation in the program in question. ADVR will obtain the information from DPA and place a copy in the case file behind the FPAC.

As DPA benefits can change throughout the year, it is important for the VR counselor to verify with the individual that the individual is still a recipient at the IPE annual review. It is not necessary to obtain another ROI for DPA records as the individual's confirmation of continuing benefits is adequate.

SSI/SSDI beneficiaries are verified at application. Exemption for financial participation applies only to individuals who are SSI/SSDI eligible due to their disability.

Situations may occur where the individual is not eligible for SSI/SSDI, but their spouse or other family member is a SSI/SSDI recipient. The individual will be required to complete a FPAC. The SSA income from the spouse or other family member's will be considered income in the calculations.

Section 2. Basic Living Requirement (BLR) Deductions

For the purposes of determining financial need, BLR is the amount of money estimated to be needed by the individual and his/her family to meet their basic needs for normal living expenses. The amount of the BLR is excluded as being available to put towards the cost of VR services when the individual's financial resources are assessed.

Information used to calculate BLR:

- The size of the family;

- U.S. Department of Health and Human Services Poverty Guidelines for Alaska –DVR uses 250% of the poverty guidelines as a baseline figure;
- Geographical differential;
- Disability related expenses; and
- Court ordered obligations such as child support.

Family size (Number of Dependents)

For purposes of determining financial participation, the family size is the number of exemptions used on the current US tax return as filed by the individual. If the individual did not file a tax return, use the number of family members who are dependent upon him/her for support or the number in the immediate family (spouse, children and other dependents, if any.)

Geographical Differential

A geographical differential factor is used in the formula for calculating the BLR as a means of addressing the wide range of living expenses throughout the state. ADVR is using the State of Alaska’s Geographical Differential Study conducted in 2008 by the McDowell Group as the basis for determining the geographical differential. In the BLR formula calculations, ADVR is using the weighted differential results as derived from the statistically-based geographic cost differential pools. (Alaska Geographic Differential Study 2008, Executive Summary, McDowell Group, Inc., Page 5)

Implementation of New Geographical Differential

ADVR revised the FPAC, incorporating the geographical differentials from the above study into the formulas calculating the basic living requirement deduction with the implementation of this policy. (See Appendix A for the revised FPAC)

Any new IPEs developed after the effective date of this policy will use the revised FPAC.

Individuals with a current IPE will use the revised FNCA only when the individual would normally be required to complete a new FPAC as with a significant change in their financial status.

Individuals with a current IPE with no change in their financial status will not fill out a new FPAC. Per current policy, the fact that there has been no change in their financial status will be documented in the “Other Comments” section of the IPE Annual Review in the AWARE case management system.

Disability related expenses

ADVR allows the individual to reduce the financial resources available for VR services by the individual’s annual disability related expenses. These costs while projected for the upcoming year must be based upon actual, documented expenditures from the previous year or documented proof of anticipated expenditures.

For purposes of determining financial need, the Social Security Administration’s use of impairment-related work expenses (IRWE) will serve as a guideline for disability-related expenses.

An item or service is counted as an IRWE when the item or service is:

- Paid out-of-pocket by the individual and is not reimbursed by another source such as Medicare, Medicaid or a private insurance carrier;
- Required because of a physical or mental impairment; and
- Enabling the individual to work;

Examples include, but are not limited to:

- Attendant care services rendered in the work setting or in assisting the individual in making the trip to and from work. (Attendant care rendered on non-work days or those performed at anytime which involve shopping or general homemaking is not considered an IRWE. Additionally attendant services performed for other family members, such as babysitting, are not considered IRWEs).
- Durable medical equipment which can withstand repeated use, used to serve a medical purpose and generally not useful to a person in the absence of an illness or injury, such as wheelchairs, dialysis equipment, respirators, pacemakers, traction equipment.
- Vehicle modification in order to drive or be driven to work, where the modification is critical to the vehicle's operation or its accommodation of the individual. The modification must be directly related to the impairment (without the modification the individual would either be unable to drive or would be unable to ride in the vehicle). Do not include the cost of the vehicle.
- Service animals including the costs of purchasing the animal, food, licenses and veterinary services.
- Prosthetic devices that replace internal body organs or external body parts.
- Drugs and medical services necessary for controlling the disabling condition, thereby enabling the individual to work. Do not include drugs and medical services used for minor physical or mental problems not resulting in any significant loss of function such as yearly routine physical examinations, dental examinations and optician services and eyeglasses when unrelated to a disabling visual impairment.
- Work equipment and assistants that are required to accommodate the impairment and perform the job such as a one-handed key board, telecommunications device and a job coach paid for by the individual.

Court Ordered Payments

Included here are financial obligations the individual has due to court order payments. Examples include child support, alimony and any restitution the individual may be required to make. The VR counselor may ask to see the court documents if appropriate.

Section 3. Resources

Projected Annual Gross Income - Family Unit Contribution

All projected gross income and liquid assets of the family unit shall be considered. The Permanent Fund Dividend of a minor child is not considered in the liquid assets of the family unit, unless the minor is the individual. ADVR staff may require documentation of income or

liquid assets as appropriate including copies of the current IRS 1040, W2 forms, pay stubs, FAFSA, SAR, University Financial Aid Award Letter, etc..

The family unit includes the individual, dependents, spouse, significant other, parents or others who live in the home and contribute economically to the family unit. The income data is intended to reflect the current income of the family unit. It is important to include gross wages as opposed to "take home pay".

If the individual is a dependent of the family unit; the entire income of the family unit should be considered, or a justifiable reason explained in the case record. For purposes of determining financial participation, an individual will be considered a dependent if he or she is single, living at home with parents/legal guardian and is claimed as a dependent on the current family federal income tax, or receives over half of their financial support from their parents/legal guardian.

For purposes of financial need determination, an individual is considered independent when the individual's own earnings constitute a majority of his or her financial support, is single and will not be claimed as a dependent on the parents/legal guardian US income tax return in the current year. If the individual is married, regardless of age, financial assessment of need will be based on the combined income of the individual and spouse.

If the individual is self-supporting, claims his or herself on tax forms, is not claimed on anyone else's income tax return, only the individual's resources are inventoried. If the individual is claimed as a dependent on his or her parent's or guardian's tax return, the parent's or guardian's financial status is inventoried.

Liquid Assets

Liquid assets are included in addition to income when determining the individual's (or family's) financial participation. Examples of liquid assets include, but are not limited to:

- Checking accounts;
- Savings accounts;
- Money market accounts;
- Certificates of deposit maturing within six months; stocks;
- Bonds maturing within six months;
- Mutual funds; and/or
- Payments from retirement accounts, workers' compensation, life insurance, trust accounts or disability insurance.

Do not count the following as liquid assets:

- The value of your primary home and furnishings;
- The value of items that you keep because of personal attachment, rather than because of monetary value;
- The value of one vehicle per household member needed for work, school, or to participate in VR services;
- Retirement, Keogh, self-employed SEP accounts, life insurance, or trust accounts that do not pay a current benefit to you or your family;
- Equipment or machinery used to produce income;
- Livestock used to produce income;
- A minor child's Permanent Fund Dividend; and
- Disability-related items and/or services.

Section 4. Available Resources

The resources the individual has available to contribute to the cost of VR services are the excess of the income and liquid assets of the family unit over the BLR for the family. ADVR's expectation is that these available funds will be used towards the cost of the VR services and will be identified as such on the IPE.

Section 5. Certification

The Financial Needs Assessment Certification (FPAC) is signed by either the individual or his/her representative thus attesting to the validity of the information provided. The certificate must be signed by a parent or guardian if the individual is younger than 18 years.

Misrepresentation of financial information may result in the VR services subject to financial participation being discontinued.

4.0 – Exceptions

Individual circumstances may occur wherein rigid adherence to the financial needs policy detailed above would seriously jeopardize an individual's opportunity to achieve appropriate rehabilitation objectives. For example, the individual may need immediate medical intervention and may not have the funds immediately available. In such instance the counselor may elect to seek an exception to the applicable policy.

VR managers or the Chief of Field Services may approve exceptions in response to a counselor's request. Such request for exception must include reference as to the policy at issue and an adequate explanation of the individual's situation as to allow the manager to assess the reasonableness of the exception request.

The VR manager may approve a one-time exception to this policy as in the example above when the individual is otherwise participating financially. The Chief of Rehabilitation Services must approve an exception in cases where a parent is refusing total participation for a dependent child.

5.0 – FAQs

1. Question: Why do you count a spouse's SSI/SSDI benefits?

Answer: A spouse's benefit payment is money used to support the household. Federal regulations do not permit ADVR to include an individual's benefits as ADVR does not want to put any barriers such as a loss of benefits that would discourage people from going to work. The federal regulation also takes into account that ADVR is reimbursed from SSA for employment related costs for individuals who are receiving SSI/SSDI benefits.

2. Question: Why are people on SSDI not required to contribute financially?

Answer: Federal regulations exempt individuals who are on SSDI from being required to participate financially in the cost of their rehabilitation program, even though SSDI is not a need-based program. The rationale for this determination is that requiring the individual who receives SSDI to participate in the cost of services could be a disincentive for them to seek employment. There is also the expectation that ADVR will be reimbursed for a

portion of the expenses associated with obtaining employment from the Social Security Administration.

3. Question: Is rental income included when calculating an individual's monthly income?

Answer: ADVR does not include income from rental property when calculating an individual's monthly income or liquid assets. ADVR made this decision based upon the fact that very few individuals served by ADVR have rental property and for those that do, it is very difficult to determine the benefit to the individual as rental property is not an isolated figure on the IRS Schedule E form. ADVR does not want to set up the VR counselors to in any way assume the role of a tax accountant.

6.0 – Forms

Financial Participation Assessment Certification