

## IOWA HOME MODIFICATION ASSISTANCE PROGRAM PROPOSAL National Multiple Sclerosis Society

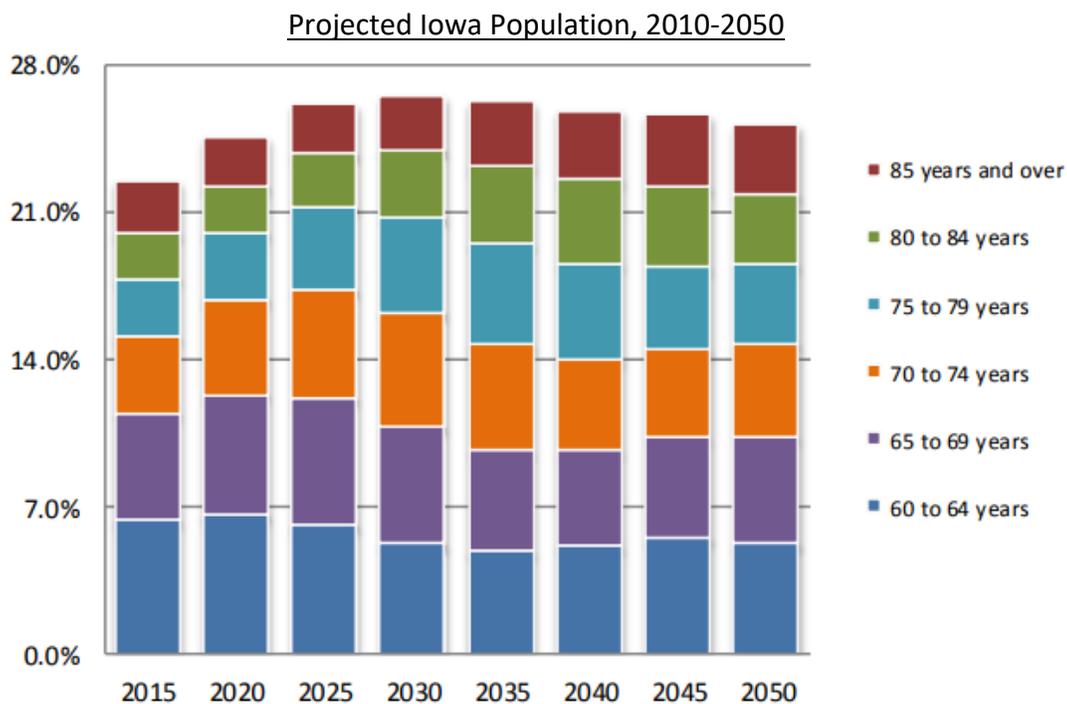
Almost all of us, at some point in our lives, will experience a disability, whether as a result of a chronic disease, illness, developmental disability, accident, or age.

When living with a disability, the condition and functionality of a home can mean the difference between continuing to live in one's home and leaving it for nursing or long-term care.

Without the proper equipment and modifications, a home can become a dangerous place for someone with limited mobility.

### **IOWA DEMOGRAPHICS – SENIORS AND DISABILITY**

Iowa has a significant senior population. Iowans age 65 and over accounted for 16% of the total population and their numbers are projected to increase.<sup>1</sup>

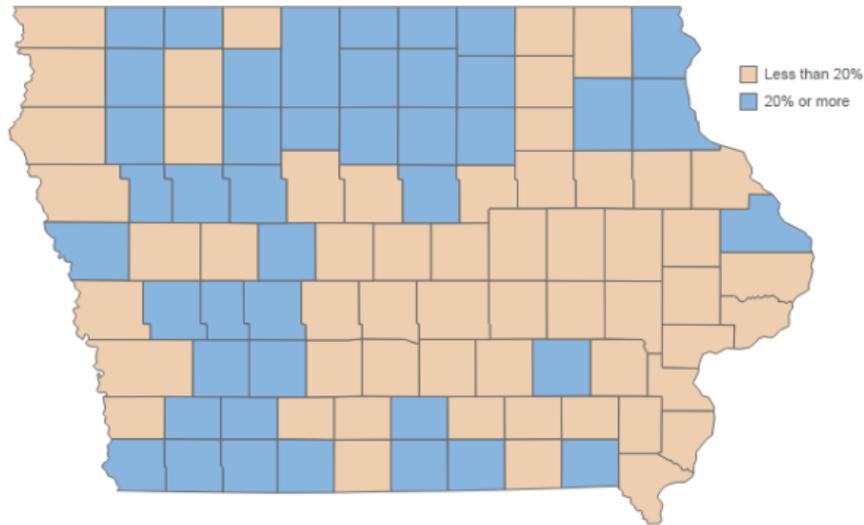


*Source: State Data Center of Iowa (2017)*

<sup>1</sup> State Data Center of Iowa. "Older Iowans: 2017". May 2017.

Rural counties have an above-average senior population.

### 2015 Population Age 65 and Over.



Source: State Data Center of Iowa (2017)

In 2015, 12% of Iowans lived with a disability.<sup>2</sup> In addition:

- 6.1% of the population age 5 and over lived with an ambulatory disability
- 63,497 Iowans age 5 and over who reported that a disability made it difficult to perform self-care activities such as dressing, bathing, or getting around inside the home.
- 109,360 noninstitutionalized Iowans, age 18 and over, reported an independent living disability that made it difficult to go outside the home alone to shop or visit a doctor's office.

### **FALLING IS A SIGNIFICANT HEALTH CONCERN IN IOWA**

Falling is one of the leading causes of visits to an emergency room or hospitalization for seniors and those living with a disability.

Falls are physically and emotionally traumatic and can result in further hospitalization, rehabilitation, additional physical limitation, emotional trauma, or even death.

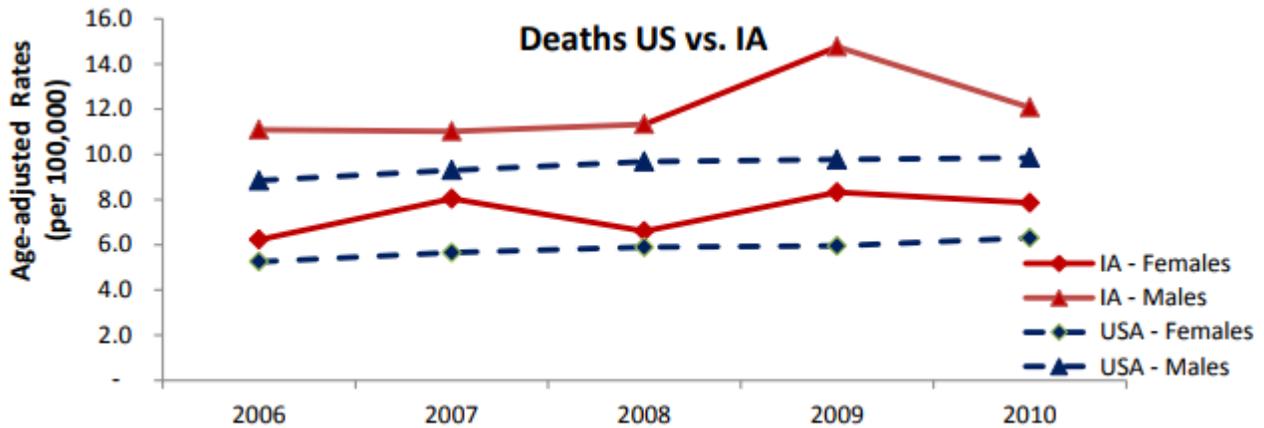
In the older adult population, one in three adults over 65 falls each year in the US. Among older adults, falls are one of the leading causes of both fatal and non-fatal injuries.

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<sup>2</sup> State Data Center of Iowa and The Office of Persons with Disabilities. "Iowans with Disabilities: 2017". July 2017.

Iowa has one of the highest fall-related death rates in the US and incidences of falling are disproportionately higher for those who are elderly or living with a disability. Iowa averages 404 fall-related deaths among lowans over the age of 65 and 40 deaths among people aged 50 to 64 years annually.<sup>3</sup>

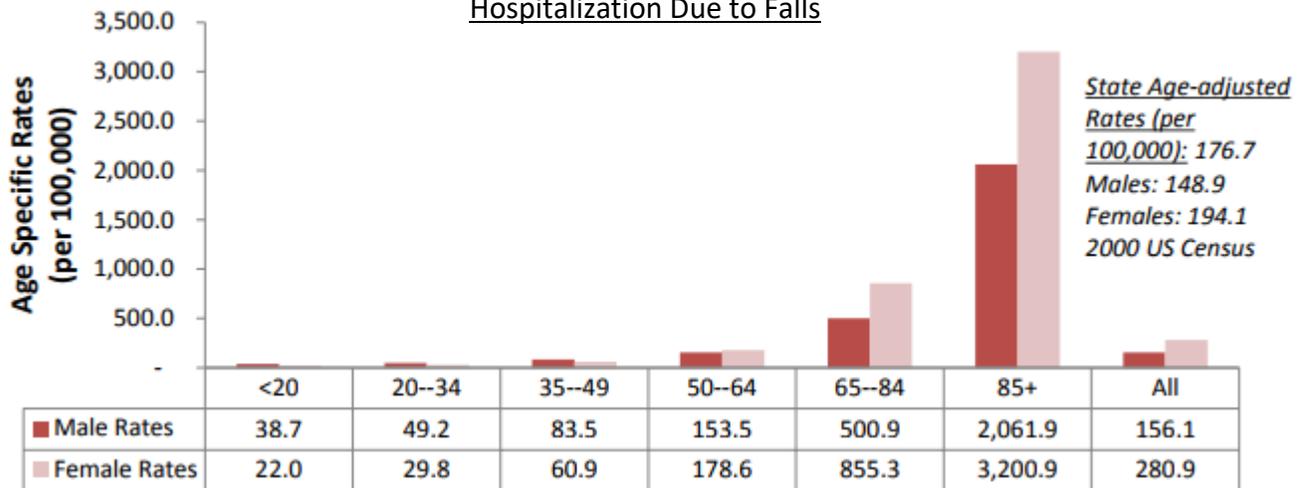
Death From Falls – Iowa vs. U.S



Source: Iowa Department of Public Health; WISQARS, 2006-2010

In addition, unintentional Falls were one of the leading causes for hospitalization and trips to the emergency room.

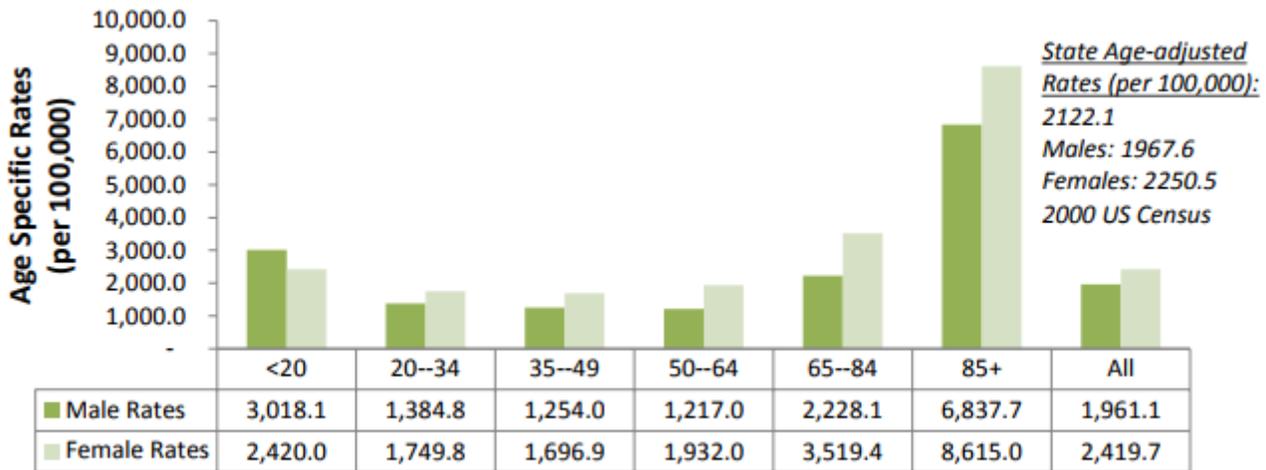
Hospitalization Due to Falls



Source: Iowa Department of Public Health; Hospital Discharge Data, 2008-2012

<sup>3</sup> Iowa Department of Health, Office of Disability, Injury & Violence Prevention. "Falls in Iowa: County Deaths and Hospitalizations". January 2017.

### Trips to the Emergency Room Due to Falls



*Source: Iowa Department of Public Health; Hospital Discharge Data, 2008-2012*

Falls are also a concern for Iowans living with a disability, including those with MS. Statistics show that due to MS symptoms associated with loss of balance and motor control, over 50% of people with MS fall in a three- to six-month period and around 30 to 50% fall multiple times.

People who fall subsequently develop a fear of falling which could cause them to curtail their activities. This may lead to social isolation and reduced fitness and mobility, which could increase their risk of future falls.

### **TREATING FALLS IS COSTLY**

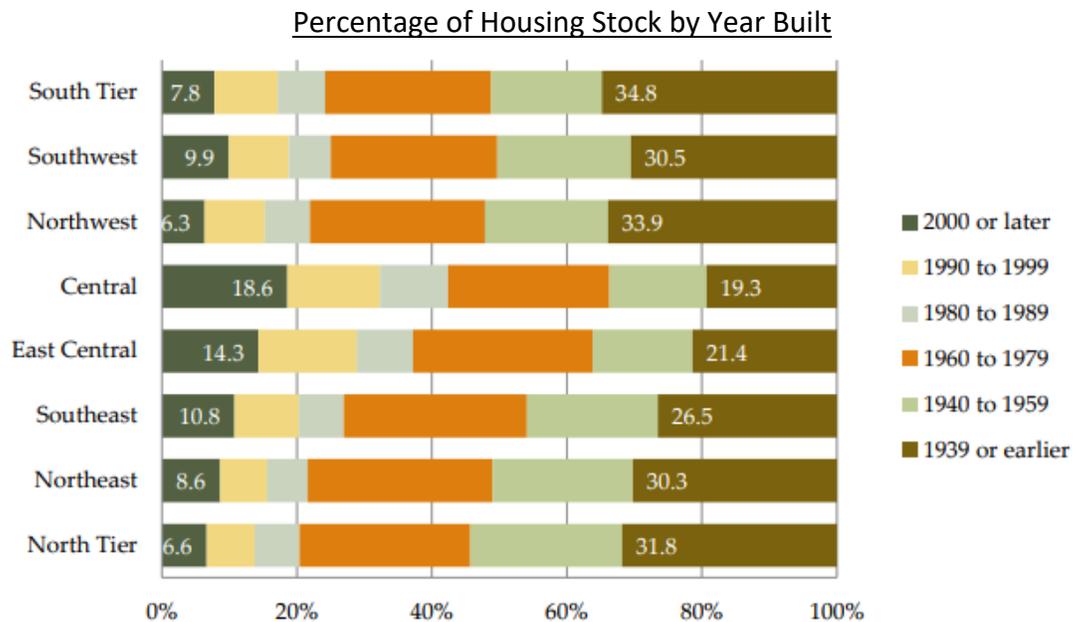
In 2010-2014, hospitalization charges due to falls were about \$1.62 billion in Iowa.<sup>4</sup> The average charge per hospitalization for Iowans age 65 and older was \$28,486.

### **DANGERS OF INACCESSIBLE HOMES**

Falls typically occur in one's home due to inadequate support structures or small and narrow living spaces that cannot accommodate mobility equipment such as walkers and wheelchairs. This is especially true in older residential designs which may include multiple steps and levels, narrow hallways, and small bathrooms.

<sup>4</sup> Iowa Department of Health, January 2017.

Almost 30% of Iowa’s housing stock was constructed before 1940 and the overwhelming majority was constructed before 1990.



Source: U.S. Census Bureau; Gruen Gruen + Associates (2013)<sup>5</sup>

### **HOME MODIFICATIONS ARE EXPENSIVE**

In order to maintain safety in a home, modifications such as installing ramps, lifts, grab bars, widening hallways, or full room remodels are sometimes a necessity.

According to the Center for Universal Design, these home modifications can range in price from \$100 to \$20,000, and upwards of \$50,000. For example, installing an exterior ramp can cost around \$3000. Adding a no step shower or bathtub ranges from \$8500 to \$12,000.

Making these modifications can be a costly burden, especially for a population who already face financial challenges due to increased health care, pharmaceutical, and rehabilitation costs. For example, it is estimated that the cost of living with MS is upwards of \$70,000 per year per person.

<sup>5</sup> Gruen Gruen + Associates. “Analysis and Forecast of Housing Needs in Iowa”. January 22, 2013.

## **PROGRAM AVOIDS COST OF LONG-TERM CARE AND HOSPITALIZATION**

Assisting Iowans with modifying their home will avoid costs associated with long-term care.

A 2015 Genworth Cost of Care study analyzed the median annual cost of nursing and assisted living facilities in Iowa.<sup>6</sup>

Facility Type	Median Annual Rate Statewide	Highest Median Annual Rate	Lowest Median Annual Rate
Assisted Living	\$42,000	\$49,005 (Ames)	\$37,650 (rural areas)
Nursing Home (Semi Private Room)	\$63,875	\$67,160 (Des Moines)	\$57,305 (Quad Cities)
Nursing Home (Private Room)	\$68,225	\$77,380 (Des Moines)	\$64,970 (Quad Cities)

By keeping 15-24 people in their home and out of assisted living or nursing homes for a year avoids a cost of \$1 million.

## **PROPOSAL – CREATE A HOME MODIFICATION ASSISTANCE PROGRAM**

In order to assist Iowans in modifying their homes to accommodate their physical needs and therefore prolong or eliminate the need to transition to an assisted living or long-term care facility, we propose creating a statewide program to help offset the cost of home modifications.

### **REQUESTED APPROPRIATION**

\$600,000 would be appropriated to the *Iowa Finance Authority (IFA)* or *Iowa Department on Aging (IDA)* to establish the home modification assistance program and provide grants to eligible homeowners.

### **ELIGIBILITY**

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<sup>6</sup> [https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568\\_040115\\_gnw.pdf](https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_040115_gnw.pdf)

1. Must be a resident of Iowa who has an income less than the median income of Iowa, approximately \$52,000.
2. The applicant must be a senior or be living with a disability:
  - a. Senior is defined as age 65 or above.
  - b. Disability is defined as in 42 U.S.C. §12102 - Definition of Disability, or has a chronic condition the progression of which will require a permanent modification or to the individual's or dependent's primary residence. Disability can be verified either through documentation already certifying disability (e.g Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)) or a letter from a health care provider treating the individual or dependent.

### **QUALIFIED HOME MODIFICATIONS OR IMPROVEMENTS**

Modifications or improvements to the individual's or dependent's residence may be, but not limited to, of one or more of the following:

- no-step exterior entrances;
- exterior or interior ramps;
- stairway lifts or elevators;
- handrails, grab bars, or reinforcement of grab bars;
- door hardware;
- widening exterior or interior doors or hallways;
- moving electrical service including, but not limited to, outlets and switches;
- bathroom modifications including, but not limited to, accessible toilets, bathtubs, showers, plumbing, and fixtures;
- kitchen modifications including, but not limited to, accessible countertops, cabinets, appliances, plumbing, and fixtures; and
- bedroom modifications including, but not limited to, relocation to an accessible space in the home.

Each application is reviewed on an individual basis. The program may make exceptions to this list on a case-by-case basis.

### **RESPONSIBILITIES OF *IFA* or *IDA***

*IFA/IDA* shall develop a home modification grant program for individuals and families with members with disabilities are eligible by the defined eligibility criteria. *IFA/IDA* will review grant applications and appropriate money for a project through its community partnerships.

### **RESPONSIBILITIES OF APPLICANT**

Individuals seeking assistance must complete an application to the *IFA/IDA*, including the following

1. A reasonably detailed description of work to be done

2. Photos of the area to be modified may be included
3. Indication on the use of a licensed contractor
4. Letter from a health care provider such as a physician, nurse practitioner, physician's assistant, physical therapist, or occupational therapist signed in the past twelve months, indicating that they have a physical or mental impairment that substantially limits one or more of the major life activities.
  - a. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
  - b. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
5. Any other information deemed necessary by the *IFA/IDA* to consider the application

#### **OPTIONS FOR PAYMENT OF COMPLETED WORK**

1. If work is to be completed by a licensed contractor, the grant shall be released at the conclusion of the project to the contractor upon receipt of verification of the finished work and all receipts for materials. A building specialist in *IFA/IDA* will review the photos to make sure that the work looks like it was done correctly. *IFA/IDA* reserves the right to make an onsite visit or to have one made if they feel necessary.
2. If the work is to be completed by the applicant because a licensed contractor is not available in their area, 50% of the approved grant shall be released at the outset. The remaining 50% shall be released upon receipt of photos of the finished work and all the receipts for the materials. A building specialist in *IFA/IDA* will review the photos to make sure that the work looks like it was done correctly. *IFA/IDA* reserves the right to make an onsite visit or to have one made if they feel necessary.

#### **CONTACT INFORMATION**

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