



## **Partnerships to Increase Housing Stability Through Assistive Technology, Home Modifications & Repairs**

*August 7, 2023 | Transcript*

**LORI GERHARD:** Hello, and welcome to the Housing and Services Resource Center's webinar, "Partnerships to Increase Housing Stability through Assistive Technology, Home Modifications, and Repairs."

You are going to learn a lot from our presenters, and we've built in a variety of opportunities for you to be active participants, too. Thank you so much for joining us today. Next slide.

My name is Lori Gerhard, and I am the Director of the Office of Interagency Innovation at the Administration for Community Living, an operating division within the U.S. Department of Health and Human Services. I will be serving as the facilitator for today's webinar. It is a privilege to have so many of you here with us. Your active involvement in this webinar is essential for us to have an engaging discussion. Next slide.

First, we would like to address a few housekeeping items. This meeting is being recorded. By staying to participate, you are consenting to the recording. Also, all attendees have been muted for audio quality. One hallmark of our webinars is active participation from attendees.

Please frequently use the chat like you are all doing here to make comments and submit your questions anytime in the Q&A feature in the Zoom dashboard. Or you may email a question or comment to [HSRC@ACL.HHS.gov](mailto:HSRC@ACL.HHS.gov). We have reserved time to address questions toward the end of the webinar. You can also use the chat or email if you have technical issues or comments for other attendees.

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Finally, near the end of the webinar, we will be using both QR codes on the screen, and links to the chat to share some resources. So, consider having your phone handy. After the webinar, we'll email the slides to everyone, and the information will also be posted on the HSRC website. Next slide.

Today an American Sign Language (ASL) interpreter will be visible through the webinar. You can enlarge the window of the ASL interpreter by using the pin feature. Simply click on the ASL interpreter's window and select the pin icon to make their window larger.

To ensure that ASL interpreters will be visible in our webinar recording, we have also asked presenters and panelists to limit use of their own camera visibility only to when they are speaking.

For those who are using a screen reader and want to silence unwanted chatter in the chat and Q&A boxes, activate the speech on demand feature by pressing the Insert key, the space bar, and then pressing the letter S on the keyboard. Next slide.

We are curious how much involvement your agencies already have in offering and/or providing home modifications, home repairs, or assistive technology. Does your agency offer home modification, repair, or assistive technology assistance? The options are, and we would like you to answer this poll—the options are “offer direct assistance,” “partner/contract with agencies that provide assistance,” “refer to agencies that provide assistance,” “provide education only,” “we do not offer modification, repair, or assistive technology assistance.” We thank you all for responding.

While you are all responding to the poll, I would like to go on to the next slide.

I would like to tell you about the Housing and Services Resource Center, or HSRC. It was launched in partnership between the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development. The Housing and Services Resource Center fosters cross-sector partnerships across the organizations and systems that provide housing resources and homelessness services, healthcare and mental health services, independent living services, disability and aging services, and other supportive services.

The HSRC is part of an inter-agency initiative to streamline and expand access to affordable, accessible housing and the critical services that make community living possible. After the webinar, I hope you will all look at the HSRC website. It is a one-stop shop site for all federal resources, and you can visit it at [ACL.gov/HousingAndServices](https://ACL.gov/HousingAndServices). At the end of the webinar, we will share an email address too so you can stay in touch with us and get periodic updates. Next slide.

Now let us take a look at our agenda for today. We have a lot to cover in a short amount of time. After our welcome and housekeeping, we will touch a bit on the importance of home modifications, assistive technology, and home repairs for housing stability. Rob

Groenendaal will share information about the Assistive Technology Program -- there is a program in every state and territory. And then Dr. Taneka Blue from Housing and Urban Development or HUD will tell us about the HUD Home Modification program and funding that may be available in your area.

Then Andria Hively at the U.S. Department of Agriculture will tell us about the funding sources from USDA's Rural Development programs. Following messages from our federal partners, we will hear from Ms. Kimi Barnes at FREED, Incorporated, a local center for independent living and aging and disability resource center, who supports a home modification team that blends and braids funding available through an array of programs to provide the most access possible to home modifications, large or small, to make community living possible for many.

After Kimi, we will hear the amazing things that Nebraska is doing with their state assistive technology or AT program; Tobias Orr will share that information. Finally, we will have just a small window available for questions before we close, so be sure to put those questions in the Q&A box on the Zoom dashboard. Next slide.

Please close the poll. Wow; thank you all for responding. Looks like many of you, let me see here: 27% offer direct assistance, 27% refer to agencies that provide assistance, and 24% of those attending today partner or contract with agencies that provide assistance. 15% do not offer home modification, home repairs, or assistive technology assistance. So, we're hoping that you get to learn a little bit more about the potential partners, and 7% provide education only. Thanks so much for responding to that poll.

For those of you that responded you are actively supporting individuals with home modification repairs or assistive technology, in the chat, please describe how you provide those services in partnership with other agencies. One of the benefits through the Housing and Services Resource Center is really to highlight peers that are doing these activities, and that will help others learn about how to go about this. So please share your stories in the chat. Next slide.

Many of us are well aware of the challenges in finding accessible, affordable, safe and integrated housing. Helping people stay stably housed in their home and living around the people they know is one strategy to overcome these challenges. Some people's functional needs change over time, and their home is no longer accessible.

The HUD Accessibility and Housing findings from the 2019 American Housing Survey Report found the following. There are 23.1 million homes in the United States where someone has an accessibility need of some sort. In 40% of homes across the country, people with accessibility needs are living in a home that does not meet their accessibility needs.

In fact, in nearly half of the homes in America, climbing up or down the stairs to enter a home is required. Only 14% of households of individuals with an accessibility need reported having a ramp or lift of some sort. Next slide.

Increasing accessibility in the home creates increased stability and decreases the possibility of becoming unhoused or having to enter an institution. Some of the accessibility solutions may already be available in your service area. Today, we'll share information about these programs and resources, and colleagues will share examples on how you might go about creating partnerships and accessing these solutions to increase housing stability for the people you serve.

Please join me in welcoming Rob Groenendaal, who leads the 56 state and territory Assistive Technology Act Program. Rob will tell us a bit more about assistive technology. Rob, the floor is yours.

**ROBERT GROENENDAAL:** Thank you, Lori. Hello, my name is Rob Groenendaal. I serve as the Assistive Technology Program Manager at the Administration for Community Living in the Center for Innovation and Partnership. The assistive technology act program was first authorized by Congress in 1988 as the Tech Act, and it was recently reauthorized in December 2022 as the 21st Century Assistive Technology Act. ACL administers the AT Act, which requires the 56 states and territories to conduct activities that help people with disabilities across the lifespan to access technology solutions, to address individual functional needs, and challenges at home, in school, on the job, and for mobility in the community.

State and territory AT programs enable people to make informed decisions through AT device demonstrations and short-term loans. A person can experience and borrow an AT device, try it out at home and in the community to determine if the device meets that person's specific needs.

AT devices and services enable individualized adaptations to everyday challenges, and include daily living activities, safety improvements in the home such as installation of grab bars, hand railings, and accessible modifications including ramps and accessible bathrooms. Next slide, please.

State and territory AT program partners include state units on aging, area agencies on aging, centers for independent living, aging and disability resource centers, and community-based organizations, among others. Working with housing agencies and aging and disability networks is key to advancing housing stability in the community.

Providing an array of suggested solutions can assist a person to gain a better understanding about types of AT devices, home modifications, and additional considerations for more informed choice.

When solutions are identified based on functional limitations and accessibility needs in the bedroom, bathroom, kitchen, living room, for mobility access, broadband connectivity, then the evaluation can focus on a set of recommended environmental solutions that have simple suggestions and decisions as well as more involved recommendations for home modifications.

Title III of the Older Americans Act provides services to assist older adults to live independently in their homes and communities. These Title III funds can be used for home modifications and repairs as well as for community services, transportation, nutrition programs, family caregiver support, health promotion, and other services. Next slide, please.

So, we all know that aging and disability is a natural process. A part of life and all of our human experiences. State and territory AT programs conduct activities that provide access to and resources for low- to high-tech AT such as telephone amplifiers, Wi-Fi boosters, telehealth technologies, smart home solutions, durable medical equipment, and many more devices for accessibility. AT programs receive funding from the federal AT Act to serve individuals with disabilities of all ages through training, technical assistance, public awareness, information and referral, assistance with attaining funding, device demonstrations, device loans, device utilization. There is no one-size-fits-all for people who need accessible solutions. Access to demonstrations, short-term loans, a variety of AT devices including accessible remote technologies can result in solutions for individuals that could be no-tech or low-tech or even high-tech as well as involve vehicle and home modifications.

So, what are the tasks that the person is able to complete independently? And what are the tasks when the individual and caregiver could benefit from the use of daily living aids, assistive technology, durable medical equipment, mobility devices, smart home technology, and home modifications? Next slide, please.

To connect with AT Act programs, you will see there is the AT3 Center here, the CATADA site for data. You can email me directly, and there is my contact information. You can locate the AT Act program in your state or territory by going to the AT3 Center website, which is listed here, [AT3Center.net/stateprogram](http://AT3Center.net/stateprogram). And at this point I'd like to turn it back over to Lori Gerhard.

**LORI GERHARD:** Thank you so much for the great information. And now I would like to welcome Dr. Taneka Blue from the US Department of Housing and Urban Development, HUD, to talk about the home modification funding opportunities. Dr. Blue.

**DR TANEKA BLUE:** Good afternoon, everyone. I am thrilled to be here and I am ecstatic to see that there is so much interest in serving our aging adults within our communities. I am Taneka Blue, the Government Technical Representative for the Older Adults Home Modification Program with HUD. Next slide, please.

Over the last two years, beginning in 2021, Congress has actually provided funding to HUD for this Older Adult Home Modification program. Since, we've actually awarded a total of \$45 million in grant funding under the program. The purpose of the program is actually to fund city, state, local government agencies and nonprofits to provide low-cost, low barrier, high-impact home modifications and repairs to older adults in need.

The goal is to enable older adults to reside in their homes for longer periods of time. So, we want to reduce hospital recidivism and falls and potential injuries within homes. We want to contain the current housing stock we have here. Next slide, please.

And so, who is eligible to apply for this grant? As I stated before, the county, city, state, townships, local governments, nonprofit agencies with 501(c)(3) status and public housing agencies. Applicants that are eligible under our program include adults who are over the age of 62, and they have to be homeowners at this time.

We would like for applicants to have at least a few years of experience in serving the elderly or aging population. And there is a Notice of Funding Opportunity that we release each year, and it provides instructions for application to this particular grant, and we would like for you guys to actually designate a target area.

There is a Congressional mandate to actually serve or allocate funding, at least 1/3—in the first year was one half, and the second year it was 1/3 of our funding to substantially rural populations. So that is a priority for us. Award amounts have varied from \$500,000 to \$1.25 million. We just recently awarded our 2022 awardees, and that brings us to a total of 46 actual grantees that serve within this program. Next slide, please.

And so, we have 46 experienced organizations in the community, and they're spread out throughout the United States, different states, different regions. They are providing these services to aging adults. This program is unique in that an occupational therapist is actually evaluating each of the clientele and going in and creating a work plan and then coordinating with a group of contractors and program managers and specialists to provide the best possible solutions for home modifications for our aging adults. Next slide, please.

And I am sure you are wondering what can this grant program do for you. We are big on supporting, so this grant opportunity enables you to support the independence of older homeowners. It allows you to support them in maintaining their homes. Improving our existing housing stock and making sure things are affordable and that people are able to remain in their homes as safe as possible.

We are able to demonstrate that providing these client-focused activities within the homes, through low-cost home modifications, is feasible and beneficial and very empowering to our population as well. This grant will enable you to engage with older adults within your community and address their home modification needs, and through

the services it will in turn improve their quality of living. Not just for them but for their family. And for generations to come.

We also enable you to support affordable housing options as I stated before and also reduce and protect these individuals from falls, injuries, hospitalizations and homelessness. Next slide, please.

And so, currently I want you guys to be on the lookout for that new 2023 funding. As I stated earlier, we have already made awards for the 2022 funding. We do have funding appropriated, but we want you to be on the lookout for funding opportunities so you can apply for the grant, and I encourage you to bookmark and monitor HUD's press release page, HUD's funding opportunities page, grants.gov, and the Federal Register. You can stay abreast on new opportunities that come about and for new funding for this particular program moving forward. Next slide, please.

And we will have a moment for questions but here is my contact information. I am the contact for the program, so if you have any questions or concerns or interest in the program, feel free to reach out to me. You can call me on my office line or you can feel free to email me at anytime. Thank you. I'll turn over to Lori.

**LORI GERHARD:** Thank you so much, Dr. Blue. These are definitely resources to check out and I encourage you to get connected to grantees and to possibly apply for these grant opportunities. Our colleague Andria Hively from the U.S. Department of Agriculture was unable to be with us today, however she recorded a presentation, we are about to show you it about the U.S. Department of Agriculture Rural Development Division funding that can be used to assist with home modifications and repairs. We will turn to our next slide and hear from our colleague Andria.

**ANDRIA HIVELY:** Well, hello everyone. I'm Andria Hively with USDA Rural Development. I am here to share with you some opportunities for federal financing in housing, home purchases and repairs. So today I'm going to talk to you a little bit about Rural Development's organizational structure. Our rural area eligibility as well as income eligibility, which is key to all of our programs, our program funding levels, and then three of our major programs. Our Section 502 direct home loans, how you can package and earn some money for that program. Our Section 504 repair loan and grant program, which has a packaging component that can help you. And our Section 533 Housing Preservation Grant program, which is actually a program that organizations apply for directly.

First and foremost, I always say if you want to win the game, you got to know the players, right? So, let me tell you a little bit about how Rural Development is structured. We have our national office, headquartered in Washington, DC, and I am with the national office where we manage program funding, do trainings, write policy, and, of course, market the program, which I'm doing here today.

We have 47 state offices across the nation, and that is where you are really going to want to start your journey to find out who you work with on rural development. But beyond those 47 state offices, we do have local and area offices that serve specific counties. What I recommend is you go to our website, drill down to your state, drill down to your county and find out who the people are at Rural Development that you are going to be working with so that you can help your client access our great programs.

Those two things, we are rural development, so you have to be in a rural eligible area, and we do have income limits. I encourage you to come to our eligibility website, click the property eligibility site, and you will see a map once you've accepted the disclaimer. Drill into your state, drill into your service area and find where those borders are because we generally say that populations of 20,000 or less, but we look to city limits, and we use Census data. There may be more areas eligible than you thought because the line has to go somewhere. Check out the eligibility first. Then the income limits: all of our programs are for those below the low-income limits. It is usually 115% or area median income, but even lower for our very-low.

Moving on now, we can talk about the funding available in these programs. Our Direct Home Loan program, our subsidized home loan program, got \$1.25 billion this year and has gotten about that over the past several years. Our Repair Grants usually gets about \$32 million, and this year we got an extra \$55.7 million to help rehabilitate towns that were affected by 2022 presidentially declared disasters. I will talk more about that when I get to that slide. In our Repair Loans program, we have \$28 million. Our Housing Preservation Grant -- \$16 million, and we did get \$2.5 million for disaster in that program as well.

Starting off now with our flagship program, the 502 Direct Subsidized Home Loan Program, offers a subsidy rate as low as 1%. It is for anyone that's below the low-income limit in an eligible rural area. We provide extended payback terms of 32 to 38 years, which is much longer than 30 years by a standard lender, there's no down payment requirement, and we can loan up to 100% of the value of the home. Now, this program can be used to purchase a house or it can be used for repairs. There is a property requirement bullet here, but basically what we're looking to make sure it is decent, safe and sanitary and there's no major defects when the homeowner moves in or refinances. Perhaps you have clients who have high interest rates that want to refinance and is in danger of losing their home. We can do that as well. Make sure you find your local office so you can refer clients to us or package clients to us. That's right! You could package applications to our organization and earn a fee. For our 502 Direct Program—that fee is up to \$2000 if you're working with an intermediary, which I'll talk about in a moment, or \$1750 without an intermediary. Now our 504 Direct Loan and Grant Program, which I'm going to talk about here in a moment, you can earn up to \$750. And I'll talk about why that's a little bit less of a fee. And if you're packaging disaster grants, a \$1000 fee.



So, for the 502 direct certified packaging process, you do need one year of affordable housing loan origination or counseling experience. You do need to be employed by a qualified employer, such as a nonprofit or housing authority -- not a for-profit organization is basically the only one that does not qualify. You need to take our three-day classroom, virtual or in-person training. And then you have to pass a test. That's the reason that the fee is a bit more for these loans, and that is because there is more work to them. When you are originating a home loan and you have these prerequisite requirements, it is a little more tedious than our 504, which I will talk about in a minute, and packaging for that -- which is only \$750.

An intermediary is really an organization that can help with training you, they can help with quality control of your packages. Sometimes they will even put the application into Rural Development, through our e-Forms website -- and everyone knows technology can be a challenge, so that is a real benefit. Now the intermediaries vary on their fee, but typically they're only taking \$250 for that service, so you're really going to earn \$1750 whether you're working with an intermediary or not.

Partnerships, partnerships, partnerships. There are never enough boots on the ground, and we always talk about if we could clone ourselves we'd get so much more done. But that is really not going to happen, so we have to partner together to make these programs available to those on the ground. We look forward to partnering with you.

Quickly our 504 Rehabilitation Loans & Grants Programs, we have a 1% loan for 20 years which is less than \$200 per month payment, it is \$40,000. It is amazing. We do need to take a lien on the property if the loan is over \$7500, which I know is not a favorite of some of our elderly clients but maybe what will be a favorite of our elderly clients is our one-time grant of \$10,000 for those that are 62 or over. That grant is for home safety or to make the home accessible for those with a disability. Now, these programs are for low-income individuals and there is an age restriction, but if you are servicing a calendar year 2022 presidentially declared disaster area, there is a low-income limit for this program. There's no age restriction. We can give you a grant of up to \$40,675. That's unprecedented out there to repair a home.

Now this repair loan grant program is what I always used in partnership when I was underwriting loans and grants in the field. I would work with my area agency, Grays Harbor County Area Agency, Office of Area Agency--Agency for Aging. Excuse me! I got tongue-tied there for a moment. And they would refer people to me all the time so that we could get their homes fixed up to the point where --boom!--DOE's weatherization money can pop in. So, we'd have three different partners to make this home a safe and sanitary home for that person for the rest--for their lifetime.

Last but not least, our Housing Preservation Grant Program, which is actually something you can apply for directly. This is a grant program for low-income, no age restriction in rural eligible areas. And you can charge up to 20% of your admin fees to

the grant itself. So next spring when the notice of funding availability comes out, I hope some of you will be apply.

If you have any questions, please feel free to reach out to me directly or to your state office. Here are some quick links that I've talked about that you will want to visit and there is my contact information along with my counterpart Ms. Shannon Chase, and we are happy to help and we hope you enjoy the rest of this presentation. Thank you so much for your time today.

**LORI GERHARD:** Thank you, Andria, and thanks to our federal colleagues for the overview of these resources and partnership opportunities. Now we're going to shift gears a bit and learn from our peers. First, we'll hear about today's featured accessible housing partnership model. Please join me in welcoming Ms. Kimi Barnes. Kimi is the Fix It coordinator for FREED Inc., a center for independent living and aging and disability resource center. Kimi will take us through her program model and how works. Take it away, Kimi.

**KIMI BARNES:** Hi. Next slide.

My name is Kimi Barnes, and I'm the lead Fix It Coordinator at FREED. This is my first webinar presentation, and technology can be very challenging for me. Just as home modifications can be very challenging for our consumers. For this presentation, I hope to show you how we work as a team and collaborate with other resource agencies to provide home modifications and overcome challenges to find long-term solutions. Next slide, please.

So FREED is an independent living center. Independent living is not just being able to do everything by yourself, it is being able to control how things are done. Consumers are more successful when they make their own decisions. Next slide, please.

FREED's home modification team consists of the Fix It program, which I facilitate doing minor home repairs; the assistive technology program, which is like durable medical equipment and device loan lending program; transition, which is medical facilities to support people going home from medical facilities; and an information and assistance team, which makes referrals to other resources and agencies for things that we can't do. Next slide, please.

So, the Fix It program comprises a whole bunch of minor home modifications, and after an intake is completed, the Fix It coordinator, myself or my team member Janessa, we can go out and we can do a site visit and we can help the consumer address needs that they might need and then look for possible ways to overcome challenges.

Some of the things that we do are really minor, like grab bars, and then we can also repair some plumbing things, assist with the transitions and refer to outside agencies for larger resources. Next slide, please.

The Fix It service delivery model is provided through a skilled set of volunteers. When we don't have volunteers that are skilled, we pay for contractors and handymen to provide those services. And then, when things go outside the scope of service and cost a lot more, require things like permits and larger repairs, we collaborate with other agencies. Next slide, please.

These are the funding sources that Fix It uses. These are state, federal, city and county funds. Next slide. So, the Fix It program works really closely with the AT Program. We have found that when somebody is requesting Fix It services, they are also usually requesting some sort of assistive technology. So, if somebody's calling me up and they are asking for grab bars, they are usually asking for a shower chair as well. Or if they are calling and they are asking for a walker or wheelchair, they might also be calling for a long-term ramp to be put into their house or something to that extent, or a temporary ramp that we can provide through our DLDC program, which is the device loan and lending demonstration library. Next slide, please.

Transition is a big part of our home modification team. Our transition coordinator leads the people at medical facilities, not just skilled nursing, but also at hospitals, and sometimes our transition coordinator is actually the first point of contact for a consumer with FREED. Our transition coordinator really helps streamline the process by meeting consumers at the hospital or the skilled nursing facility, doing the intake, getting the necessary paperwork done, and then coordinating with myself, the Fix It program, the AT Program to find out what services are done so there is one point of contact to get all those services done. Next slide, please.

These are some of the transition funding sources that we use. The Department of Rehabilitation funds transition and community living funds, and then there is a CCT which is the Medi-Cal funded services, or Money Follows the Person. Next slide.

What I would like to do now is share a success story that illustrates how the Fix It program collaborated with the home modification team and a variety of funding sources to provide a safe transition home. If you'll give me a few minutes, I'm gonna read you a story that actually just happened like not too long ago.

FREED received a call from Janet. Her husband Allen was at a podiatry appointment and was rushed to the ER for an unexpected emergency amputation. Allen and Janet were desperate for assistance.

Our transition coordinator met with Allen and Janet at the hospital immediately after the above the above-the-knee leg amputation. The intake was done with Allen expressing his independent living goal was to go home and be safe. Yet, at this time, he could not even get into his home. Allen needed a 22-inch manual wheelchair and a slide board. The wheelchair and slide board were provided through our AT Program, but due to Allen's age, he was only 58 and lack of Medicare, he was moved from a local hospital to a SNF – a skilled nursing facility - one and 1/2 hours away.

The transition coordinator, Janet, and myself met at their mobile home to assess the challenges and to discuss potential solutions. Allen and Janet had hoped to get a ramp to get into the home, yet there was no feasible cost-effective way nor enough room for an ADA complaint ramp that was required by the California Housing and Community Development. Just a little side note here -- the Housing and Community Development in the state of California oversees all mobile home parks, and sometimes there is a lot of challenges when we're dealing with the HCDD.

A fall prevention assessment was done in the home and additional AT was provided including a bedside commode, a transfer bench, and a plan was made to have grab bars installed in the bathroom. The transition team applied for a DOR grant, and that was used to purchase a wheelchair lift for a back entrance. I have Fix It funds that paid for the balance over the DOR, because you only have a certain lifetime limit of money you are allowed to use through the DOR.

Use of a wheelchair lift did not require any HCB involvement, because once you purchase the wheelchair lift it is considered assistive technology. It doesn't require a permit or any kind of permission. The fence and the gate had to be removed for the delivery of the wheelchair and medical transportation was arranged by our transition coordinator so that Allen could come home from the skilled nursing facility. Allen and Janet had the family remove the fence and the gate, and the lift was placed at its intended location. There was approximately 15 feet of hardpacked dirt with some loose gravel to the gate and the cement patio that currently did not pose a problem.

A larger wheelchair and a 1" threshold mat were requested. The threshold mat was needed at the sliding glass door where the lift was going to be used. There was no funding to have doorways widened to accommodate a larger wheelchair. FREED's handyman referral list was provided by our information and referral specialist. And a contractor who specializes in mobile home modifications was suggested. The doorways were widened by the contractor, at the cost for that was paid by our consumer. I delivered the threshold mat, and the Fix It volunteer installed the grab bars. Both for use with Nevada county Fix It funds. And the wheelchair was provided through the AT program.

Heavy rains and inclement weather created adverse conditions for the wheelchair to travel across the area through the winter. A temporary solution of plywood on gravel was made; however, a permanent cement walkway was needed. The DOR introduced a new fund called the Community Living Fund, which was another option for funding to support older adults and individuals with disabilities to live in the community of their choice.

The CTI coach gathered bids for the cement path, continued a needs assessment and options for counseling to support Allen 's independent living goal. Allen ended up back in the hospital, and in the ICU, due to an infection and an adverse reaction to medication.

Allen was then transferred to another skilled nursing facility farther away, still due to lack of insurance. His health declined and he lost a great deal of strength and dexterity and needed a power chair for mobility. We made a referral to a local nonprofit, Bill's Wheels, where a power chair was provided at no cost to the family. More specialized AT and home modifications were requested.

The community living grant was approved for the cement walkway. The extra equipment that was needed that was not available through our REUSE program, and the other home modifications that were not available through the Fix It program and the volunteers. Allen was finally able to come home safely. Allen and Janet sent us this email.

"We did not know how we would navigate through this very difficult time in our lives if we had not found FREED. We called FREED on a Thursday, and by Monday the transition coordinator was at my hospital bed asking me what I needed. By the time I was able to go home, FREED had given me a wheelchair, a slide board, a commode, and had ordered a lift so I could get into my house and had arranged to have grab bars installed in my shower. Because of FREED, I can live a somewhat independent life. Thank you for the work you do. It does matter and it makes a lasting difference." Next slide.

These are some of the resources and referrals that FREED uses locally when we cannot provide services within our scope. And we utilize them as well -- like the Home Safe Program which is listed too here. I don't get funding through Home Safe, but let us say I have a consumer who has a funding problem that I know is outside of my scope of service. What I will do is I will pay for the estimate with my Fix It funding, and then I will call up Home Safe and say hey, I have this consumer and they have this exorbitant repair that needs to be done.

I have paid for the estimate. Home Safe goes around, they come on the backside, and they will go do an assessment with that person and then end up paying the bill. So we work collaboratively together to make that happen. That is what happened with our veterans as well, with our project on weatherization. I just really appreciate this opportunity, and thank you for your time.

**LORI GERHARD:** Thank you so much, Kimi, what an amazing program Fix It is. And it is so great to hear about these resources and how you are partnering together. If we could move on to the next slide, and the next slide.

So, in the chat we would love to hear from all of you, what is the biggest challenge your agency has faced in meeting your communities' assistive technology, home modification, and repair needs, and how have you addressed that? While you place your answer in the chat, we are going to introduce you to somebody who excels at helping people find and adopt solutions to have greater independence in all aspects of life.

And to also address accessible housing challenges. Please join me in welcoming Mr. Tobias Orr. Tobias is the director of Nebraska's Assistive Technology Partnership, or ATP. Tobias is going to tell us about the wide range of work they are doing to help people of all ages with short or long-term disabilities discover and find the assistive technology -- no-tech, low-tech, and high-tech -- that are possible solutions that result in greater home accessibility, and increased independence in the home. Tobias, the floor is yours.

**TOBIAS ORR:** Thank you, Lori. Next slide, please.

My name is Tobias Orr, I am the Director of Nebraska's AT Program. We can go to the next slide, please. A little bit about Nebraska. I am sure most of you haven't been there, but Nebraska is very rural. We have 2 million people, and almost half of them live in one corner.

As the state AT Program, we do cover the entire state. All, I think, 93 counties. Nebraska ATP, we are a state agency. Not all AT Programs are state agencies. Some fall underneath universities, some are nonprofits, but in Nebraska, we are a state agency within Nebraska Vocational Rehabilitation, and then within the Nebraska Department of Education. Really, as a state AT Program like Rob mentioned earlier, we provide AT loans, demonstrations, we run a reuse program, and then as part of our state financing activity we help people find funding and obtain home modifications, vehicle modifications, and needed assistive technology.

Today we're going to focus just on the home modifications, but just one thing to point out is our goal really in Nebraska is to be that one-stop shop that if somebody comes and needs a home modification like was mentioned earlier, most likely they're going to benefit from some sort of DME or assistive technology, and so our goal really is to try to coordinate those services, coordinate that funding and help any individual with a disability get the equipment they need. Next slide, please.

Home accessibility modifications, I'm not going to go through the list. Really, there is not much we won't do if it is needed to keep that individual independent in their household. Because of time we will just go onto the next slide, please.

Benefits of an accessible home. The biggest thing is it allows that person with a disability to live in the community and the home of their choice. It reduces chances of falls and injuries, which in the end saves taxpayers funding; it saves everybody money.

And then my soapbox that I will always get on is that rural areas in Nebraska, you know if an individual cannot remain in their home because of a disability, and there is not an assisted living facility or nursing home in their community, they are oftentimes forced to move to a larger town which could be 50, hundred miles away. By making those homes accessible, we are allowing that person to age in place, in their community, with their support network. Next slide, please.

Partnerships in Nebraska—So, how do we fund home mods? So I'll start off by saying, as the AT Program, we do not directly fund any home modifications. We can use our AT grant funds as a state financing activity to coordinate things, but we cannot pay for the mods. So that is where partnerships come in.

We have a great partnership with Health and Human Services, and that's where the Aged and Disabled Waiver, Developmental Disabilities Waiver. We are part of Nebraska Vocational Rehabilitation; we get funding from them. And if a consumer needs a home mod to obtain and maintain work, Nebraska VR will send us a referral.

We also work closely with private foundations. We get a grant from the Enrichment Foundation of Omaha, a very generous grant every year for Omaha residents. We have a great partnership with the MS Society. And then we also do a lot of referrals to other government programs. Earlier the USDA was mentioned, also there are local barrier removal programs. Economic Development has some programs, and, really, any funding out there that a person qualifies for we will refer them to. We have a great relationship with Easter Seals of Nebraska with their alternative finance program. Next slide, please.

The benefits of partnership—so, what makes Nebraska work so well having the AT program oversee and coordinate these is: A) quality control. We always have the consumer's best interest in mind and also trying to keep costs down and save the taxpayers money. Unbiased assessments and recommendations. Say, like a DME vendor came in and did an assessment, you can guarantee that everything they're going to recommend is probably way more than that individual actually needs because there is profit in it.

As a state program, we don't make money whether we recommend a grab bar or an \$80,000 vehicle mod. It doesn't make any difference in our bottom line. All of our partnerships are set up on a reimbursement model, so they are paying for our time and then we are authorizing their funding to pay for this. Also, you got knowledge. Some of my team have been doing this for 20+ years, the backgrounds are OT's, rehab engineers, construction, and this is what they do. This is what they do all day every day.

I know some states, some kind of a service coordinator might get a project referred to them where they are expected to make a recommendation and it might be the first time they've ever dealt with home accessibility. Whereas, my team, that's what they do all day every day. And, then, lastly, our ability to blend different funding sources. We can bring funding from one source that someone qualifies for and tie it together with some other funding to get that funding package together to pay for that mod, because oftentimes home mods are very expensive. Next slide, please.

Our process, I'm just going to roll through this: We get a referral and Nebraska service coordinators come from the aged and disabled waiver, our centers for independent living, or one of the two, and also our area agency on aging. And Nebraska VR, the

referral comes directly from their staff and if the consumer qualifies for the developmental disability waiver, their service coordinator would send us a referral. Next slide, please.

My team goes out and we do an assessment. We meet with the consumer in their home and they're looking at functional limitations, physical needs in the house, and they will draw up plans and specifications and go over it with the consumer, and the consumer does sign off. If it is a rental property, depending on the funding source, we can work on rentals, the landlord must sign off as well. Once everybody's on the same page, we send it out for quotes to our approved contractors, specifically when Medicaid funding is involved contractors must be approved Medicaid providers – no different than a nurse or medical provider. That's always a challenge, but we do our best to walk those contractors through that enrollment process. We always try to get at least two quotes, and then we award it to the lowest appropriate bid. Next slide, please.

The contractor performs the home mod. The ATP staff provides oversight and if there are changes needed. Because sometimes in the middle of a project they run into something that we didn't know about it. We have to approve it and the consumer has to approve it. Once complete, the ATP staff inspects a project with the consumers and they sign off and once everyone is happy with the work, the contractor is paid and all of our work and materials are warranted for one year by the contractor. Next slide, please.

Our resource coordination- so, we have one staff member, all she does is try to find people funding and resources. We have what's called a Service and Device application, an S and D. It's a generic application really asking disability type, funding, and where they live. And what she does with that is look to see what they might qualify for. If it is one of our programs, she refers to that program supervisor and get that ball rolling. Otherwise, if they don't qualify for something we manage, she'll put together a resource letter saying here is how you apply for a USDA grant or other things that they may qualify for and then she is always there to help them and assist them with that application process, if needed. And then she also will try to tie them to our re-use program or equipment loans, if that's something the consumer could benefit from. Next slide, please.

Let's just talk a little about cost savings. A lot of our funding is the waivers, which means individuals are on Medicaid. If that person goes to the hospital, then Medicaid will pay for it and our average, or in a nursing home, our average project cost this last 12 months was about \$8500 per project. The average cost over a one-month stay in a nursing home is anywhere from \$7400 to \$8300 a month. If we can keep someone out of a nursing home for one month, we just broke even. Nothing warms my heart more than when a consumer, we get a referral and that someone we have worked with for 10 years and maybe we have done four or five projects, but we've kept that person independent for a decade. And then if you look at hospital stays, this is something that is always an estimate, but if someone breaks a leg, the average hospital stay is \$7500;



a three-day, hospital stay is \$30,000. That \$400 grab bar or \$8500 ramp might have diverted some kind of trip to the hospital, thereby saving taxpayer money.

Next slide, please. That's it. I think it is time for Q&A with everybody so thank you for your time.

**LORI GERHARD:** Thank you, Tobias. And we do have some time for a couple of questions. I want to encourage you if you haven't already, please put your questions in the Q&A dashboard. On the Zoom dashboard. So we can be sure to capture all the questions. We won't have time to respond to all of them today, but we will work on getting a frequently asked questions document out that has responses.

So, let me ask the first question, I'm going to ask it to you, Tobias. What is one recommendation you would share with an AT program that is considering exploring partnerships to increase home accessibility and stability?

**TOBIAS ORR:** I think the first thing I would share is setting up as reimbursement model for time, for staff is better than doing a fee-for-service. In the past, we've done a flat rate for assessment project management, and that works great if the project is local, but if you're trying to cover an entire state it is hard to estimate how many projects will happen 300 miles away or how many will happen down the street. So coming to an agreement with the funding source to cover overhead and staff time is always the most financially responsible model I would say.

**LORI GERHARD:** Thank you, Tobias. The next question I'm going to ask of Kimi. As a disability agency working so closely with an aging agency, why is it important to have both disability and aging at the table for home modification, repair, and assistive technology service delivery?

**KIMI BARNES:** FREED is an ADRC, aging and disability resource center, so we are both. And why it's important is because quite often disability and aging go hand-in-hand. And usually as people age, they sometimes acquire disabilities. More often than not. We are trying to address the needs of all older adults with and without disabilities as a whole. Does it answer the question?

**LORI GERHARD:** It does, thank you so much. And we'll go to Dr. Blue next. What are some strategies that Older Adult Home Modification Grant Programs or OAHMP grantees are using to increase access to the home modifications, repairs, and assistive technology?

**DR TANeka BLUE:** The majority of the mods that my grantees are providing are on the lower cost of things. They are the least invasive type modification. We provide services for visually impaired individuals, making sure that the home is safe and that the items they need are actually visible. We're working on mobility, so addressing the entrances and portions of the home that the individual has to navigate through. We also

provide services for, or tools and for activities of daily living and self-care, as well as instrumental activities of daily living, which include housekeeping, meal preparation, things along those lines. Some of the grantees have also implemented assistive technology as well but in minor ways because we are dealing with a lot of homes that are older. And so, they may implement assistive technology as the home can actually tolerate or permit. Based on the resources. So, we provide all types of mods.

**LORI GERHARD:** Thank you so much. I will ask Rob a question here. What are some possible partnership opportunities with AT programs?

**ROBERT GROENENDAAL:** I think for AT Act programs, partnering with the aging and disability resource centers, the aging entities, the state veterans units, community-based organizations. In terms of, obviously, if there is a situation like what Tobias has been able to develop in the state of Nebraska, it is really important to note that you want to have the opportunity for individuals to try out devices, through device demonstrations. Individuals would be afforded the opportunity to take a device home, try it out for a period of up to six weeks.

I think if you look at ATP in particular, based on this presentation, they have the structure in place so individuals are accessing AT devices which is first and foremost before acquisition of those devices. It can include anything from customized seating to wheelchair mobility devices, shower chairs, things that folks can benefit just for their basic needs in the bathroom, in the kitchen, accessing their home, exiting their home. I think it is looking at a more holistic approach.

I want to make sure that we emphasize, go to AT3 Center and look up the state AT program where you reside, or territory, and you will have some options there to contact the AT Act program. There are a lot of other activities being conducted statewide, and so Tobias also emphasized that we are looking at some of the environmental adaptations that someone could explore. Some folks don't even know that they may need assistive technology. You don't know you need it until it might be a possibility. I will leave it at that. There are a lot of options out there. Thank you.

**LORI GERHARD:** Thank you, Rob. I want to take a moment and thank today's speakers – Rob Groenendaal, Dr. Taneka Blue, Andria Hively, Kimi Barnes, and Tobias Orr - for sharing information about their resources, programs, and partnerships. We hope you have gained an initial understanding of the core elements and the importance of the partnerships that make them effective. I saw some things in the chat that we should've made a 90-minute webinar. It is great you know you have more interest in talking about this topic and we'll keep that in mind for future webinars.

Before we close, we want to remind everyone that in the coming days we will post a recording of the webinar and slides on the website. In the meantime, please keep using the HSRC website [ACL.gov/HousingAndServices](https://www.acl.gov/HousingAndServices), which staff are providing in the chat.

We go on the next slide, your input is essential to us and we also heard in the chat that we need to slow down a little bit so we will work on that as well. We would like to ask each of you to take three minutes to answer our short feedback form. There are only five questions. Your feedback really helps us continue to improve our webinars. If you have other comments, too, you can provide them. We read all the comments and find ways to act on your input. So please take a picture of the QR code or when you get the slides click on the link and respond to us. We really would like your input.

Next slide. The HSRC is your research center. Please email us at [HSRC@ACL.HHS.gov](mailto:HSRC@ACL.HHS.gov) about your technical assistance needs, website suggestions. If you want to connect with any of the speakers, we will do our best to give their personal email.

We look for speakers to feature in future webinars, so we really appreciate hearing from you and the great work you are doing together there. We are especially interested in learning more about fall prevention, home modification, repair, and assistive technology partnerships. If you're working with fall prevention programs, if you can send us an email about it, we want to hear about those partnerships that are occurring.

Finally, next slide, we want to thank Mission Analytics; USAging; Heidi Cook, our ASL interpreter; and Angus M, our CART specialist, for their role in producing today's webinar. We are especially grateful for those who joined us today. We had over 900 people join for this webinar. We know it is a hot topic, and we will continue to share information. Thank you all and have a great afternoon. [Live Captioning by Ai-Media]