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Home Accessibility Modification Services

Needs Assessment Report

Prepared for the
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Executive Summary

In 2009, the Minnesota Statewide Independent Living Council, in collaboration with Vocational Rehabilitation Services and State Services for the Blind, commissioned a statewide "Independent Living Home Accessibility Needs Assessment." Its goals were to: assess the scope of assistance currently delivered, identify major policy and service delivery gaps in the system, and report results and recommend actions to strengthen delivery capacity. Project findings are contained in three reports.

Needs Assessment Report

This report first describes the tailored assessment process that should be used in homes, and how it differs from the mandated, standardized approach followed in commercial/ public settings. It highlights how need for modifications doesn't necessarily correlate with severity of disability; instead, it depends on the degree to which home features do or don't accommodate personal capabilities and mobility equipment. Further, some accessibility needs alternately can be met with in-home support and/or various types of assistive technology.

A number of advancing forces are increasing demand for modification services:

- Growth in the percentage seniors comprise of the state's population - from the current 12% to around 25% by 2030.
- Boomer "encore" lifestyles differing from those of earlier generations, including expectations of aging (and sometimes working) in place.
- Continued growth in the percentage of seniors living with younger family members or vice versa, and grandparents caring for grandchildren.
- Chronic and long-term health care supports shifting from institutional to "person-centered"/home-based assistance.
- Special problems renters face due to lack of property decision-making control and related funding constraints.

Although demand can be expected to definitely increase, its scope unfortunately can't be estimated with precision. A major limiting factor is that all types of housing stock - single-through multifamily - have gone through "generations" of design reflecting significant changes in: layout, square footage, foundation type, numbers of stories, features viewed as conventional, use of spaces and their typical floor plan location. Virtually no data sources track these characteristics to enable considering their potential accessibility impact.

While demand can't be precisely estimated, a range of demographic, housing and disability characteristics framing it are profiled. The report then goes on to identify major gaps affecting modification service delivery:

- The bulk of assessment and installation practitioners lack proper, thorough technical training in how to tailor features and innovative products available.

- No adequate industry credentialing exists to assure consumers that those hired are qualified, and no systematic referral systems are available for locating them.

- Availability of grant and grant-like funding resources is shrinking rapidly at the very time when need is increasing.

- Managing larger-scale projects can be complicated and inefficient if practitioners lack guidelines on how to best collaborate.

- Consumers experience significant difficulty in navigating the delivery system and need a roadmap to guide making design, products, financing and practitioner selections; and when shopping for homes or apartments with accessibility features.

The Needs Assessment report highlights actions the Statewide Independent Living Council could pursue to meet current and future home accessibility modification needs. Along with additional support for Independent Living Services and centers' for independent living programming, it recommends creating a coalition of key state agencies for taking collaborative actions including.

- Building and enhancing practitioner expertise among public, nonprofit and allied private agencies active in the field

- Advancing practitioner technical capacity by supporting development of specialized websites, technical materials, credentialing and training programs.

- Developing resources that educate consumers about: correct design (for ramps in grab bars in particular), locating and working with qualified practitioners, funding option availability.

- Developing: systems navigation aids, methods for sharing technical knowledge, a consolidated funding directory, better data on owed and rented housing resources, and a specialized home accessibility program unit within an existing agency or new nonprofit.

Review of Independent Living Services Assistance and Survey of Centers for Independent Living

The Project's second report profiles the types of assistance the 15 Independent Living

Services counseling staffs around the state provided from FY2008 through the start of FY2011. Results involving ILS funding included: 183 ramps and 59 other types of home modifications, with staff in the Twin Cities providing coordination or processing assistance on an additional 346 ramps not involving ILS funds.

The report then profiles results from a survey of: accessibility assistance delivered by centers for independent living, processes followed, financing involved and clients served from 2008 through 2010. Results included: 528 ramps built, 33 temporary ramps installed, 150 other home modifications and 1,216 accessibility site evaluations conducted.

Centers were further asked to identify service delivery gaps and barriers faced, and major problems cited were:

- Adequate funding for clients and operations
- Adequate supply of volunteers
- Growing demand for temporary ramps
- Lack of contractor technical expertise
- Fragmented distribution network for many specialized products

Directory of Minnesota Home Accessibility Modification Funding Resources

This final Project report reviews approximately 30 possible funding options available from a wide range of housing, social service, health care, trade/business, lending and tax sources. Each profile provides background on the source and details on assistance available, along with contacts for obtaining further information and application materials.

Chapter 1- Character and Scope of Demand for Home Accessibility Modification Services

Overview

"**Many of our homes aren't fit for living in...**" That play on words emphasizes how our housing stock essentially hasn't been designed to accommodate - to "fit" - the breadth of its residents' capabilities and needs. This mismatch has always been present in the U.S., but its past impact affected relatively few in the population. As major demographic and social trends continue intersecting, though, problems it creates are fueling both current and projected demand for home accessibility remodeling services.

Up until around the mid-1960s, residential, commercial and public settings in the U.S. were built and remodeled in line with the capabilities of an "average user." The template employed here was shaped by extensive ergonomic data obtained on troops serving during World War II, and reflected the typical height, weight, range of reach, flexibility and strength of a young to early middle-age male. Following this model and its standardized features has greatly streamlined product manufacturing, construction project specifications, the installation process and building code enforcement.

This model, though, doesn't match a wide segment of the population across the age and capability ranges. Starting with the 1960s civil rights movement, multiple federal and state laws responded by fostering an array of mandated accessibility design guidelines. These guidelines were predominantly based on the dimensions and operating characteristics of various types of mobility equipment, and they expanded the "average user" model to also encompass capabilities of persons with mobility and sensory limitations.

The public/commercial accessible design guidelines apply to construction (including multifamily housing) and remodeling (depending on jurisdiction). They set out precise, standardized requirements for features now installed in these settings throughout the country. Comparable standards for houses - which include universal design and visitability[1] - evolved out of the accessibility movement. However, these later design innovations have never been systematically implemented in this country - only a small number of cities, counties or states have adopted them, typically in connection with receipt of certain public funds or policies set in ordinances or legislation.

As a result, the U.S. has a tremendous stock of houses and older multifamily properties where there's a mismatch between design/features and what a growing number of residents require to live there safely, comfortably and conveniently. One segment of affected residents involves

people who are otherwise viewed as able-bodied - e.g., active children and youths, extremely short or tall adults. The other segment and the one on which this report concentrates involves persons whose capabilities are affected by disability or frailty, and who rely on mobility equipment and other types of assistive technology.

The assessment process

Modifying conventionally designed housing to better fit residents' capabilities and lifestyles involves a two-step process. First, a range of personal characteristics are assessed, including:

- A resident's functional abilities and how they may change over time, including acquiring multiple disabilities
- Dimensions and operating characteristics of mobility equipment and other assistive technology currently relied on, and equipment/technology potentially needed in the future
- When assistance is required, who provides it, how often and how this support may change over time
- Needs of other members of the household that should be factored into decision making

Personal assessment findings are next compared against a detailed review of a home's layout, hardware and fixtures to identify where problems occur when performing everyday living activities. The ultimate goal is to respond with a strategy that now and over time promotes independence, provides privacy and dignity, assures safety, is appropriately durable and balances with budget available.

Problems sometimes can be resolved solely with personal assistance that's paid for and/or volunteered. In other cases, various types of equipment and assistive technology adequately address the need or would if used in conjunction with personal assistance. In still other cases, home modifications alone or combined with assistance, equipment and/or assistive technology may be required. Modifications can also be temporary or permanent.

No-step shower entry

> Example: A young boy with spina bifida affecting lower-body mobility has difficulty getting in and out of the bathtub. His parents or other caregivers may assist him, he may be able to bathe with personal help combined with using a portable tub lift, or the tub may be removed and he may be able to independently use a roll-in shower.

The very important point to note here is that demand for home accessibility modifications isn't determined solely by the severity of a person's disability or the mobility equipment used, as

many in the general public assume. Instead, the outcome is controlled by how unique personal and household characteristics interact with a home's unique design, hardware and fixtures.

> Example: A middle-age woman with severe multiple sclerosis relies on a manual wheelchair for mobility. She fortunately lives in a one-level townhome with no steps at the entrances, a very open floor plan and a spacious bathroom and kitchen. Even though she uses a wheelchair, she may be able to maneuver in/out of and around at home relatively well.
>
> In contrast, an elderly man has moderate arthritis in his hips along with balance difficulties. He can independently but very slowly walk and climb stairs. He lives in an older, two-story house where he must navigate three steps and a landing at the front and back doors. There's also a run of extremely steep steps from the first to the second floor where the bedrooms and bathroom are located. Navigating all these stairs is not only painful and very difficult for him, but also a safety hazard.

In summary, the assessment process requires skilled interdisciplinary knowledge that can: identify where home design, hardware and/or fixtures create barriers; recommend how best to reduce or eliminate these barriers; and when modifications are chosen, cost-effectively and properly install them to increase safety and independence.

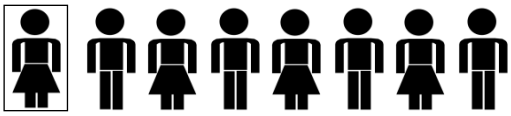
Impact of demographic, lifestyle and tenure trends on modification demand

The boomer tsunami

Home accessibility modifications are installed to assist two specific segments of the population - children, youths and adults under age 65 with one or more disabilities; and seniors with one or more disabilities and/or increasing frailty. Both these groups have comprised fairly stable segments of the state's population in approximately the past two to three decades.

As will be highlighted in the next chapter, seniors comprise approximately 13% of Minnesota's current population. However, we're entering a period of extraordinary demographic change brought on by the baby boomer generation's aging - boomers will comprise approximately 25% of the state's population by the year 2030:[2]

Going forward, then, even if the level of demand for accessibility services remains stable for the under-65 segment of the population, it's reasonable to expect a very significant increase due to the numbers of aging boomers.



Seniors as 13% of the population (1 in 8)

Seniors as 25% of the population (1 in 4)

Shifting senior/boomer lifestyles

Besides their numbers, the way boomers live their "encore years" will reinforce the increased demand for home accessibility modifications. In contrast with their parents' generation, many boomers are projected to continue working or holding a work-like voluntary position beyond the past half-century's definition of retirement age - e.g., "70 is the new 50." For some, this will reflect economic necessity, for others, it will be a conscious lifestyle choice.

The recession of the late 2000s brought on a rise in the number of persons of all ages exploring self-employment, and a potential trend is for boomers to continue operating or base a new business or work-like volunteer operations where they live. This trend is reflected in data from a boomer work and retirement preferences survey conducted by the Twin Cities area care provider, Ecumen. Among results, boomers indicated that 69% don't expect to retire until at least age 65 or older and 46% expect to be working part- or full-time at age 65 and beyond[3].

Another important shift to note is the slowdown in the number of seniors and boomers migrating from northern states to retire in southern U.S. locations. This trend was identified at least a decade ago and has been closely monitored by the senior homebuilding industry and others - causes are interpreted to include boomers wanting to remain close to children and grandchildren and maintaining existing contacts for business and/or volunteer affairs. Starting around the early to mid-2000s, this shift caused major senior housing developers that for decades operated basically in the U.S. Southwest to begin building comparable properties in many northern metropolitan areas.

Boomers in survey after survey also indicate that they expect to "age in place," although there are definite differences in exactly how this phrase is interpreted. The intention in some situations is to remain in current housing units - i.e., "age in this place." In other cases, intent may involve staying in a current unit or possibly moving to a different housing arrangement, but definitely remaining in the same neighborhood and/or community. Intent may also involve moving part- or full-time to a vacation home in Minnesota or elsewhere. In still other cases, it could mean aging "anywhere but assisted living or a nursing home."

The aging-in-place preference is reflected in trend reports AARP periodically issues. The most recent national random sample survey in this series was conducted in 2010, and at that time:

- 88% of those ages 65/+ strongly or somewhat agreed with the statement, "What I'd like to do is stay in my current residence as long as possible."

- 92% of those ages 65/+ strongly or somewhat agreed with the statement, "What I'd really like to do is remain in my local community for as long as possible".[4]

The "Age Wave" survey conducted by Ecumen obtained similar data:

- 100% of respondents said independence is an important characteristic for where they live

- 89% indicated that they want to live at home even if they or a spouse has a serious illness[5]

(Comparable data from a Minnesota Department of Human Services baby boomer survey is provided in Chapter 2.)

Decisions here will have a definite impact on modification demand - possibly increased needs in current housing or housing moved to, reduced needs if newly constructed housing with more accommodating features is obtained. Additionally, the issue of exactly what type of alternate housing some seniors and boomers want to move to is presently a very critical but unclear housing/community development concern.

One further evolving trend to note is a nationwide increase in the number of multi-generational households. These arrangements may involve the conventionally expected option of seniors moving into the homes of their adult children, but the option may also involve the reverse as well, or grandparents and grandchildren living together. The Pew Research Center reported in a recent study that 49 million in the U.S. population (16%) in 2008 were living in multi-generational households.[6]

Another evolving trend is the rise in the number of single senior households. The Minnesota Department of Human Services and partners (Minnesota Department of Health and the Minnesota Board on Aging) in the latter half of the past decade carried out an extensive multi-year boomer aging project to begin repositioning policy, programs, services and infrastructure. The project was known as "Transform 2010," and it focused on five themes:

- Redefining work and retirement

- Supporting caregivers of all ages

- Fostering "communities for a lifetime"

- Improving health and long-term care

- Maximizing the use of technology

Among highlights noted was that a far higher percentage of boomers will be single in their later years in comparison to earlier generations. The percentage of Minnesotans 65/+ living

alone is projected to double from 177,000 to 355,000 between 2000 and 2030.[7] The current level (reported to be at an all-time high for the state) is due to demographic trends occurring in the past 30 years involving those who never married and who didn't remarry after divorce or a spouse's death.

While some of these individuals may continue living as single households over time, others may come together in various shared housing arrangements - e.g., "Golden Girls and Guys." It's likely that many will occur among acquaintances, but some may be brought together through housemate matching services. One or more members in these "informal families" may have disability and/or frailty issues requiring modifications or certain safety-related unit changes.

The recession, foreclosure crisis and continuing real estate industry challenges are skewing decisions many boomers and younger seniors otherwise would make about where and how they want to age in place. They're also delaying development in many municipalities of various housing alternatives where seniors/boomers might relocate. It's reasonable to estimate, though, that as all these trends unfold, they'll have definite impact on demand for home accessibility remodeling.

Changing health care paradigm

Health care service delivery and cost trends are already intersecting with the aging-in-place trend to additionally increase demand for home accessibility modifications. From the cost standpoint, long-term care comprises a very significant portion of the nation's overall health care bill. The historic paradigm has been to deliver these services/supports in multi-unit care settings - e.g., nursing homes and more recently, assisted living.

As costs for that model have reached unaffordable levels for many, decentralized, community-oriented support alternatives have been actively promoted for a number of years. This situation coincides with younger seniors' and boomers' previously cited strong desires to remain in community housing as long as possible. It also coincides with innovative health care delivery arrangements, including advances in using electronic technology to bring many aspects of both acute and chronic/long-term health care into people's homes.

As more aging individuals remain living in various types of community housing, some needs will be accommodated either short or long term with assistive technology and/or innovative electronics. However, the more likely scenario is use of these resources in conjunction with a wide range of home accessibility modifications.

Assisting renters

Households at all income levels, in all types of housing and with all types of tenure (owning or renting) may have accessibility modification needs. However, many in the public and media tend to focus on the issue as essentially affecting those who own a house. This perception in Minnesota is reinforced by the high percentage of the total population living in/owning single-family properties: of the approximately 2,087,000 units occupied when the 2010 Census was taken, 73% (approximately 1,528,900) were owner occupied, the large majority of which were houses.[8]

It's reasonable to assume that the 17% of the state's population occupying rental housing in 2010 had accessibility needs paralleling those of property owners. In fact, the rental population segment may actually have a greater proportional need for accessible housing because many with a disability have lower incomes and must rent for affordability reasons.

Tenants face some special challenges in making their homes accessible. One historic difficulty had been that under real estate law, only an owner/property title holder had the legal right to authorize structural changes. Renters as a result historically have had to obtain owner approval when making even simple changes in a unit (e.g., hanging pictures). Amendments to the federal Fair Housing Act in 1988 altered this historic status.

These amendments established that tenants with a disability have a right to make "reasonable" structural changes in their dwelling units. They're responsible to pay for the work unless the property receives various federal funds, in which case owners have the responsibility. Landlords have the legal right to require that some or all of the changes are restored to the original condition when tenants move. In these situations, landlords also can require that tenants set up an escrow account at the time of construction containing the estimated funds needed for restoration.

While renters gained the right to make modifications, defining "reasonable" may require administrative hearings and/or legal action if an owner objects to what's proposed. Tenants also have the hurdle of paying for the work. Many funding programs providing grant or grant-like assistance only aid homeowners. Not many also help renters or are targeted exclusively at assisting them. When changes are minor - e.g., a few grab bars - even those with very modest incomes may be able to pay for products using savings and install them on their own, with volunteer help or by hiring a handyman. More extensive changes requiring financing through a lender can create problems, though.

Some tenants may be able to qualify for a personal loan if modification costs don't exceed a few thousand dollars, the typical limit for these loans (which are approved based on borrower income and creditworthiness). If more expensive work is required, larger loans typically require placing a mortgage or other lien on a property's title, and lending practices only permit owners to apply in such circumstances. However, a tenant may be able to work out an agreement where the landlord takes out the loan and the tenant pays the landlord or lender directly. This kind of arrangement may be possible when a landlord and tenant have had a cordial, long-term relationship.

While some renters may be able to fund moderate to extensive work through various forms of lending, others unfortunately don't qualify due to insufficient income, credit problems or both. Renters in these circumstances unfortunately may only be able to modify low-cost problem features.

Complications in estimating demand

As explained in the preceding review, projecting home accessibility remodeling demand isn't a straightforward process of simply analyzing data on disability status and use of mobility equipment, as may be generally assumed. Accessibility problems arise out of the interaction between unique personal capabilities/needs and unique housing characteristics. Additionally, structural changes may not be the only appropriate response available - after weighing a number of factors, personal assistance and/or assistive technology may be judged a better option. Further complications in estimating demand are also very evident when certain key housing characteristics are considered.

"Generations" in house styles

Houses in this country have been built for at least the last century according to a standard template of rooms and features. While this template's content may be consistent, the various spaces have been constructed in widely differing configurations reflecting "generations" of single-family styles. Arrangements popular during different broad periods have included:

- Boxy four-squares starting in the late 1800s into the early 1900s
- Various bungalows styles from the 1920 into the Depression era
- Cape Cods and ranches starting around/after World War II
- Split-level and split-entry homes starting in the 1960s and 1970s
- "McMansions" from the later 1990s through the present
- "Retro" design periods, such as the current interest in Prairie- and Craftsman-style architecture cycling back to earlier decades

Each of these styles has typical structural and layout options. Spaces and rooms in some periods have been contained in one-story layouts. Others have involved one-and-a-half, two- or even more story layouts with a mix of where various rooms/functions have been located. Average home square footages have also expanded over the years, particularly in the last two to three decades.

> Example: The single bathroom in many homes up until approximately the 1980s was typically 5' x 7' or less, rarely larger than 6' x 8'. Both this area and its fixture layout conventions create real difficulties for residents using mobility equipment or personal

assistance. Many bathrooms built in later periods contain larger, more accommodating square footages as well as fixture placements.

The template's standard features have also evolved over time. Most housing built roughly through the late 1970s had one bathroom, while housing built in roughly the 1980s and beyond has two or more. A design trend in the past one to two decades has been to open up floor plans, such as by combining the kitchen, formal dining room and living room into a "great room." It also wasn't uncommon before roughly the 1980s for children and young adults to share bedrooms due to overall modest home square footages, but the more recent template typically provides household members with separate bedrooms.

Unfortunately, state-level data aren't readily available profiling the breakouts for what percentages of our single-family stock fall into these various style and story categories. Such data have definite accessibility implications, and could help to focus demand estimates.

> Example: If the number of two-story houses of certain style periods were known, inferences could be drawn about the pool of units where there might be potential demand for first-floor bathroom and/or bedroom additions, stairway chair lift installations, second-floor bathrooms requiring remodeling or expansion into adjacent space, etc.
>
> Similarly, if the number of 1960s to 1980s one-story ranch houses (typically with narrow corridor hallways off which bathrooms and bedrooms are located) were known, inferences could be drawn about where there might be potential demand for doorway widening, bathroom remodeling and/or expansion into adjacent space, etc.

There also isn't a good method for gauging how much housing built in Minnesota during any particular period matched the current popular style/s versus repeating earlier retro or classic ones. Additionally, there isn't a good way to estimate how much stock has been renovated and what specific repairs or remodeling was done.

House foundation styles

Beyond the problem house style characteristics presents for estimating demand, there's another issue that's critical for accessibility - the foundation type and its impact on entrance/exit design. The decision here partly depends on house style - e.g., split-level homes have a portion of living space below or at grade and a portion elevated, and split-entry homes typically have only the main entrance on grade with below- and above-grade living areas.

The predominant factor influencing choice of foundation style, though, is climate. In southern and central U.S. states that either don't experience freezing winter temperatures or experience them for extended periods, homes frequently are built on concrete slabs excavated a small depth into the ground. Entrances accessible for everyone can be easily designed when this foundation technique is used. In Minnesota and other northern states with severe winter temperatures, however, foundation supports have to be excavated below the depth frost penetrates - typically three to five or more feet, depending on location.

As a result, the great majority of Minnesota houses are built with either a full basement having typically eight-foot high walls or a crawl space with roughly three- to four-foot walls. Many builders choose to install basements for the significant amount of additional, usable area that can be obtained at a marginal expense relative to overall construction costs. However, most foundations historically have also been excavated to a depth less than eight feet, predominantly for cost-saving reasons.

When eight-foot walls are installed in less-than eight foot excavations, the main floor and exterior door thresholds end up being located two, three or even more feet above ground level. This distance has almost always been bridged with stairs and a landing, creating accessibility problems for those with impaired walking ability (e.g., very small children, persons using a cane, crutch or walker) as well as for those using various types of wheelchairs.

As with home design styles, no readily available data track foundation types installed throughout Minnesota over the years. Given our climate, it's reasonable to assume that an extremely high percentage of our houses have been built with basements and using the cost-effective design approach. This translates into an extremely high percentage of houses where ramps, yard berming or lifting equipment must be installed if and when residents have significantly reduced mobility capabilities.

"Anticipation" demand

For many decades, accessible home construction and remodeling were viewed as a "boutique" segment of the housing industry - the need was perceived as affecting only an extremely small portion of the U.S. population. This situation continued until roughly the middle of the past decade, when implications from the social, economic and structural impact of the boomer tsunami began gaining widespread attention and understanding. The oldest boomers turning age 65 in 2010 heightened this impact.

An unknown but almost-certainly growing number of homeowners without immediate needs in response have been installing various home accessibility features as a future "insurance policy." This group includes:

- Seniors in their 70s and early 80s who know how quickly even relatively good health can change

- Boomers who've experienced home accessibility problems firsthand when helping community-living elderly parents, relatives, family friends or neighbors - the boomers may modify primary residences and/or vacation homes

- Intergenerational living arrangements which may involve changes (including room additions) needed so two households can live in the same unit or various types of "accessory dwelling units":

    - Expanding to create a partial or full second unit within an existing unit (e.g., a new home in a walkout basement)

- Constructing a full second unit linked to the first by a hallway, breezeway, etc.
- Constructing a stand-alone second unit on the first unit's lot
- Creating a partial or full second unit within the first unit's garage

While a total for these various types of "anticipation" projects can't be precisely determined, it's definitely reasonable to expect that they've been occurring recently and their numbers will continue growing.

Multi-unit properties

As with single-family houses, multi-unit properties (whether rented or owned) have been built in a range of styles over the years. Duplexes and triplexes are built side by side or in a two- or three-floor structure, and typically reflect single-family home design/layouts. "Quad homes" containing four living units are often built side by side in a structure with the appearance of an extremely large single-family home.

Smaller apartment buildings containing four to six units often have been built in a multi-story designs where units are reached by a central stairwell and shared landings on each floor. Many larger multifamily buildings are designed in layered stories with units on each floor reached internally via central corridor halls - e.g., "low rises" with up to three floors, "mid-rises" with up to six floors, "high rises" with floor counts above.

Row house or townhouse-style properties are an alternative style where residents share common side walls and common exterior features but have individual entrances. "Patio" or "cluster" home developments typically involve single-family units that may be detached or attached by shared garage walls. All the various styles above have experienced floor plan and square footage shifts over the years similar to those in single-family houses.

Federal and/or state laws over time have required that certain accessibility features must be installed in various style and size multifamily developments:

- Properties built after 1991 must comply with the federal Fair Housing Act's design guidelines, which mandate site and then a range of required features in the exterior, common areas and all units.
- Early federal design guidelines and/or the Minnesota State Building Code (starting in the 1970s) require that multifamily properties must be constructed with certain site and common area accessibility features. Additionally, a certain percentage (e.g., originally 5%) of units must contain a standardized set of accessibility features.

Multifamily stock built from roughly the 1970s to the present addresses accessibility concerns in varying degrees, as described above. It's reasonable to assume that properties constructed before the Fair Housing Act or federal and state accessibility design mandates effective dates contain many areas that cause accessibility problems for residents with a disability. These could include a wide range of site and common features along with lack of elevators in multi-floor buildings and unit kitchen/bathroom issues.

Sufficiency of the stock of designated accessible rental units relative to demand is an unknown as well, even though a law connected with the state's Human Rights Act addresses one key aspect - the issue of leasing priority. Under M.S. 363A.40 (passed by the Legislature in 1989), units can be offered to and rented by households where no members have a disability. However, these households must be informed that should a household with a disabled member seek the designated unit and if a comparable standard unit is available, the occupying household is required to move to it.

No procedures have ever been implemented to monitor how designated accessible units around the state are leased and managed, or the extent of relocations sought under M.S. 363A.40. As a result, there's no way to measure the impact these practices could have on how sufficient or inadequate the supply of designated units is relative to demand, and if insufficient, to promote further targeted development in key locations through property remodeling. This data is particularly important in regards to current efforts to relocate persons of all ages from inappropriate or undesired nursing home placements. At least one state - Massachusetts - has a legislatively-established process that responds to this concern.

Chapter 2 - Data Framing Potential Home Accessibility Modification Demand

The Statewide Independent Living Council collaborated with state Vocational Rehabilitation Services and State Services for the Blind to implement an "Independent Living Home Accessibility Needs Assessment project. A prime project goal has been to gauge current and future home accessibility remodeling demand in Minnesota, particularly due to baby boomer demographics.

Chapter 1 provides background on key elements shaping that demand. It highlights why such services are needed - how our homes aren't "fit" structurally for the people living in them - and the assessment process that should be followed. It profiles a range of intersecting trends influencing the need for such services: "booming" demographics and shifts in senior/boomer lifestyles; the special challenges renters face; growth in intergenerational living and similar situations encouraging "anticipation" demand; and a significantly changing health care paradigm.

Chapter 1 also highlights why home accessibility remodeling demand unfortunately can't be readily estimated. It can't be projected from disability data because demand only arises when a unique home's design, hardware and fixtures create problems for a unique resident's disabling situation." disabling situation into a handicap. Design styles for our houses and multi-unit properties along with conventions in size and expected features have varied greatly over the years. All these factors confound ability to precisely estimate demand, as does the lack of national or state-level data sources tracking these characteristics.

Pull-out platform to aid transfers

Although precise estimates can't be developed, Chapter 2 lays out select demographic, disability and housing data that frame demand's broad shape and scale. Unfolding economic conditions also very likely will have an influence here. It may take many years to work out of the recent economic downturn's impact on the homebuilding industry and supply of foreclosed properties created. Because the country may not return to past homebuilding trends for many years, we may make far greater and longer use of the existing housing stock, reinforced very likely by "smart growth" and sustainability concerns. All these developments point strongly in the direction of significantly increased home accessibility remodeling demand.

2010 Minnesota population by age group

The 2010 U.S. Census reported the following basic population and age distribution for Minnesota:

Table 1: 2010 Minnesota Population by Age Group		
	State Total	Percentage
Minnesota	5,303,925	100.0%
0-17	1,284,063	24.2%
18-64	3,336,741	62.9%
65/+	683,121	12.9%
Expanded version:		
Minnesota	5,303,925	100.0%
0-17	1,284,063	24.2%
18-24	502,799	9.5%
25-44	1,396,680	26.3%
45-64	1,437,262	27.1%
65 to 74	354, 427	6.7%
75 to 84	222,030	4.2%
85/+	106,664	2.0%

Source: 2010 Census Summary File 1: Profile of General Population and Housing Characteristics: Minnesota

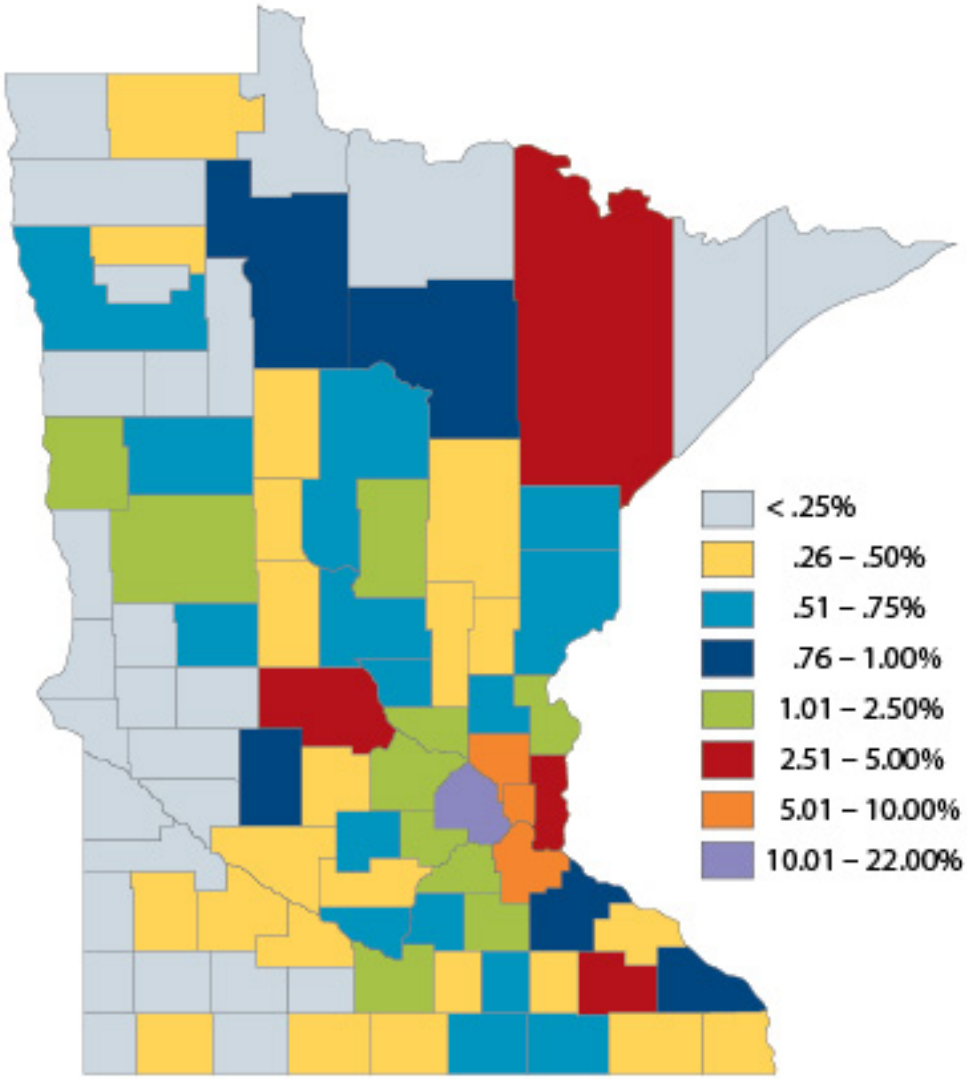
What these data indicate: Table 1 highlights that children and youths currently comprise around a quarter of the state's population, non-senior adults around two-thirds and seniors currently about one-eighth. The prime target populations for home modification demand are working-age adults and seniors, which together comprise nearly 76% of the state's population. As discussed in Chapter 1 and highlighted later in this chapter, the senior percentage is projected to nearly double by 2030 as boomers age, growing to around a quarter of the state's population.

2010 Minnesota county percentages of the state's population

Figure 1 highlights how Minnesota's approximately 5,304,000 residents were distributed in 2010 on a percentage basis throughout the state's 87 counties. Actual county totals are provided for reference in Appendix A.

FIGURE 1

2010 County Population as a Percent Of State Total



Source: (2010 Census) "Age Cohorts By Minnesota Counties," Minnesota State Demographic Center, June 2011

What these data indicate: Minnesota's population is very unevenly distributed among its 87 counties. 21.73% of the state total - nearly one quarter - lives in Hennepin County. Another 9.59% resides in Ramsey County. When the figures for Anoka (6.24%), Carver (1.72%), Dakota (7.51%), Scott (2.45%) and Washington (4.49%) Counties are added in, the results show that 52.67% of the state's population - over one-half (2,793,911) - is located in the seven-county Twin Cities metropolitan area.

If four more counties' figures - St. Louis (3.78%), Olmsted (2.72%), Stearns (2.84%) and Wright (2.35%) (a total of 619,816) - are also included with the metro Twin Cities figure, the result shows that nearly two-thirds (64.36% or 3,413,727) of the state's total population lives in these 11 counties. The slightly over one-third balance (35.67% or 1,890,198) of Minnesotans live in the state's other 76 counties.

One impact from this distribution is that whatever its level, demand for home accessibility remodeling services is very significant in the Twin Cities metro area simply by virtue of overall population concentration. In addition, a far higher percentage of persons under age 65 with disabling conditions - particularly those with severe disabilities - very likely live in the Twin Cities due to the range of rehabilitation, etc., resources located there.

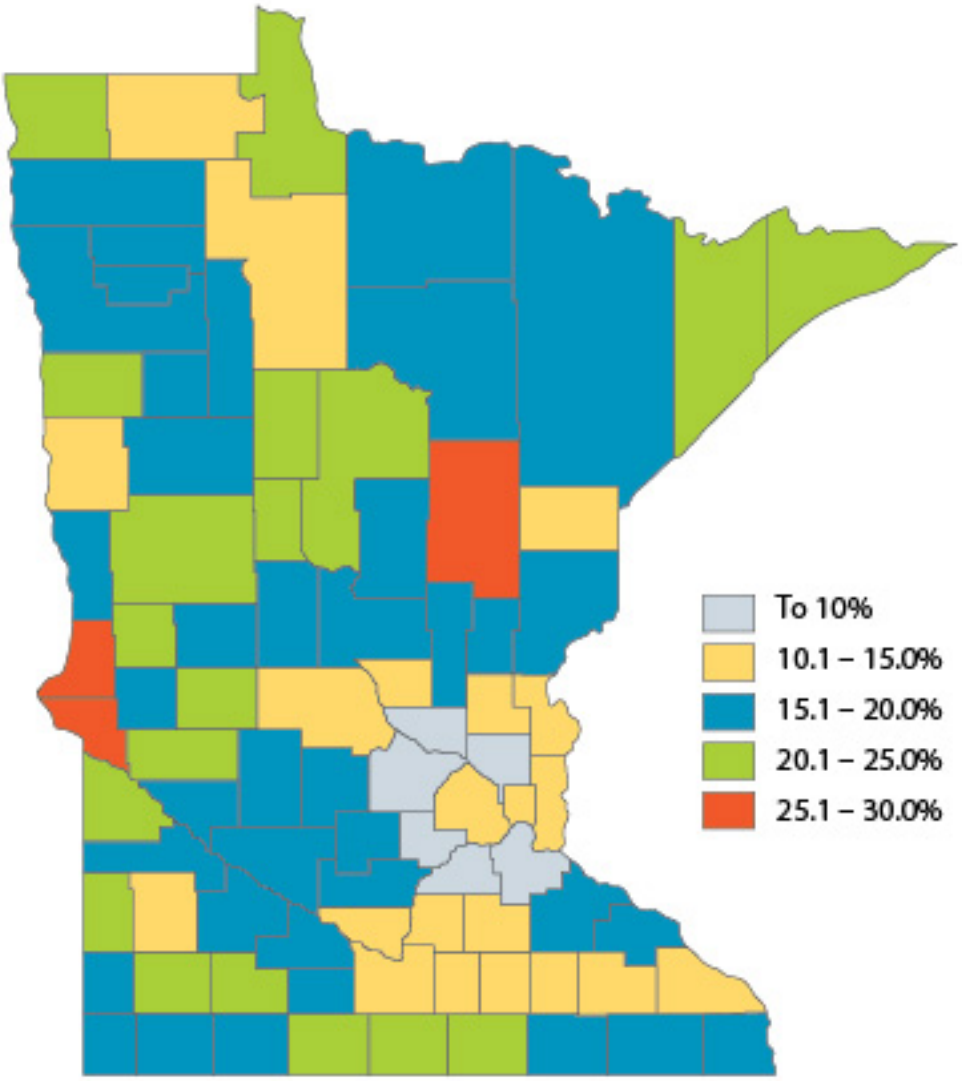
A second effect from the state's uneven population distribution involves availability of qualified home accessibility remodeling practitioners and product vendors. Much of the state's capacity is located in the Twin Cities, but even then the numbers are tremendously small relative to the area's demographics. Resources in other parts of the state, particularly in less populated areas, vary even further.

2010 Minnesota senior population, 2030 projections

The Minnesota State Demographic Center reports the following percentages from the 2010 Census that persons age 65/+ comprise in each of the state's counties. Actual data are provided for reference in Appendix B:

FIGURE 2

Percent of Minnesotans Age 65/+ - 2010

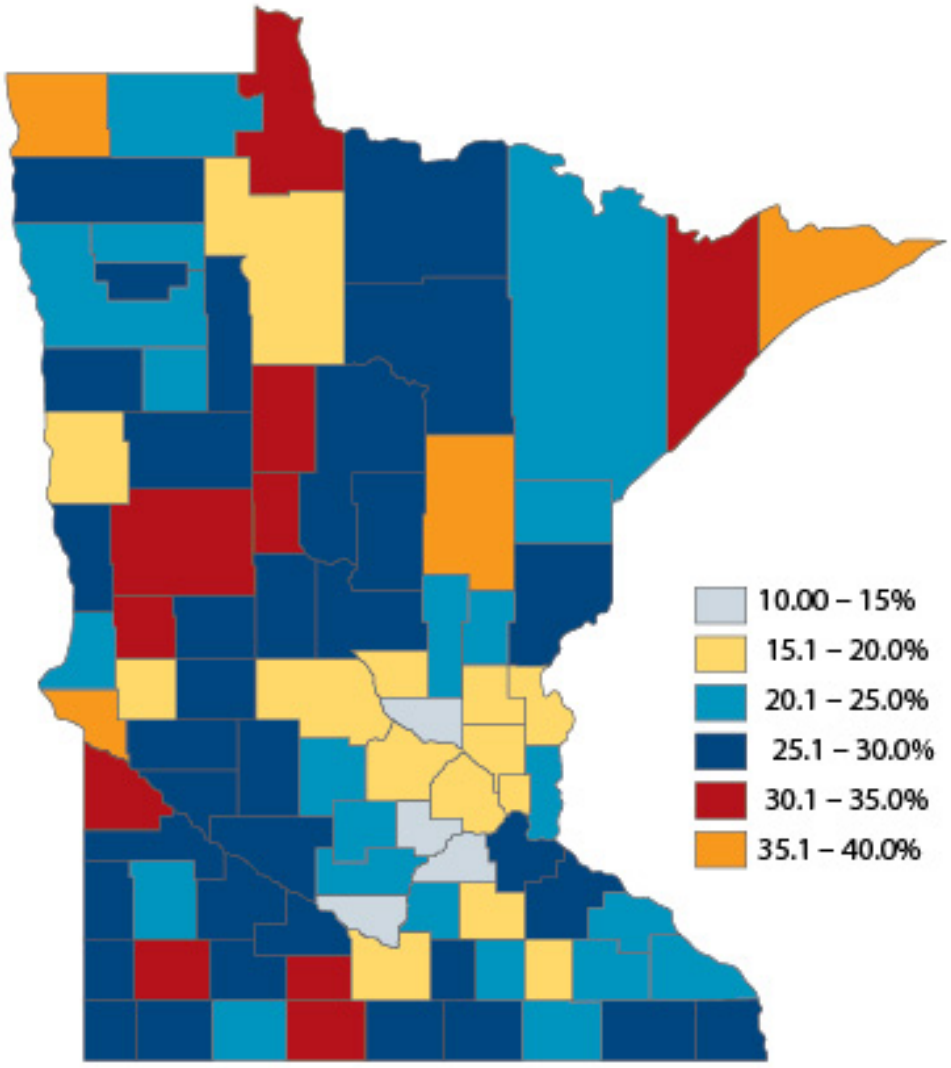


Source: (2010 Census) "Age Cohorts By Minnesota Counties," Minnesota State Demographic Center, June 2011

The Demographic Center in 2007 published the report, "Population Projections 2005 - 2035," with the following data projecting the number of persons by county who will be age 65/+ in 2030. Actual data are provided for reference in Appendix B:

FIGURE 3

Percent of Minnesotans Age 65/+ - 2030



Source: "Minnesota Popuation Projections 2005–2035, "Minnesota State Demographic Center, June 2007

What these data indicate: Figure 1 shows that persons age 65/+ comprised approximately 13% of the state's overall population in 2010 - 683,121. As displayed in Figure 2, county 2010 senior population totals ranged from a minimum of 10% or less (the lowest of 7.7% in Scott County) up to approximately 30% (the highest of 27.2% in Aitkin County).

Figure 3 profiles State Demographic Center projections for the percentage of seniors living in each county in 2030. They range from at least 10% (the lowest of 13.13% in Scott County) to nearly 40% (the highest of 39.33% in Big Stone County). A signficanct point to note is that only three counties in 2010 had populations where seniors made up between 25 to 30% of the county total, the maximum for the state. In 2030, seniors are projected to make up that same percentage in 34 counties, and 14 more counties have even higher percentages (up to approximately 40%).

2010 Minnesota housing tenure

Data profiling the state's housing stock are available from both the 2010 Census and what's known as the American Community Survey, which performs analysis and makes estimates in the years between each Census. A very basic measure is the total number of housing units of all types in the state in 2010, divided between those that are occupied or vacant:

Table 2: Minnesota 2010 Housing Tenure		
Total housing units	2,347,201	100.0%
Occupied	2,087,227	88.9%
Vacant[9]	259,974	11.1%

Source: 2010 Census Summary File 1: Profile of General Population and Housing Characteristics: Minnesota

A second basic profile is how much of the occupied stock is owned or rented and the age of its householder (typically, the person reporting for the Census count):

Table 1: 2010 Minnesota Population by Age Group		
Total occupied units	2,087,227	100.0%
Owner-occupied	1,523,859	73.0%
Renter-occupied	563,368	27.0%
Expanded version:		
Total owner-occupied units	1,523,859	100.0%
15-64 years	1,180,504	77.5%
65/+ years	343,355	22.5%
(65-74 years)	(187,129)	(12.3%)
(75-84 years)	(116,484)	(7.6%)
(85 years/+)	(39,742)	(2.6%)
Total renter-occupied units	563,368	100.0%
15-64 years	463,098	82.2%
65/+ years	100, 270	17.8%
(65-74 years)	(33,344)	(5.9%)

Table 1: 2010 Minnesota Population by Age Group		
(75-84 years)	(34,755)	(6.2%)
(85/+ years)	(32,171)	(5.7%)

Source: 2010 Census Summary File 1: Household Size, and Age of Householder: Minnesota

What these data indicate: Over 88% of the state's housing units were occupied when the Census was taken, with over 11% vacant, a surprisingly high figure. As the footnote on these data explains, this overall count covers a range of what can be considered transitional-type vacancy situations (e.g., vacant but being marketed for rental or sale). The Census was also taken during a serious economic downturn when a considerable number of houses were vacated due to mortgage foreclosure, elevating what the figure here otherwise would have been.

Over 77% of the state's housing stock occupied in 2010 was owned, with householders under age 65 comprising over 77% of this total and seniors comprising over 22% of the total; approximately half the senior figure involves "younger" seniors ages 65-74.

27% of the state's occupied stock in 2010 was rental, with householders under age 65 comprising over 82%. Those ages 65+ comprised over 17%, with persons age 65-74 comprising 5.9%, or about one-third. It's very likely that a high number of seniors who rent are living in various types of age-segregated senior housing projects.

2010 Minnesota units by structural type and age

The American Community Survey provides a breakdown of 2010 Census data on the number of units in different types of structures, and whether these units are occupied by owners or renters:

Table 4: 2010 Minnesota Units by Structural Type		
Total owner-occupied units	1,527,328	100.0%
1-unit detached	1,294,698	84.77%
1-unit attached	118,666	7.77%
2 units	12,063	.79%
3 to 4 units	7,015	.46%
5 to 9 units	7,259	.48%
10 to 19 units	4,305	.28%
20 to 49	9,425	.62%
50 or more units	19,476	1.26%
Mobile homes	54,144	3.55%
Boat, RV, van, etc.	277	.02%
Total renter-occupied units	564,220	100.0%

Table 4: 2010 Minnesota Units by Structural Type		
1-unit detached	111,845	19.82%
1-unit attached	43,374	7.69%
2 units	38,753	6.87%
3 to 4 units	32,203	5.71%
5 to 9 units	40,600	7.20%
10 to 19 units	67,240	11.92%
20 to 49 units	98,939	17.54%
50 or more	121,747	21.58%
Mobile home	9,519	1.69%
Boat, RV, van, etc.	0	0.00%

Source: 2010 American Community Survey 1-Year Estimates: Tenure by Units in Structure: Minnesota

What these data indicate: As highlighted earlier in this chapter, nearly three-quarters of the state's housing units are owner-occupied, and an extremely high percentage - over 92% - are detached or attached single-family houses. Even if precise figures can't be estimated, it's still reasonable to infer that this major share of the state's total stock has the potential to create accessibility problems for certain residents, depending on house style, number of stories, age and foundation type issues reviewed previously.

The 7.5% balance of owned units is spread among a range of property sizes. It's reasonable to assume that many units in the 20- to 50+-unit structures involve condominium, townhome or cooperative developments where accessibility changes could be done to interior features, and negotiated with homeowner associations for changes to exterior and/or common features.

One quarter of the state's housing units are occupied by renters. Over 27% of these units are single-family houses, which would have the same exterior/interior modification challenges as owned houses do. On the other end of the scale, over 39% of the rental units are in larger building with at least 20 units or more. The remaining approximately one-third of units are in properties ranging from duplexes up to the 10- to 19-unit range.

As reviewed in the previous chapter, properties constructed from the early 1990s (when the Fair Housing Act amendments went into effect) and onward contain a range of common and unit features responding to a certain level of accessibility needs. However, older properties, particularly those constructed before federal/state design codes were implemented, likely contain many areas presenting potential accessibility problems for residents.

Particular note should also be given to the state's 54,000/+ owner-occupied and 9,500/+ rental mobile homes. Mobile homes are relatively affordable housing often occupied by households with low to moderate incomes, including retirees and persons of all ages with disabilities. Modifying them to increase accessibility can be complicated and sometimes difficult or infeasible. One reason is that they're designed with relatively small square footages and compact layouts. Another is that their design and construction differs from conventionally built houses. For example:

- Walls are typically thinner, making it difficult to mount rails and grab bars.
- Many homes aren't sited on permanent foundations, and if ramping is required, the unit and ramp need to "float" together with winter frost heave. Units located in mobile home parks often have inadequate lot areas for the amount of run required to properly site correctly sloped ramps.
- A mobile home is constructed as a cohesive whole internally and externally. Making floor plan changes - e.g., moving walls - can affect qualities such as shear strength needed to withstand high winds or tornado forces and also potentially void manufacturers' structural warranties.
- Installation technique and products may differ markedly from what's used in "stick-built" house construction. A case in point is furnaces, where mistakenly installing a conventional unit in a mobile home can create operational and health hazards.

2010 Minnesota housing units by structure and year built

The American Community Survey provides data on the age of units in various types of structures, as shown in Table 5. Table 6 was created by drawing data from Table 5 to highlight the age breakdown for occupied single-family properties, since they comprise such a large share (73%) of the state's total occupied housing stock:

Table 5: 2010 Minnesota housing units by structure and year built

Unit count	2000 or later	1980 - 1999	1960 - 1979	1940 - 1959	1939 or before
Total	307,124	560,105	533,467	319,121	371,731
1-unit detached, attached	233,987	406,364	356,261	277,814	294,157
2 to 4	6,814	17,161	18,511	12,426	35,122
5 to 19	12,276	29,925	42,742	14,856	19,605
20 to 49	16,684	29,864	42,392	6,691	12,733
50 or more	27,864	46,976	50,209	6,491	9,683
Mobile home, boat, RV, van, etc.	9,499	29,815	23,352	843	431

Source: 2010 American Community Survey 1-Year Estimates: Tenure by Year Structure Built by Units in Structure: Minnesota

Table 6: 2010 Minnesota: Owner-Occupied 1-Unit Detached and Attached Units by Year Structure Built			
	Total occupied	Owner-occupied	Renter-occupied
Total units	2,091,548	1,527,328	564,220
Built 2000 or later	233,987	215, 797	18,190
1980-1999	406,364	376,118	30,246
1960-1979	356,261	321,006	35,255
1940-1959	277,814	245,026	32,788
1939 or earlier	294,157	255,417	38,740

Source: 2010 American Community Survey 1-Year Estimates: Tenure by Year Structure Built by Units in Structure: Minnesota

What these data indicate: Table 5 shows that nearly one-half of the state's single-family houses - which comprised nearly three-quarters of the state's total occupied stock in 2010 - were built in 1980 or earlier. Over one-half of units in multi-unit properties - which comprise 27% of the occupied stock - were also built in 1980 or earlier.

These units are at least 30 years old, which is a very general marker in the housing field for the point at which property maintenance often must increase and obsolete features require replacing. Chapter 1 also highlighted the modest square footage as well as single- bathroom convention generally followed in house construction until approximately the 1980s. Combined together, these factors collectively point toward a very considerable percentage of the state's older house stock potentially having definite space and layout needs affecting accessibility. Depending on how well they've been maintained and what features might require upgrading, these units could also require expenditures for general repairs - a double financial burden.

Disability data

The American Community Survey provides the following broad profile for the number of Minnesotans in different age groups with functional limitations:

Table 7: 2010 Minnesotans' functional disability characteristics			
	Total	With a disability	Percentage
Total noninstitutionalized population	5,252,092	533,643	10%

Under age 5 total	356,081	2,386	.7%
Hearing		1,681	.5%
Vision		1,275	.4%
Age 5 - 17 total	924,941	45,313	4.9%
Hearing		5,858	.6%
Vision		4,515	.5%
Cognitive		35,853	3.9%
Ambulatory		5,141	.6%
Self-care		9,675	1.0%
Age 18 - 64 total	3,314,300	266,012	8.0%
Hearing		66,243	2.0%
Vision		30,509	.9%
Cognitive		126,064	3.8%
Ambulatory		110,490	3.3%
Self-care		45,515	1.4%
Independent living		94,907	2.9%
65 years/over total	656,770	208,932	31.8%
Hearing		98,423	15.0%
Vision		31,587	4.8%
Cognitive		43,162	6.6%
Ambulatory		121,392	18.5%
Self-care		45,418	6.9%
Independent living		79,823	12.2%

Source: 2010 American Community Survey 1-Year Estimates: Disability Characteristics: Minnesota

What these data indicate: Disability limitations with the greatest significance for home accessibility remodeling demand are those involving mobility (including balance and coordination), cognitive challenges needing simplified operations, self-care and independent living capabilities. Limitations can affect such basic activities as being able to independently enter/leave a home, perform hygiene tasks in the bathroom and perform meal preparation/clean up in the kitchen.

The 2010 figures indicate:

- Over 5% of children and youths have limitations that could involve the need for modifications where they live. This figure over time potentially could shift due to growth-related therapy, surgical interventions and/or changes in assistive equipment used - a definite complication in estimating how best to respond to home

Roll-under sink, slide-back cabinet doors

accessibility needs for persons in these age groups.

- At least 7% of working-age adults and over one-third of senior-age adults are estimated to have ambulatory, self-care and/or independent living limitations.

- If these percentages are applied to 2010 state population estimates provided earlier in this chapter, a very rough estimate can be estimated of the total pools of persons who might need home accessibility modifications, depending on their home environments:

  - 70,623 children and youths

  - 253,592 working age adults

  - 256,853 seniors

2010 DHS Boomer Transitions Survey

As highlighted in Chapter 1, the state Department of Human Services conducted a "Transform 2010" initiative during the latter half of the past decade. It was aimed at promoting policy and programs responding to boomer demographic trends. At the effort's conclusion, the Department considered activities that could carry the multi-year project forward.

Better data on boomers' concerns about housing, current/future work, financial status, long-term care and family caregiving demands were identified as a very important need. In response, the Department in 2010 initiated a project surveying 10,000 Minnesota boomers in order to obtain state-specific data. Up to 3,800 participated, an impressive survey response rate.

Select survey questions provide a very broad picture of Minnesota boomers' housing characteristics and preferences, and the results are provided immediately below. The number of respondents for each questions varied, so respective totals ("n") are noted with each question:

2010 Minnesota Department of Human Services Baby Boomer Survey	
Year born (n: 3,809)	
1946-1951	25.7%
1952-1958	37.7%
1959-1964	35.8%
No answer	0 .7%
Gender (n: 3,809)	
Male	49.9%
Female	49.9%
Where live (n: 3,774)	

2010 Minnesota Department of Human Services Baby Boomer Survey	
Minneapolis or St. Paul	7.9%
Twin Cities suburb	38.9%
Larger city, Greater MN	6.6%
Smaller city, Greater MN	23.4%
Rural area	22.6%
Prefer not to answer	0.6%
Current housing type (n: 3,803)	
Single-family	87.6%
Townhome or condo	7.0%
Apartment	2.8%
Mobile home	1.0%
Something else	1.6%
With next move - housing type seeking (n: 1,417)	
Single-family	41.5%
Townhome, condo	27.9%
Apartment (all ages)	3.0%
Senior apartment	6.0%
Something else	2.2%
Don't know	19.4%
When next move - seek home on one level (n: 1353)	
Yes	68.2%
No	11.5%
Don't know	20.3%
Own or rent (n: 3,802)	
Own	92.8%
Rent	5.8%
Something else	1.3%
When next move - own or rent (n: 1,422)	
Own	68.9%
Rent	13.1%
Something else	0.4%
Don't know	17.5%
Lived in current housing (n: 3,800)	
Less than 1 year	2.6%
1-4 years	8.2%
5-9 years	15.4%
10-19 years	34.8%
20 years or more	38.8%
Prefer not to answer	0.1%
Expect to remain in current housing (n: 3,787)	
Less than 1 year	2.6%

2010 Minnesota Department of Human Services Baby Boomer Survey	
1-4 years	12.9%
5-9 years	16.9%
10-19 years	25.5%
20 years or more	27.3%
Don't know	14.9%
Lived in current community	
Less than 1 year	1.5%
1-4 years	4.9%
5-9 years	7.4%
10-19 years	24.9%
20 years or more	61.1%
Prefer not to answer	0.2%
Expect to remain in current community (n: 3183)	
Less than 1 year	1.5%
1-4 years	9.1%
5-9 years	12.3%
10-19 years	21.8%
20 years or more	36.5%
Don't know	18.9%
When move next - location (n: 1419)	
Stay in same area of MN	41.0%
Move to different MN area	17.3%
Move to different US area	21.8%
Move to different country	1.1%
Don't know	18.9%

Source: "Transform 2010 Baby Boomer Survey," Minnesota Department of Human Services, 2010

What these data indicate: Survey respondents roughly mirrored the state's population distribution, with approximately one-half living in the Twin Cities metropolitan area and the balance in other locations in the state. The housing they occupied in 2010 exceeded the state's Census distributions' already high figures - almost 90% were living in single-family homes and almost 93% were owner occupants.

Survey preference data is of particular interest. It shows that if they moved, a little over 40% of boomers would look for a single-family home, but almost 30% would choose a townhome or condominium. Nearly 70% would also want a one-level living arrangement, and nearly 70% would seek to own.

In terms of length of residency, a considerable percentage - almost three-quarters - lived in their homes for at least 10 to 20 or more years, and over half expected to remain there for the same length of time. 86% had lived in their current community for at least 10 to 20 or more years, and nearly 60% expected to remain there for the same time period. If they moved,

almost 60% said they would remain in the same area or another location in Minnesota; however, approximately 22% said they would move to another U.S. location.

DHS survey results can be very broadly summarized by saying that a high percentage of Minnesota boomers have been homeowners, predominantly of single-family units where they've lived for many years and expect to continue doing so for many more. Whether their units were built many years ago or more recently, it's reasonable to assume that a growing percentage of these homes will need accessibility remodeling at some point as their boomer residents continue aging in place in them.

Chapter 3 - Problems in Delivering Home Accessibility Modification Services

The Statewide Independent Living Council's Needs Assessment project was undertaken in part to document the important accessibility assistance that centers for independent living and Independent Living Services provide around the state. The project reflects the Council's support for and concern about delivery capabilities, particularly in the face of unfolding demographic trends. A companion report, "Home Accessibility Needs Assessment Project - Review of Independent Living Services, Survey of Centers for Independent Living," highlights quantitative and qualitative service information for both groups.

Data for Independent Living Services counseling efforts is drawn from Vocational Rehabilitation Services' reporting resources. It highlights that many but not all of the counseling offices assisted clients in recent budget years with ramps and other home modifications. Clients receiving such assistance from different offices range from a few to a significant number. Offices weren't directly surveyed about their activities, gaps or potential trends and impacts, and this may be an area for the Council to consider for further follow up.

Centers for independent living were directly surveyed about many aspects of their programming and needs. Quantitative data was obtained on clients served during 2008 through 2010. It shows that all the centers were involved in installing temporary or permanent ramps during the period, many installing a considerable number of the latter. Most centers also assisted with other modifications, and all performed accessibility site evaluations, with many doing a significant number.

Centers also provided qualitative information about a number of gaps and problems affecting delivery capacity. Some are budget and management issues related to the specifics of the programming they operate, including:

- The inability to provide services in all the counties in their coverage areas, or having to limit delivery to a certain distance from their offices
- Having to reduce travel and other expenses to maintain staffing
- Obtaining and retaining adequate volunteer labor

Other gaps identified reflect more global problems in the industry as a whole, including availability of:

- Informed, reputable practitioners - centers indicated contractors' lack accessibility modification-related knowledge and some are unwilling to comply with CIL project administrative requirements

- Up-to-date information about new products and their distributors, materials and construction techniques

- Availability of funding matching household circumstances, including very limited resources for renters

The problems centers have been experiencing reflect gaps existing for decades in all the systems areas described above. Left unaddressed, these difficulties will continue affecting centers' and Independent Living Services' efforts along with those of others in the field, and the magnitude of the problems' impacts will also only increase as home accessibility remodeling demand grows in the years ahead. Chapter 3 will critique key problems in greater detail.

Practitioner knowledge

Home accessibility remodeling is a very interdisciplinary field in the knowledge/expertise and practitioners required to successfully provide services. It's also a very technical field. Both these characteristics have shaped a discipline that's challenging but also very rewarding for the difference it makes in people's lives. From the field's inception, though, these characteristic have led to problems in developing and maintaining a qualified workforce.

Sometimes a single practitioner addresses both sides of the demand equation - e.g., when a handyman can adequately determine where grab bars should be positioned and then installs them, or when a contractor can adequately determine how best to design and then construct a ramp. In other situations, though, one practitioner assesses need and another installs necessary features. Whichever model is followed, it's vital that those involved have a good working knowledge of technical details as well as what the overall process requires.

Modular ramp and stairs unit

Some who've worked in the field for many years advanced their skill levels over time by sharing with and learning from interdisciplinary colleagues. However, a growing number of people now entering the field lack both thorough technical training and interdisciplinary exposure. Others may have some training but approach the work very narrowly or inflexibly "by the book" instead of using an individualized approach. Still others may be fairly well trained, but only work on a limited number of projects and as a result are unaware of newer products or technical approaches. A range of shortcomings occur as a result.

A critical concern at the assessment stage is assuring that recommendations are appropriate, sufficiently detailed and written in a manner that can be readily translated into construction

terms/use. For projects where centers for independent living or Independent Living Services are involved, staff is familiar with the orientation required. However, many home accessibility modification projects are done through other organizations or independently where professionals in related fields - typically occupational or physical therapists and interior designers - are now performing the assessments.

These professionals have aspects of knowledge the home accessibility modification disciple requires. However, none of their fields offer comprehensive training about its core concerns, including the basics of single- and multifamily construction and how the home repair/remodeling industry typically conducts business - inspections, specifications work write-ups, project management techniques, payment practices, potential legal liabilities. Additionally, interior designers may not have extensive medical/disability background and may not be knowledgeable about newer products on the market.

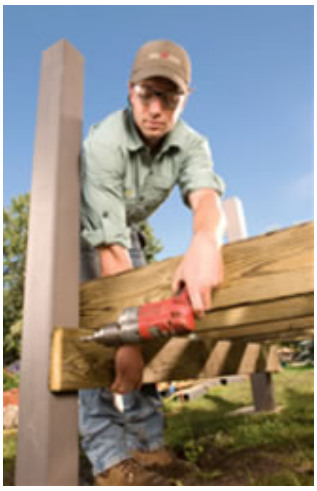
The undesirable outcome is that assessment recommendations may not be thorough and explicit enough for use by remodeling professionals. This can be a particular concern when the assessor has no or minimal contact with those handling installation - when he or she gives a completed assessment write-up to the household or a case manager and then has no further project involvement. Costs also can increase - sometimes significantly - when practical construction realities aren't understood and taken into account.

> Example: An occupational therapist assesses the bathroom needs of a young father. The OT unfortunately doesn't have strong practical knowledge of basic house systems' design and construction practices. His recommendations call for relocating both the toilet and sink, but don't consider how connections with the existing water supply lines, drains and venting would have to be changed as a result. This lack of knowledge translates into a significant project cost increases as compared to recommendations that could better balance between need and home design realities.

Contractors and others handling installation may lack understanding about the impact of many disabling conditions, mobility equipment operating characteristics and innovative installation techniques. This can cause definite problems when a contractor handles both assessment and installation responsibilities. An additional problem is that many don't understand how home features must be tailored for a person's/ household's circumstances. They incorrectly follow the generic public/commercial building codes' design standards under the mistaken impression that they "meet the needs of the disabled" in all circumstances.

While the above highlights practitioner limitations, many well-intentioned volunteers may have considerable knowledge shortfalls as well. Unless they're under the direction of or consult with skilled practitioners, there's great potential that volunteers may make serious design and construction mistakes. Technical training for practitioners and volunteers on both assessment and installation issues is an extremely high industry priority, and it would reduce many of the problems outlined above. Unfortunately, no adequate national or state programs have been developed and are available.

Practitioner credentials



Installing ramp posts and framing

Credible professional credentialing and certification is also needed in the industry so consumers have benchmarks for judging practitioners serving them. As with training, though, no reliable standards or designations have been created within the industry. AARP, the National Home Builders Association and the American Occupational Therapy Association did collaborate in approximately the past decade to develop training for a contractors' aging-in-place certificate - "CAPS" - but it's only a few days in length and its major emphasis is on marketing to seniors.

One explanation for the absence of practitioner quality controls is the field's interdisciplinary character and lack of an umbrella-type trade association. Professionals come from many fields - architecture, construction/remodeling, occupational and physical therapy, interior design, etc. They must take sanctioned training and meet performance requirements to obtain certifications to practice in their respective fields. However, home accessibility modification hasn't been a high enough priority for the different professions to collaborate in developing meaningful, coordinated credentialing for it. The unfortunate results are that: households needing assistance lack tools for judging whether those hired or providing assistance have adequate knowledge and skills; project costs may be higher than necessary as a result; and work installed may have design and safety flaws.

Funding challenges

Another report in this series - "Directory of Minnesota Home Accessibility Modification Funding Resources" - profiles an array of options currently available for meeting modification costs. These funds come from a real mix of sources - public agencies, nonprofits, foundations, advocacy and community groups, various tax benefits, private organizations, self-funding. Direct funding basically differs in whether the assistance is provided in the form of a grant; a loan where principal, interest or both are repaid; or a loan where principal and/or interest payments are deferred or forgiven under certain circumstances.

Grant and deferred loan-type resources often have relatively small funding bases and are actively sought. As a result, even some of the major Minnesota sources like the various Medical Assistance (Medicaid) Waivers and the state Housing Finance's Agency's Rehabilitation Loan Program have consistently experienced shortages and waiting lists over the years. Centers for independent living serve many with lower incomes, and the centers indicated when surveyed that client funding is a very frequent problem. Finding information about what resources can be secured and under what terms is almost universally a long and tiring process.

What's of great concern is that we're entering a period in which many of these sources will shrink greatly or disappear altogether, due to substantial public budget cuts, shifts/ reductions in organizational giving or in response to slow economic times. Private lenders will also very likely continue following extremely tight credit policies to correct for serious problems too-easy credit practices caused. All these conditions will make it more difficult for many households to borrow funds to complete projects. The irony is that the historic network of assistance that's been relied on for years may become much less available at the very point when home modification demand is growing.

Project management

All home accessibility projects involve the same basic stages - assessment, locating any necessary specialized products and installation. However, projects vary greatly in their scopes of work, and amount of funding and management needed. As highlighted earlier, those involving very basic modifications may be handled by a single party - a contractor willing to take on a small job, a home handyman, or staff for various public or nonprofit agencies and/or volunteers.

More extensive projects may involve not only assessment and construction personnel, but other parties as well - case managers, architects, product vendors, volunteers, funding contributors. How and how much these parties interact varies greatly. Projects with multiple participants, regardless of size, need best practices so members at least agree on tasks that have to be performed, respective roles, and how any reporting requirements will be met. Responsibility for locating and managing adequate funding may also need to be assigned in some projects. Unfortunately, no such industry guidelines have been developed.

Consumers' difficulties in navigating the system

When a household needs to explore installing home accessibility modifications, it often faces a lengthy, unclear and tiring process. Households receiving assistance from counties, centers for independent living, Minnesota Housing Rehabilitation Loan Program administrators, Minnesota Regions Assistive Technology Collaborative agencies and county case managers overseeing Medical Assistance Waiver administration fortunately may receive useful navigation support. Many other households, though, lack critical guidance.

Installing ramp posts and framing

Meeting this need requires collaboration among a network of organizations and practitioners in a given location to assure that necessary information on:

- Basic design guidelines and practical installation techniques
- Innovative products on the market

- Financing resources for differing affordability circumstances
- Qualified practitioners in a locale

is gathered, organized, periodically updated, easy to obtain and availability well publicized. Households and those assisting them critically need this "roadmap" to help efficiently and navigate through the process. Unfortunately, such aids aren't available around the state.

Information on existing accessible housing stock

Those households wanting to relocate to existing units with accessibility features - whether for purchase or rental, whether single-family or multifamily - currently have no systematic way to expedite their searches. Real estate multiple listing services often don't track the presence of various features in houses for sale, or if features are tracked, it's only in a general comments section where records can't be readily sorted by agents or their clients. In regards to the designated stock of units with accessibility features, it's unknown if this supply is sufficient relative to demand. It's also unknown whether the features are adequate for need or if additional or different ones should be installed.

If efforts were mounted and modestly funded long term, relatively straightforward data management projects could address both these inadequacies if key organizations - e.g., board of realtors and multi-unit housing owners/managers - were approached about the needs, and were willing to collaborate on the tasks.

Chapter 4 - Policy Strategies for Responding to Home Accessibility Remodeling Demand

The home accessibility remodeling systems gaps identified in Chapter 3 have been present in Minnesota and nationwide for many years - we effectively have a "non-system." The scope of the gaps' collective negative impact was modest in the past when demand was also modest. However, the magnitude and extent of impact if they're not addressed will be far greater as demand from boomers aging in the community is added to the otherwise-existing level.

This last chapter frames in Minnesota terms actions that can be taken to close these gaps. Because we're in a time period when serious funding reductions are occurring, the focus is on low- or modest-cost strategies.

Support for CIL and ILS programming

Reduced-height steps with longer treads

Centers for independent living and Independent Living Services deliver very important home accessibility modification assistance around the state. Centers in particular are well known as key resources in their regions. They're relied upon for the ramps they install for long- as well as short-term use. A number are also involved with installation of other types of features, and all perform various types of accessibility assessments.

Many factors reviewed in Chapters 2 and 3 point toward considerable demand going forward for ramps and related entry work. Centers will almost certainly be sought out to assist in responding because of their expertise. CILs' survey results in a companion report show that budget-related management issues - e.g., travel expenses, adequate volunteer personnel, staff funding - already present operating challenges for them in doing so.

Since funding is already a core need, survey findings should be followed up by exploring how additional resources could be obtained to support CILs' programming. This effort could involve the centers, Statewide Independent Living Council, Minnesota Association of Centers for Independent Living, Vocational Rehabilitation Services and State Services for the Blind.

Particular attention should be given to the need for temporary ramps and more effectively managing the supply around the state. Temporary ramp demand was singled out as a concern in CILs' survey results, and it's visually evident that many already installed are safety hazards

due to improper design and configuring. Organizing an initiative in response should be of interest not only to agencies in the independent living community but to others including the state and county human service departments, and the state Assistive Technology program and regional assistive technology collaboratives.

Demand for these structures will almost certainly increase in the future for a number of reasons. One is continuing demand by renters where property owners may not permit permanent installations. A second is the trend of growing hospice support at home for terminal medical conditions, as attitudes about death and dying evolve considerably. A third reason is growth in the number of patients recuperating at home after either in- or outpatient medical procedures, due to ever-tightening managed care cost-savings practices.

Support from a range of funding sources could be explored here, and a key option could be the Community Services/Service Development (CS/SD) grants the state Department of Human Services administers. These funds have been appropriated since the early 2000s by the Minnesota Legislature in connection with long-term/community care reform efforts. The Statewide Independent Living Council could partner with the centers and MACIL to submit a CS/SD application with funds requested for a range of home modification systems-type needs or perhaps focused on the temporary ramp issue. Centers' assessment skills, ramp installation knowledge and management practices could put them in a good position to request this assistance.

A second option is to seek health care-related funding from various sources to strengthen practitioner capacity. Current federal health care reform efforts emphasize the need for adequate numbers of trained, qualified personnel in emerging skills areas. It can be strongly advocated that home-based living is a core component in emerging health care delivery approaches, and modifications can be a necessary prerequisite in particular for success by some with chronic conditions requiring long-term assistance.

Some funding sources have flexible enough guidelines that an application in this vein could be submitted under their normal procedures, or special requests could be made to others. Health-related funders like Blue Cross-Blue Shield of Minnesota and influential national organizations like the Robert Wood Johnson Foundation can be approached.

Another option would be to use this same workforce orientation in approaching Minnesota-based foundations historically supporting community initiatives or services for seniors and persons with disabilities - e.g., the Mc Knight, Bush, Blandin, Phillips, etc. Foundations. Many of the centers and ILS offices serve more rural portions of the state, and as highlighted in Chapter 2, some are in locations with very high percentages of seniors aging in place where few assisted living or other supportive arrangements are available. A proposal could emphasize that delivering quality home modification assistance not only aids and reduces costs for those trying to live as independently as possible but also contributes to community viability when those residents remain active in local areas/economies.

Addressing delivery system gaps

Beyond budget and management challenges, a number of service delivery problems the centers identified reflect issues affecting the larger field as a whole, which were profiled in Chapter 3. The Statewide Independent Living Council made a very important commitment when it undertook the Needs Assessment project, and its first priority understandably should focus on ways to support and strengthen centers' and ILS efforts. Safe, stable, accessible existing housing is critical in promoting independent living, and no other state-level organizations have focused centrally on problems affecting it. The State Council should consider becoming its "champion" in responding to some or all of the systems gaps previously identified. Strategies for doing so are outlined in the balance of this report.

State agency policy coalition

Some of the home modification systems gaps involve modest-scope tasks where the Council alone or in partnership with the centers, MACIL, ILS, Vocational Rehabilitation Services and State Services for the Blind could organize an initiative. However, others are policy-type issues where broader, coordinated collaboration is required. A number of key state-level organizations have varying levels of involvement and interest in home accessibility modification delivery, many with regional delivery partners. Among them are:

State-Level Agencies/Units	Regional/Local Partners
• Minnesota Department of Human Services • Minnesota Board on Aging • Minnesota Department of Administration/STAR Program • Equipalife (nonprofit assistive technology funder) • Minnesota State Council on Disability • Minnesota Housing Finance Agency • Minnesota Department of Employment and Economic Development/Vocational Rehabilitation Services and State Services for the Blind • Minnesota Statewide Independent Living Council • Minnesota Department of Labor and Industry/Building Codes and Licensing Divisions	• County social service departments • Area Agencies on Aging • Regional technology service delivery agencies • Minnesota Regional Assistive Technology Collaborative • Housing and redevelopment authorities and community action agencies operating local housing rehabilitation programs • Independent Living Services, centers for independent living; housing and redevelopment authorities and community action agencies operating local housing rehabilitation programs • Independent Living Services, centers for independent living • Local building code officials, contractor licensing

While their roles and levels of involvement vary, these agencies at minimum should follow consistent and correct practices in how they "invest" public funds they oversee in home accessibility remodeling projects. Both the quality and cost effectiveness of what's currently funded definitely vary among agencies around the state, a less-than-desirable state policy condition.

With demand growing and resources shrinking, it is in Minnesota's and all the agencies' collective interest to provide some level of general policy oversight for the modification affairs they oversee. The Statewide Independent Living Council should consider serving as facilitator in convening representatives from these agencies to initiate a very basic discussion about needs in the field. Those agencies willing to participate can be organized into an informal stakeholders' group to explore collaboratively responding to the following issues.

Building/enhancing practitioner expertise

Even with increasing recognition of the boomer demographic imperative, there have been no sustained, significant efforts to address the lack of practitioner training and credentialing. Adequate professional training is such a fundamental need that even though no national-level offerings are available, Minnesota-based programming should be developed and offered. It very possibly could become the format for efforts in other parts of the country.

Swing-clear door hinges for increased passage space

Key regulatory and/or trade groups in the state could be approached to partner in developing very basic continuing education opportunities.

Organizations to contact would include:

- Minnesota Occupational Therapy Association
- National Kitchen and Bath Association-Minnesota
- Building Codes Division/state Department of Labor and Industry
- Builders Association of the Twin Cities (BATC)
- National Association of the Remodeling Industry-Minnesota (NARI-MN)
- Minnesota Builders Association (MBA)
- State and regional chapters of the American Institute of Architects (AIA)

Training could cover a wide range of technical issues, address best practices for project management, provide examples of products and/or innovative installations, acquaint the

groups with public and nonprofit agencies active in the field, and highlight available funding options. Such training alternately or in addition could concentrate on offerings enhancing capabilities of state agencies' local partners. Participants could include staff from:

- Centers for independent living
- Regional Assistive Technology Collaboratives
- County social service departments
- Housing and redevelopment authorities
- Community action agencies

Training delivery options

There's great flexibility in current education/training delivery options. Periodic in-person delivery - probably regionalized - is always one approach to consider. Materials can also be delivered on the Web, either with posted text curriculum or delivered real-time through webinars. Newer Web-based video capabilities (e.g., Skype, Vidyo) greatly facilitate delivery of many real-time presentations and similar offerings.

The Department of Human Services also could be approached with a request to use its statewide video broadcast capability. The Department for many years has operated a facility that delivers video presentations to approximately 25 locations throughout the state. Interested parties sign up to participate in a broadcast at a particular site. Delivery can be two-way because the system can broadcast from remote locations back to presenters in St. Paul as well as from St. Paul to around the state.

Ramp it Right! Grab it Right! campaigns

Ramps are very critical to independent living, and it's evident from data in this report that demand for them going forward will be great. There's also unfortunately very clear visual and administrative evidence that a tremendous number around the state have been improperly designed and constructed, to the point that some are serious safety hazards.

A targeted "Ramp it Right!" training campaign could be organized to directly respond to this problem. It could provide recommended design guidelines, specifications and related materials. These resources could be posted on the Web for use by private practitioners, public/nonprofit agencies, volunteers, building supply companies, local building officials, faith-and community-based volunteers, etc., and advertised through various media. A similar "Grab it Right!" training campaign could also be organized to respond to the major, parallel problem with widespread incorrect grab bar selection and installation.

Public and nonprofit agencies could participate in developing these guidelines and then further use then as quality control tools for the projects they finance and/or oversee. The guidelines could be built into agencies' management practices by requiring that project assessors and

contractors warrant adhering to them. A relatively efficient strategy could be to make the guidelines available as a Web download, and provide a sign-off that practitioners would have to submit along with other materials in order to close out a project and receive payment. Staff with centers for independent living could contribute their expertise in developing such resources.

System navigation aids

As highlighted in the previous chapter, households frequently lack a clear understanding about the home access remodeling process from start to finish. They're unfamiliar with the kinds of changes that can be made in their homes, and they may have had little experience with the construction process. They may be unaware of basic design concerns that have to be met, rough estimates of likely costs and where to locate qualified practitioners. Providing this type of background along with identifying key agencies and possible funding sources could go a great distance in streamlining the process for those who must pursue it.

Home modification listserv, wiki

Another useful technical resource could involve setting up a Minnesota-specific home accessibility modification "listserv" or "wiki." Both tools would enable practitioners to share and seek information on many topics in the field. With a listserv, interested parties sign up to exchange many types of information and assistance.

> Example: The University of Southern California and the State University of New York at Buffalo have collaborated in operating an extremely successful national "homemod listserv" for approximately two decades. It routinely links/supports thousands of practitioners around the U.S. as well as in other countries.) A wiki acts like a reference library holding core information on certain topics where interested parties can share knowledge by adding/changing/deleting what's posted.

If established, one of these arrangements potentially could maintain acceptable ramp, grab bar and other design/installation guidelines and related resources. Connections to the site could be arranged with Minnesota information/referral systems such as the Disability, Senior and Veterans Linkage Line and minnesotahelp.info.

Consolidated funding directory

It's difficult to locate adequate funds for completing many home accessibility modification projects. Households' eligibility can vary greatly, so it's important to identify as many leads for exploring as possible. Another report in this series, "Directory of Minnesota Home Accessibility Modification Funding Resources," highlights a number of possibilities.

Given that so many individuals and organizations need thorough, up-to-date funding information, and given that relied-on sources may be reduced or eliminated in the near future, these data should be maintained in a central location. Interested agencies could collaborate in organizing and managing such a resource. It could be based on the Web and set up at the state level. Companion add-on regional databases could be developed with additional, more local

resources. Availability could be widely disseminated, again, including through the Senior, Disability and Veterans Linkage Lines and minnesotahelp.info.

Accessible housing data management

Gaps in data on accessibility-related home purchase information could be addressed from two perspectives, if boards of realtors around the state were willing to work collaboratively on the issue. First, the checklists agents used to collect data entered into multiple listing services could be expanded to include a set of basic accessibility features. Continuing education training could then be developed and offered to agents on how to appropriately measure, categorize and market these features.

Further training could also be developed and offered that would instruct agents in how to assess the potential for cost-effective accessibility remodeling in homes that currently don't contain basic features. Accessible houses may have been a "niche" market in years past, but demand will grow as the boomer tsunami evolves, and revised data gathering practices and supporting training can proactively respond to need.

The state's trade group - Minnesota Multi-Housing Association - as well as key organizations overseeing rental property management could be approached about collaborating long term to better monitor usage of the state's designated accessible rental stock. Mechanisms to monitor and track compliance with Human Rights-related leasing practices could be developed and implemented, as well as practices to assess the stock's adequacy both from the standpoint of number of units as well as their features. If gaps are present and can be clearly documented, benefits could be sought to defray targeted remodeling for installing the current set of features and/or other features (e.g., roll-in showers) in additional units.

Home accessible/universal design program unit

At some point as demand continues growing, public and private agencies in the field will need to consider if a dedicated program unit should be established. Organizations could collectively contribute to fund at least a part- or full-time coordinator position. Such a position could be closely linked with current efforts by the state Department of Human Services and others promoting "communities for a lifetime."

Staff could be located within one of the agencies or operate at another site or virtually. Alternately, broader-based capacity might be considered where the state agencies would partner with other organizations to set up a stand-alone nonprofit unit that would handle technical, information and referral, training/credentialing and outreach activities.

Appendix A

2010 Minnesota Population by County		
County	Number	Percentage of state total
MINNESOTA	5,303,925	100.00%
Aitkin	16,202	0.31%
Anoka	330,844	6.24%
Becker	32,504	0.61%
Beltrami	44,442	0.84%
Benton	38,451	0.72%
Big Stone	5,269	0.10%
Blue Earth	64,013	1.21%
Brown	25,893	0.49%
Carlton	35,386	0.67%
Carver	91,042	1.72%
Cass	28,567	0.54%
Chippewa	12,441	0.23%
Chisago	53,887	1.02%
Clay	58,999	1.11%
Clearwater	8,695	0.16%
Cook	5,176	0.10%
Cottonwood	11,687	0.22%
Crow Wing	62,500	1.18%
Dakota	398,552	7.51%
Dodge	20,087	0.38%
Douglas	36,009	0.68%
Faribault	14,553	0.27%
Fillmore	20,866	0.39%
Freeborn	31,255	0.59%
Goodhue	46,183	0.87%
Grant	6,018	0.11%
Hennepin	1,152,425	21.73%
Houston	19,027	0.36%
Hubbard	20,428	0.39%
Isanti	37,816	0.71%
Itasca	45,058	0.85%
Jackson	10,266	0.19%
Kanabec	16,239	0.31%
Kandiyohi	42,329	0.80%
Kittson	4,552	0.09%
Koochiching	13,311	0.25%

2010 Minnesota Population by County		
Lac Qui Parle	7,259	0.14%
Lake	10,866	0.20%
Lake Of The Woods	4,045	0.08%
Le Sueur	27,703	0.52%
Lincoln	5,896	0.11%
Lyon	25,857	0.49%
Mahnomen	5,413	0.10%
Marshall	9,439	0.18%
Martin	20,840	0.39%
McLeod	36,651	0.69%
Meeker	23,300	0.44%
Mille Lacs	26,097	0.49%
Morrison	33,198	0.63%
Mower	39,163	0.74%
Murray	8,725	0.16%
Nicollet	32,727	0.62%
Nobles	21,378	0.40%
Norman	6,852	0.13%
Olmsted	144,248	2.72%
Otter Tail	57,303	1.08%
Pennington	13,930	0.26%
Pine	29,750	0.56%
Pipestone	9,596	0.18%
Polk	31,600	0.60%
Pope	10,995	0.21%
Ramsey	508,640	9.59%
Red Lake	4,089	0.08%
Redwood	16,059	0.30%
Renville	15,730	0.30%
Rice	64,142	1.21%
Rock	9,687	0.18%
Roseau	15,629	0.29%
St. Louis	200,226	3.78%
Scott	129,928	2.45%
Sherburne	88,499	1.67%
Sibley	15,226	0.29%
Stearns	150,642	2.84%
Steele	36,576	0.69%
Stevens	9,726	0.18%
Swift	9,783	0.18%
Todd	24,895	0.47%
Traverse	3,558	0.07%

2010 Minnesota Population by County		
Wabasha	21,676	0.41%
Wadena	13,843	0.26%
Waseca	19,136	0.36%
Washington	238,136	4.49%
Watonwan	11,211	0.21%
Wilkin	6,576	0.12%
Winona	51,461	0.97%
Wright	124,700	2.35%
Yellow Medicine	10,438	0.20%

Source: (2010 Census) "Age Cohorts by Minnesota Counties,"
Minnesota State Demographic Center/Missouri Population Center, June 2011

Appendix B

2010, 2030: Number and Percent of Minnesotans Age 65+ by County				
County	2010 senior population total	2010 percent of county total	2030 senior estimated total	2030 estimated percent of county total
Aitkin	4,413	27.2%	7,310	37.74%
Anoka	32,232	9.7%	78,620	19.10%
Becker	5,637	17.3%	10,370	26.01%
Beltrami	5,754	12.9%	11,090	19.65%
Benton	4,558	11.9%	10,210	17.82%
Big Stone	1,324	25.1%	2,010	39.33%
Blue Earth	7,562	11.8%	11,980	17.60%
Brown	4,899	18.9%	7,370	27.01%
Carlton	5,317	15.0%	9,310	20.55%
Carver	7,707	8.5%	24,490	15.00%
Cass	6,029	21.1%	10,490	28.93%
Chippewa	2,400	19.3%	3,860	29.39%
Chisago	6,247	11.6%	15,290	17.11%
Clay	7,078	12.0%	12,310	18.39%
Clearwater	1,621	18.6%	2,500	26.39%
Cook	1,051	20.3%	2,320	36.70
Cottonwood	2,482	21.2%	3,210	27.34%
Crow Wing	11,564	18.5%	21,970	27.54%
Dakota	39,816	10.0%	124,930	25.82%

2010, 2030: Number and Percent of Minnesotans Age 65+ by County				
Dodge	2,460	12.2%	5,120	18.45%
Douglas	7,069	19.6%	12,480	27.17%
Faribault	3,179	21.8%	4,320	28.70%
Fillmore	4,000	19.2%	6,210	26.26%
Freeborn	6,309	20.2%	8,920	27.85%
Goodhue	7,594	16.4%	14,590	26.43%
Grant	1,334	22.2%	2,010	31.45%
Hennepin	130,814	11.4%	229,170	19.25%
Houston	3,307	17.4%	6,180	27.98%
Hubbard	4,245	20.8%	6,520	30.42%
Isanti	4,680	12.4%	13,360	19.42%
Itasca	8,574	19.0%	14,450	29.81%
Jackson	2,044	19.9%	2,790	24.28%
Kanabec	2,659	16.4%	5,070	24.17%
Kandiyohi	6,832	16.2%	11,530	26.15%
Kittson	1,029	22.6%	1,390	37.36%
Koochiching	2,604	19.6%	3,940	29.96%
Lac Qui Parle	1,726	23.8%	2,170	32.68%
Lake	2,428	22.3%	4,000	32.70%
Lake of the Woods	821	20.3%	1,550	34.21%
Le Sueur	3,976	14.4%	8,350	22.51%
Lincoln	1,444	24.5%	1,620	27.22%
Lyon	3,519	13.6%	5,150	21.23%
Mahnomen	855	15.8%	1,240	24.50%
Marshall	1,816	19.2%	2,560	25.57%
Martin	4,317	20.7%	5,920	30.17%
McLeod	5,603	15.3%	10,290	23.04%
Meeker	3,835	16.5%	6,380	23.45%
Mille Lacs	4,206	16.1%	9,380	23.08%
Morison	5,325	16.0%	9,920	25.14%
Mower	6,818	17.4%	10,250	25.00%
Murray	1,951	22.4%	2,790	33.45%
Nicollet	3,917	12.0%	6,570	18.00%
Nobles	3,420	16.0%	5,350	25.98%
Norman	1,465	21.45%	1,880	26.70%
Olmsted	18,133	12.6%	38,470	20.98%
Otter Tail	12,032	21.0%	21,330	33.48%
Pennington	2,212	15.9%	3,750	24.65%
Pine	4,856	16.3%	9,150	25.10%
Pipestone	1,901	19.8%	2,600	28.10%
Polk	5,220	16.5%	8,340	24.32%

2010, 2030: Number and Percent of Minnesotans Age 65+ by County				
Pope	2,338	21.3%	3,790	29.91%
Ramsey	61,181	12.0%	92,620	19.19%
Red Lake	701	17.1%	1,370	29.78%
Redwood	3,164	19.7%	4,130	27.02%
Renville	3,045	19.4%	4,520	25.69%
Rice	7,881	12.3%	15,280	18.58%
Rock	1,835	18.9%	2,590	25.87%
Roseau	2,250	14.4%	4,320	22.53%
St. Louis	31,816	15.9%	49,490	24.49%
Scott	10,016	7.7%	35,720	13.13%
Sherburne	7,307	8.3%	23,020	14.21%
Sibley	2,479	16.3%	3,820	24.11%
Stearns	18,228	12.1%	35,480	18.79%
Steele	5,270	14.4%	9,580	20.81%
Stevens	1,597	16.4%	1,840	18.02%
Swift	1,966	20.1%	2,860	28.71%
Todd	4,327	17.4%	6,830	25.64%
Traverse	937	26.3%	610	20.53%
Wabasha	3,692	17.0%	6,080	24.15%
Wadena	2,918	21.1%	5,150	33.66%
Waseca	2,819	14.7%	5,270	25.38%
Washington	24,984	10.5%	62,510	21.00%
Watonwan	2,125	19.0%	3,140	30.87%
Wilkin	1,169	17.8%	1,810	27.63%
Winona	6,891	13.4%	11,060	21.69%
Wright	11,934	9.6%	34,810	15.71%
Yellow Medicine	2,031	19.5%	2,800	28.98%

Sources: (2010 Census) "Age Cohorts by Minnesota Counties," Minnesota State Demographic, June 2011; "Minnesota Population Projections 2005 - 2035," Minnesota State Demographic Center, 2007

Footnotes

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[1] Universal design's goal is to stretch conventional design standards in many domains - housing, communications, consumer products, transportation, communications. The intent is to encompass a broader span of the age and capability range than the "average user" model. This expanded focus benefits many who are otherwise able - bodied, as well as those with temporary disabilities (e.g., a broken leg). Housing with universal design features isn't necessarily intended to fully accommodate persons using wheelchairs, though.

Visitability's goal is to incorporate a set of basic features into new home construction so persons using wheelchairs and other mobility equipment can easily enter/exit and stay for a time. Features include: at least one entrance without any rolling/walking obstructions from the yard through the doorway, an open main floor plan, a first-floor bathroom with an accessible toilet and grab bar wall "backing" and easily reached switches and outlets.

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[2] "Minnesota Population Projections 2005 - 2035," Minnesota State Demographic Center, June 2007

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[3] "The Ecumen "Age Wave" Study," 2007, pg. 7.

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[4] "AARP Policy Report: Home and Community Preferences of the 45/+ Population," November 2010, pg. 4, 8.

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[5] "The Ecumen "Age Wave" Study," 2007, pgs. 6, 7.

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[6] "The Return of the Multi-Generational Family Household," Pew Research Center, March 18, 2010, pg. 1.

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[7] "A Blueprint for 2010: Preparing Minnesota for the Age Wave," June 2007, pg. 28.

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[8] 2010 Census Summary File 1: Profile of General Population and Housing Characteristics: Minnesota

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[9] For reference, the 218,052 units reported as vacant were comprised of those: for rent/not occupied, for sale, sold/not occupied, for seasonal/occasional use and for migrant workers. The balance - 40,922 - was categorized as "other."

Some photos provided courtesy of the Minnesota Statewide Independent Living Council.

minnesota

Home Accessibility Modification

Funding Resources

Directory of Minnesota Home Accessibility Modification Funding Resources

Overview

Securing adequate funding is critical to successfully completing home accessibility modification projects. Persons requiring assistance present a unique mix of circumstances, and funding packages must be tailored because no one source fits all situations. Over the years, an array of funding options has become available, from the "person" and the "property" side of the home accessibility modification equation. Most of them involve direct funding, but some provide indirect benefits (e.g., tax deductions).

Virtually all these options have requirements targeting the households, properties and/or modifications that are eligible, and the challenge becomes matching among them. Additionally, some sources of funding have relatively small budgets or amounts permitted per applicant, so it's not uncommon to need multiple sources to complete a project. For all these reasons, it's important to have a wide an array of options to consider.

This report profiles a range of resources that can be explored to fund home accessibility modification projects in Minnesota. They are organized according to the fields or sectors from which they originate, and then each listing is profiled using a standardized format to identify the source, what's available, basic eligibilities and where more information can be obtained. Listings were current as of late 2012, and should be checked for changes that may have occurred since then. Listings were current as of late 2012, and should be checked for changes that may have occurred since then.

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Housing, Neighborhood, Community Development Resources

U.S. Department of Housing and Urban Development – Community Development Block Grant Program (CDBG), Small Cities Development Program (SCDP)

Background/What's Available

Community Development Block Grant is a program administered by the federal Department of Housing and Urban Development. It was created in the 1970s by combining a group of narrowly targeted funding streams to provide more flexibility for housing, infrastructure and community development purposes. Eligible housing activities include land acquisition, site/infrastructure development and constructing, purchasing, repairing or demolishing properties.

Funds are awarded to states based on a formula accounting for population, income, housing quality and related factors. A state's entitlement communities - large cities and counties - receive individual awards where they're permitted to choose the priorities for allocating funds. Communities decide whether applicants receive funds in the form of a conventionally structured loan requiring periodic repayment with interest or as a loan where payback and any interest charged are deferred or forgiven after certain conditions are met.

HUD's field office in Minneapolis oversees entitlement communities' activities, and FY2012 recipients were:

FY 2012 CDBG Entitlement Cities	FY 2012 CDBG Entitlement Counties
Bloomington	Anoka
Coon Rapids	Dakota
Duluth	Hennepin
Eden Prairie	Ramsey
Mankato	St. Louis
Minneapolis	Washington
Minnetonka	
Moorhead	
North Mankato	
Plymouth	
Rochester	
St. Cloud	

FY 2012 CDBG Entitlement Cities	FY 2012 CDBG Entitlement Counties
St. Paul	
Woodbury	

A state agency responsible for housing or community/economic development affairs receives the remainder of a state's CDBG allocation, and awards it to smaller jurisdictions for meeting serious, high-priority needs. In Minnesota, this is the Department of Employment and Economic Development (DEED), and the allocation process is known as the Small Cities Development Program (SCDP). Communities and counties submit applications to DEED directed at benefitting low- and moderate-income households, eliminating slum/blight conditions and/or eliminating urgent threats to public health/safety. 60 municipalities and 14 counties received SCDP project awards in 2010.

SCDP has three funding categories - housing, public facilities and comprehensive grants (which include two or three of these target areas). Projects typically operate for two years, and as with entitlement communities, applicants typically receive funds in the form of a conventional or deferred loan. Many entitlement as well as SCDP awards are targeted at housing rehabilitation, which generally permit home accessibility remodeling as an eligible activity unless the community has very specific rehabilitation goals (e.g., concentrating on properties with building code violations). The large majority of programs focus on assisting homeowners, but some may have requested funds for assisting rental properties owners as well.

For More Information

For entitlement cities and counties, check on their websites or call their offices to find out if housing rehabilitation is a targeted activity, and if so, the specific household and property eligibility requirements and the application process.

A list of the cities and counties receiving Small Cities awards in 2010 is located at: http://www.positivelyminnesota.com/Government/Financial_Assistance/Small_Cities_Development_Program/Grant_Awards/2010_SCDP_Awards.pdf Similarly, check the website or call the office of a particular Small Cities grantee to determine if it received a housing or comprehensive award, and then for specifics on property and owner eligibilities and the application process.

HUD field office contact: HUD
Kinnard Financial Center
920 Second Ave. S.
Minneapolis, MN 55402
612.370.3000

DEED website: www.positivelyminnesota.com

DEED office contact: DEED
1st National Bank Building
332 Minnesota St., Suite E-200
St. Paul, MN 55101-1351
651.259.7114
800.657.3858
651.296.3900 (TTY)

U.S. Department of Housing and Urban Development - HOME Program

Background/What's Available

HOME provides formula grants to states and eligible local governments for creating and maintaining affordable housing for low-income households. The program was modeled on the operations of the Community Development Block Grant Program - CDBG provides resources for addressing housing as well as a number of other issues, while HOME targets assistance exclusively on addressing housing concerns.

A broad range of activities are eligible: home purchase or rehabilitation financing assistance; building or renovating housing for rent or ownership; acquiring sites or improving them; demolishing dilapidated housing to make way for HOME-funded developments; relocation assistance; providing renters with a maximum of two years of rental assistance.

40% of an overall allocation goes to each state, and 60% goes to local governments. The Minnesota Housing Finance Agency uses its share to support existing programs, and the local governments receiving allocations in FY2012 are:

FY 2012 City HOME Recipients	FY2012 County HOME Recipients
Duluth	Dakota
Minneapolis	Hennepin
St. Paul	St. Louis

For More Information

Check on the websites or call the offices of these cities and counties to determine if they use their HOME allocations to fund property repair loans where accessibility work is an eligible use.

U.S. Department of Agriculture/Rural Development - Very-Low Income Housing Repair Program (Section 504)

Background/What's Available

The federal Department of Agriculture finances farm, housing and economic development efforts in parts of the country where the area population is 20,000 or less. It provides financing for single-family and multifamily construction, purchase and repair. The "Very Low-Income Housing Repair Program" provides loans and grants to assist households age 62 or older who have incomes below 50% of the area median income and can't obtain credit elsewhere.

Section 504 loans of up to $20,000 are provided for up to 20 years at a 1% interest rate. Mortgages and title searches are required for loans of $7,500 or more. Funds can be used for repairs, to make the property more safe and sanitary, to remove health and safety hazards, and to install improvements/upgrades.

Section 504 grants are provided when households can't afford to repay a Section 504 loan. Funds may be recaptured if the property is sold within three years of receiving financing. Funds can only be used for repairs and improvements removing health and safety hazards.

Section 504 loan/grant combinations are made when applicants can repay part of the project costs. A maximum of $27,500 is permitted for these financing packages.

For More Information

Federal website: http://www.rurdev.usda.gov/HAD-RR_Loans_Grants.html

County service centers process these applications, and a map and listing for office contacts are at:
http://offices.sc.egov.usda.gov/locator/app?service=page/CountyMap&state=MN&stateName=Minnesota&stateCode=27

Minnesota Housing Finance Agency - Fix-up Fund, Rehabilitation Loan Program

Background/What's Available

Minnesota Housing Finance Agency assists low- to moderate-income households in meeting various housing needs - building, purchasing or repairing properties; counseling and education to qualify in becoming a homeowner; administering rental subsidies on behalf of tenants. It

does so using an array of resources including borrowed funds raised from investors in the national capital markets and certain federal and state appropriations.

Fix-up Fund. The Agency's "Fix-up Fund" is a statewide program offering low-interest, fixed-rate loans for repairing/improving homes. Single-family homes up to fourplexs are eligible, as are mobile homes on a permanent foundation and taxed as real property. Properties must be owner occupied.

The 2011 income (gross) limit is $95,150, and can be waived if a household needs funds for installing accessibility features. The loan maximum is $35,000 and a higher limit may be permitted when accessibility work is involved. The maximum loan term is 10 or 20 years based on loan amount, and funds can be used for hiring a contractor or do-it-yourself work. Borrowers must have repayment ability and acceptable credit.

The program is administered by a network of participating lenders throughout the state that take borrowers' applications and process/approve loans using MHFA's guidelines. MHFA then purchases acceptable loans and reimburses lenders for the loan amount plus a processing fee. There also are certain locations where community organizations partner with lenders to promote home modification work - these are known as "Community Fix-up Fund" arrangements. Participating lenders and Community Fix-up Fund partnerships are identified on the Agency's website at: http://www.mnhousing.gov/consumers/FindALender/index.aspx

The applicable interest rate varies by whether a Fix-up or Community Fix-up loan is involved, whether a property has other debts against it or not and the borrower's credit status. This set of figures is adjusted periodically, and current rates are posted on the Agency's website at: http://www.mnhousing.gov/consumers/currentinterestrates/index.htm

As a frame of reference, the set of rates effective at the beginning of May 2012 were:

Type of Loan	Interest Rate
Fix-up Fund, properties with no other liens	4.00%
Fix-up Fund, properties with one or more liens	5.99%
Community Fix-up Fund, properties with no other liens	4.00%
Community Fix-up Fund, properties with other liens, good borrower credit	5.75%
Community Fix-up Fund, properties with other liens, borrower credit issues	6.75%

Rehabilitation Loan Program. The Agency also administers a program that assists lower-income households in completing very basic home modifications and repairs. The Rehabilitation Loan Program is available for owner-occupied single-family homes, townhomes and condominiums, one-unit dwellings in planned unit developments and mobile homes taxed as real or personal property.

The maximum loan amount is $27,000, and an additional $10,000 may be provided when lead-based paint hazards must be removed. The maximum loan term is 15 years for homes taxed as real property and 10 years for mobile homes located in a mobile home park and taxed as personal property. Loans are forgiven if the borrower doesn't sell, transfer the title or stop occupying the property before these time limits are reached; the loan must be repaid if these actions happen before the term ends.

Income maximums vary by household size, and there's also a household asset maximum of $25,000. 2012 income limits are:

Number of Household Members	2012 Income Limits
1	$17,700
2	$20,200
3	$22,700
4	$25,200
5	$27,100
6	$29,100
7	$31,300
8	$33,300

The program also has an emergency and accessibility component with household, income and property guidelines basically matching those of the larger program. Maximum funding available is $15,000 for repairing property damage beyond the borrower's control or meeting only accessibility needs. Loans are repaid and forgiven according to the same basic terms followed in the larger program.

A network of local housing and community action agencies administer the program for the Agency, and a listing of them is available by contacting the Agency or on its website at:

http://www.mnhousing.gov/idc/groups/homes/documents/webcontent/mhfa_008669.pdf

For More Information

Website: http://www.mnhousing.gov

Office contact: Minnesota Housing Finance Agency
400 Sibley St., Suite 300
St. Paul, MN 55101
651.296.7608

City/County Housing and Redevelopment Authorities. Community Development Departments

Background/What's Available

Housing and community development affairs in Minnesota operate somewhat differently than in many other states. Elsewhere, one administrative unit - often a municipal or county department - handles housing, economic and community development business. However, these responsibilities in many locations throughout Minnesota may be split between a housing and redevelopment authority (HRA) and a municipal or county community development department.

When authorized by a city or one or more counties, HRAs are given broad development/ redevelopment powers for managing housing affairs in their jurisdictions. Their efforts are targeted at removing blight and developing housing opportunities for persons with low and moderate incomes.

Some HRAs under contract manage programs for the federal Department of Housing and Urban Development, including overseeing public housing and administering Section 8 tenant-based rental assistance. Some also under contract manage certain programs for the federal Department of Agriculture, the Minnesota Housing Finance Agency and the Minnesota Department of Employment and Economic Development. Additionally, some HRAs raise their own resources for local housing activities where housing rehabilitation may be a priority and home accessibility remodeling is an eligible activity.

For More Information

Contact a municipality or county to determine if an HRA operates in its jurisdiction. If so, get its contact information to check on any federal, state and any additional local resources that are targeted at home repairs/modifications that include accessibility work.

Local Housing/Neighborhood/ Community Development Agencies

Background/What's Available

Some communities have neighborhood-based nonprofits or other local agencies that operate programs addressing various housing issues. Funding for these organizations can come from a range of sources - federal and state governments, national organizations, foundations, businesses, lenders, special tax collections.

This programming usually includes assistance for repairing owned and/or rented properties, and accessibility modifications very frequently are an eligible activity. Among neighborhood-focused national organizations operating in Minnesota are the following.

NeighborWorks (formerly known as Neighborhood Housing Services) is a federally chartered nonprofit with approximately 240 affiliates around the country. It focuses on community development and affordable housing issues. NeighborWorks also provides competitive capital grants that local affiliates obtain for rehabilitating both owner-occupied and rental properties in their service areas. Different types of loan programs may be available for homeowners, depending on local resources - e.g., loans with principal and interest that are repaid or deferred.

There are seven NeighborWorks affiliates in Minnesota:

- Aeon, a Twin Cities area affordable housing developer
- Community Neighborhood Housing Services, Inc., St. Paul
- Dayton's Bluff Neighborhood Housing Services, Inc., St. Paul
- Midwest Minnesota Community Development Corporation, Detroit Lakes
- Neighborhood Housing Services of Duluth, Inc.
- Neighborhood Housing Services of Minneapolis, Inc.
- Southwest Minnesota Housing Partnership, Slayton

Their contact information can be found on the NeighborWorks website by using its affiliates' lookup at: http://www.nw.org/network/Utilities/NWOLookup.asp

Habitat for Humanity's historic mission has been to build affordable housing in partnership with people in need. Its affiliates predominantly concentrate on constructing new homes, but local chapters may also work on repairing existing housing, which could include accessibility features. Minnesota has 33 local affiliates, and these organizations established a state-level office supporting their work.

State office website: http://www.hfhmn.org

State office contact: Habitat for Humanity of Minnesota
2401 Lowry Ave. NE #210
Minneapolis, MN 55418
612.331.4439

Contact information for Minnesota affiliates is located on the state office's home page.

Rebuilding Together Twin Cities brings volunteers and communities together to improve low-income homeowners' housing. No-cost repairs are provided for properties in the seven-county

metro area, and are considered on case-by-case basis. Household income must be at or below 50% of the area median income level.

The "Home Repair Program" provides assistance with maintenance and in installing energy and general repairs. It targets homeowners who are older adults (55/+), persons with a disability or households with children. Special consideration may be given to veteran and active military families.

The "Safe at Home" program emphasizes falls prevention. It provides assistance in installing small-scale accessibility and related features (e.g., grab bars, hand-held showerheads, toilet seat adapters, railings, smoke or carbon monoxide detectors, outdoor security lights) in the homes of older adults (55/+), persons with a disability or those caring for a loved one with a disability.

Website:	http://rebuildingtogether-twincities.org
Office contact:	Rebuilding Together Twin Cities 2633 4th St. SE Minneapolis, MN 55414-3201 612.767.8755

Larger municipalities in the state also have neighborhood planning and citizen engagement/outreach infrastructures. For example, Minneapolis has operated a "Neighborhood Revitalization Program" for many years which provides funds that neighborhood associations and councils use in addressing priorities they identify. Some of these groups have directed resources into homeowner repair programs where accessibility work has been funded, and have also supported home safety and accessibility modification needs assessments. St. Paul for decades has been divided into district planning council areas where neighborhood-based groups perform functions similar to those in Minneapolis.

For More Information

Many community contacts may be able to identify local organizations with neighborhood/community development missions and potential funding - the municipal government, local businesses, neighbors, religious organizations, building supply companies, community and daily newspapers. Organizations that track community assistance resources, such as the United Way (and its "First Call for Help"), the state's 211 phone network and www.minnesotahelp.info may also gather and make available this type of information.

Social Services, Health Care Resources

Minnesota Department of Human Services - Medical Assistance Home- and Community-Based Waivers

Background/What's Available

Medicaid - called Medical Assistance in Minnesota - funds medical services for low-income individuals and households. All states are required to deliver certain core services, and then state legislatures decide whether any permitted optional services will be delivered as well. Each state must prepare and file a Medicaid State Plan with the federal government that reflects the services delivered. The federal government and states split program delivery costs roughly in half.

When the program began operating in the 1960s, the eligible services were those essentially delivered through various institutions and hospitals, nursing homes, state hospitals, etc. States encountered increasing difficulties, though, helping persons with chronic, long-term needs wanting to live in the community, and they requested the ability to opt out of certain institutionally-oriented regulations and reprogram resources for home and community service delivery. In response, the federal government set up programming that waives these regulations. Under it, states apply to target resources more flexibly to specifically defined populations, and the states periodically receive a set funding allocation for doing so.

Minnesota operates five Home- and Community-Based Waivers in partnership with the federal government, as well as a related program Minnesota fully funds. The state Department of Human Services sets the policy direction for these programs, and Waiver recipients' service expenditures can't exceed what it would cost to assist them in nursing homes. Two of these programs help seniors 65/+, and both require that applicants must first go through the state's Long-Term Care Consultation process. County social service and/or public health personnel perform assessments which increase awareness about community-based options and help applicants make an informed choice about where they want to live. (While seniors are the prime group targeted for these assessments, initial screening is available to people of any age requiring long-term support.) The two programs are:

- The Elderly Waiver (EW), which assists persons 65/+ with services such as: nurses and related medical personnel visits, home-delivered meals, adult day care, supplies and equipment, home accessibility modifications, and certain types of licensed residential services. Maximum annual assistance is $4,948.

- Alternate Care (AC) is a state-funded program that assists seniors who've been assessed as needing nursing home care but only have resources to afford paying for less than half a year's stay. It assists them if other resources aren't available in preventing or delaying the transition by sharing costs when they prefer receiving home- and community-based services. Seniors contribute on a sliding fee schedule (where some may pay up to 30%

of monthly costs) for AC assistance received, and a wide range of services (including home accessibility modifications) are eligible.

Four Waivers assist younger persons with disabilities, and eligibility is established through a screening process. Younger individuals must need a nursing home level of care but want to live at home or in other community options. They must have a federal or state disability certification, and services can be funded only if other resources aren't available. Assistance can be provided in a person's, his/her family's or a relative's home; foster care; board and lodging or assisted living.

Each of the Waivers funds a variety of services. Some are eligible across all Waivers, such as: case management, home health, personal care, supplies and equipment, home accessibility modifications, respite, transportation. Various additional services directed at disability-specific needs are also funded. The disability-targeted Waivers are:

- Community Alternative Care (CAC) assists children and adults who are chronically ill and have a community support plan

- Community Alternative for Disabled Individuals (CADI) provides support for children and adults with disabilities who otherwise would require a nursing home level of care

- Developmental Disabilities assists persons with mental retardation and related conditions

- Traumatic Brain Injury supports persons with a diagnosis of traumatic or acquired brain injury or a non-congenital degenerative disease involving cognitive impairment, and who have significant behavior/cognitive problems as a result

For More Information

Contact a county social service departments to check on a person's Waiver eligibility, if funds are available (or if there are waiting lists) and application specifics. County web sites can be located by using one of the online search engines, or the state of Minnesota's website has links to them at:

http://mn.gov/portal/government/local/Counties/

The website for the Department of Human Services has further information about Waiver and related programming:

Elderly Waiver and Alternative Care Programs:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_005990

Disability Waivers:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_003726#

DHS Information Desk: 651.431.2000
800.627.3529 (TTY)

Office contact: Andersen Human Service Building
540 Cedar St.
St. Paul, MN 55164

Major programs and divisions within the Department now have separate post office box addresses and phone numbers, which can be found at:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_052642#

U.S. Department of Veterans Affairs

Background/What's Available

The federal Department of Veterans' Affairs over the years has developed a set of programs to assist disabled veterans in making their housing more accessible:

- Specially Adapted Housing (SAH). Grants are provided when a veteran acquires a major service-related limb or vision disability. Up to $63,780 or 50% of project costs can be obtained for building or purchasing a house or remodeling an existing one.

- Special Housing Adaptation Grants. These compensate for loss of hands, feet or blindness. A maximum of $12,756 can be obtained for installing features in an existing home, one being purchased or to reimburse for features in an already purchased unit.

- Home Improvement and Structural Alteration (HISA) Grant. This program provides assistance to install modifications enabling a veteran to continue receiving treatment or for basic home access (e.g., to the home, essential lavatory facilities, bath/kitchen counters, handrails, lowered outlets and switches). The maximum for veterans with service-connected disabilities is $6,800 and up to $2,000 for all other disabled veteran. A doctor must certify the need for the features.

VA Field Offices can provide information on whether or not a veteran is eligible - the best to contact is the office where a veteran's records are located. Once that's been established, a veteran applying for the Specially Adapted Housing or Special Housing Adaptation Grant submits an application to the regional VA Loan Processing Center. If a veteran needs assistance, a Specially Adapted Housing Agent in the regional VA Office can help.

For More Information

National	http://www.va.gov
Website:	(has general information and a "Facilities Contact: Locator" with a state-by-state listing of offices around the country)
National office:	1.800.827.1000 (voice) 1.800.829.4833 (TTY)
Regional	VA Regional Loan Center
Loan Center:	1 Federal Drive Fort Snelling Minneapolis, MN 554111-4050 1.800.827.1000

U.S. Social Security Administration - Plan for Achieving Self-Support (PASS), Impairment-Related Work Expenses

Background/What's Available

The Social Security Administration has two programs that shield assistance payments of persons with a disability incurring certain expenses:

- Plan for Achieving Self-Support (PASS). This program is a component of the Supplemental Security Income program, and it helps recipients who need to purchase a vehicle or equipment or install home modifications to support an educational or work objective. They can develop a plan to set aside resources to cover these costs without jeopardizing benefits eligibility.

- Impairment-Related Work Expenses. This program can be used by people receiving Social Security Disability Insurance (SSDI) benefits and some receiving Supplemental Security Income (SSI) who work or attend school. Expenses recipients incur for assistive technology and home modifications can be deducted from the earnings used to calculate benefit payments. This reduction translates into greater benefits than otherwise would be received.

For More Information

National website: http://www.ssa.gov

National office contact: 1.800.772.1213 (automated telephone service)
1.800.325.0778 (TTY)

Social Security Administration
Office of Public Inquiries
Windsor Park Building
6401 Security Blvd.
Baltimore, MD 21235

Minnesota offices: https://secure.ssa.gov/apps6z/FOLO/fo001.jsp

(a zip code-based office search for multiple offices in Minnesota.)

County Emergency Assistance

Background/What's Available

Counties may provide funds to help low-income households when they experience a crisis involving a threat to health and safety. The assistance may be in the form of vouchered payments for shelter or other basic needs, such as when there's a utility shutoff or an eviction. Some counties may target assistance to households where emergencies threaten children.

County emergency assistance in years past was also a possible source of funds for installing home modification features like ramps. Examples included where a member of a low-income household had an accident and needed a ramp to come home from the hospital, or a chronic medical condition significantly worsened and a ramp was vital for moving the person in and out during medical emergencies.

For More Information

Availability of and eligibility for emergency assistance varies among the state's counties. Low-income households needing one-time emergency accessibility help should check with the county where they live on possible assistance available.

The state of Minnesota's website has links to counties' offices at:
http://mn.gov/portal/government/local/Counties/

STAR Program

Background/What's Available

Congress authorized the Technology-Related Services for Individuals with Disabilities Act and subsequent laws extending it, including the Assistive Technology Act of 1998 (as amended). This legislation provides state grants that are used to help persons with disabilities secure assistive technology (including certain specialized home accessibility products) to enhance living at home and work.

The STAR - System of Technology to Achieve Results - Program, which is located in the state Department of Administration, implements the Act in Minnesota. STAR's core activities include device lending, reuse and demonstration. It works through a network of organizations around the state in offering services, and its partners are identified on its website at: http://www.starprogram.state.mn.us/demos.htm It also does outreach through various disability-related vendor and community fairs.

The agency's website has a location where individuals can register to sell/donate equipment, which is at: http://www.starprogram.state.mn.us/exchange.htm STAR periodically prepares a directory of Minnesota assistive technology-related funding sources (including for home accessibility remodeling), which is located at: www.starprogram.state.mn.us/funding_directory.htm

For More Information

Website:	www.starprogram.state.mn.us
Office contact:	STAR 358 Centennial Bldg. 658 Cedar St. St. Paul, MN 55155 651.201.2640

Equipalife - Assistive Technology Assistance

Background/What's Available

Equipalife's mission is to provide a statewide system of consumer-responsive assistive technology in Minnesota. It operates a number of initiatives:

Minnesota Regions Assistive Technology Collaborative (MRATC). Six regional networks provide direct access to qualified assistive technology professionals, advocates and other

resources, based on unique community needs. Collaborative members and Equipalife (serving the metro region) offer five core services:

- Information and referral
- Activities building education/awareness about the benefits from assistive technology devices and services
- Training for individuals, groups and professionals
- Mobile clinics providing service/supports
- Demonstration/lending of new equipment

AgrAbility is a partnership with the University of Minnesota. It's aimed at providing assistive technology devices, services and supports to promote and increase farming industry/community productivity.

Access to Telework is aimed at creating self-employment opportunities such as: creating new home-based employment options, providing equipment to facilitate working for an employer from home, providing more accommodating conditions than in conventional work settings.

The Micro Loan Program assists Minnesota residents in purchasing assistive technology services and devices, which can include home accessibility modifications.

Both Micro Loan and Access to Telework lending activities follow similar procedures, and are supported by federal funds as well as private lender resources. Applicants must be Minnesota residents who have a disability diagnosis. They complete applications and forward them to Equipalife where they're initially reviewed by a loan committee. Those appearing eligible for financing are forwarded to the participating lender, Bremer Bank. Equipalife may assist applicants in going through the loan process and in locating additional or alternate funding sources.

Both programs' application forms can be downloaded from Equipalife's website:

Micro Loan: http://www.equipalife.org/programs/microloan.html
Access to Telework: http://atmn.org/telework_form_04022008.doc

For More Information

Website:	http://www.equipalife.org
Office contact:	Equipalife PO Box 310 5563 Pioneer Creek Drive Maple Plain, MN 55359-0310 763.479.8239

Minnesota Regions Assistive Technology Collaborative - The Equipalife website provides profile and contact information for the Regions Assistive Technology Collaborative members, and identifies the counties they serve: http://www.equipalife.org/regionalassistance.html

Minnesota Department of Employment and Economic Development -Vocational Rehabilitation Independent Living Services

Background/What's Available

Vocational Rehabilitation Services within the state Department of Employment and Economic Development assists persons with disabilities in preparing for, finding and maintaining employment. Vocational Rehabilitation works in partnership with the state's centers for independent living, which provide a range of services to help persons with disabilities live as independently as possible.

Vocational Rehabilitation Independent Living Services provide various types of assistance and accommodations to help clients function well at work and at home. The state has a network of Workforce Centers where persons seeking help with job readiness/ employment can obtain assistance. Counselors at these locations assist applicants in identifying what resources would best support them in achieving work- and independent living-related goals, which could include home accessibility features.

For More Information

Workforce Centers are identified on a map located on the Department of Employment and Economic Development's website at:

http://www.positivelyminnesota.com/JobSeekers/WorkForce_Centers/See_All_WorkForce_Center_Locations/index.aspx

DEED/Vocational Rehabilitation website: http://www.positivelyminnesota.com

Office contact:

Minnesota Department of Employment
and Economic Development
1st National Bank Building, Suite E-200
St. Paul, MN 55101-1351
6512.259.7144
800.657.3858
651.296.3900 (TTY)

Centers for Independent Living

Background/What's Available

Centers are nonprofit organizations that assist persons with disabilities in living independently. Their efforts emphasize individuals having control and participating in decisions about policies affecting them and services needed/used. They are authorized under the federal Vocational Rehabilitation Act (Title VII), and deliver a set of core services, including:

- Information and referral
- Personal and systems advocacy
- Peer counseling
- Independent living skills training

Centers also provide services that may be of particular need in their delivery areas. CILS in Minnesota are involved in a range of activities increasing accessibility in various types of settings. They perform site assessments on homes as well as public and private properties. They install permanent and/or temporary ramps along with other modifications in homes; some also install non-home modifications. Centers can assist clients in locating funding to complete this work. They collaborate in many of these projects with a range of community organizations and volunteers.

For More Information

Check with each of the state's center to find out what specific home accessibility services it offers:

Center	Web Address
Access North - Center for Independent Living of Northeast Minnesota (CILNM),	http://accessnorth.net
Freedom Resource Center for Independent Living (FREEDOM)	http://www.freedomrc.org/
Independent Lifestyles, Inc.	http://independentlifestyles.org/

Center	Web Address
Metropolitan Center for Independent Living (MCIL)	http://www.mcil-mn.org/
Options Interstate Center for Independent Living (OPTIONS)	http://www.macil.org/options.html
Southeastern Minnesota Center for Independent Living (SEMCIL)	http://www.semcil.org
SMILES (Southern Minnesota Independent Living Enterprise and Services) Center for Independent Living	http://www.smiles.cil/org
Southwestern Center for Independent (SWCIL)	http://www.swcil.com/

The Minnesota Association of Centers for Independent Living (MACIL) is the centers' trade group:

Website: http://macil.org (contains a map and center contact information)

Office contact: MACIL
2720 N. Broadway
Rochester, MN 55906
507.285.1815

Minnesota Department of Labor and Industry - Workers' Compensation

Background/What's Available

State laws provide for a system of financial and other aid when employees experience work-related injuries or diseases. Workers' compensation laws require that employers either purchase private insurance or set up a self-insurance program to be able to provide coverage

when claims occur. The Workers' Compensation Division in the state Department of Labor and Industry oversees the system's operation.

If a disabled employee can't adequately function at home because of accessibility problems, the laws authorizes that compensation may be awarded. A state-licensed architect first inspects the home to identify problems and recommends whether to address them through home modifications, purchasing another existing home or building a new one.

A detailed modification/construction proposal is then forwarded along with other supporting materials to the State Council on Disability. The Council reviews to assure the proposal is appropriate for the employee's situation and needs. When the proposal is approved by the insurance carrier or employer (for self-insurance), the Council then forwards its findings/recommendations to the Workers' Compensation Division for processing. The maximum compensation is $60,000. The laws also set out that disputed claims are reviewed by a Workers' Compensation Court, and if necessary, the state Supreme Court.

For More Information

Website:	http://www.dli.mn.gov/WorkComp.asp
Office contact:	Minnesota Department of Labor and Industry/ Workers' Compensation Division 443 Lafayette Rd. N. St. Paul, MN 55155 651.284.5005 1.800.DIAL.DLI TTY: 651.297.4198
Duluth office:	Duluth Workers' Compensation Office 25 Lake Ave. S., Suite 330 Duluth, MN 55802-2368 218.733.7810

Minnesota Office of Justice Programs - Minnesota Crime Victims' Reparation Board

Background/What's Available

The Board's mission is to reduce the impact of violent crime on victims and their families. It does so through direct financial assistance and holding criminals accountable for the costs of their actions through improved collection of civil awards and restitution.

Victims of crimes involving serious injury or death, or family members or others involved in victims' financial support, can apply to the Board for compensation. Potentially eligible expenses include: medical/dental, mental health counseling, funeral and burial, loss of wages, child care and household services. Only expenses not covered or reimbursed by other sources are considered. Home accessibility modifications may be approved as a type of medical expense, depending on circumstances.

Information about the Board, assistance it has recently provided and a copy of the compensation application are available on the Office of Justice Programs' website.

For More Information

Website:	https://dps.mn.gov/divisions/ojp/help-for-crime-victims/Pages/crime-victims-reparations.aspx
Office contact:	Minnesota Crime Victims' Reparation Board 445 Minnesota St., Suite 2300 St. Paul, MN 55101-1515 651.201.7300 888.622.8799

Area Agencies on Aging - Family Caregiver Support Supplemental Services

Background/What's Available

The federal Older Americans Act (OAA) contains a number of sections that authorize funding for different types of services/supports seniors and their caregivers may need. These funds flow to a state's Aging Unit - the Minnesota Board on Aging - and through it to regional Area Agencies on Aging (AAAs). Among their various responsibilities, AAAs conduct planning/analysis and operate programs allocating different federal and state funding resources for local service delivery.

Title III-E of the Older American Act set up a National Family Caregiver Support Program. Its resources fund services such as respite, caregiver training/education and coaching/counseling. Title III-E's Supplemental Services allow caregivers to purchase or access services and supports that complement caregiving, such as home monitoring devices and legal assistance. Minor home modifications may also be an eligible supplemental service, although AAA allocations are typically very modest.

For More Information

State Board on Aging website: http://www.mnaging.org/
(has contact information on the AAAs, counties covered)

State Board contact: Minnesota Board on Aging
540 Cedar St.
St. Paul, MN 55155
651.431.2500
800.882.6262
800.627.3529 (TTY)

Health, Long-Term Care, Life Insurance

Background/What's Available

Depending on policies a household carries, one or more of the following types of personal insurance potentially could cover expenses for installing home accessibility modifications:

Health insurance. Health maintenance organizations have a strong emphasis on prevention and cost containment and some have in-house continuing care divisions. For one or both of these reasons, HMO among the various health insurance carriers may be willing to explore installing home modifications after major surgery, an accident or for a serious chronic condition. The HMO would assess the costs required to provide on-site care and/or assistive technology over a certain time period, and then compare what the alternative would be for different packages of care, assistive technology and/or home modification expenses.

Long-term care insurance. Long-term care insurance is being increasingly promoted as way that many households can protect themselves against escalating care costs. Policy specifics among one carrier's offerings as well as across carriers can vary over time, which complicates comparative shopping. Some only reimburse for nursing home stays, others permit different levels of flexible in-home assistance as well. Coverage for home modifications often is one of a number of options a household can choose to add to the basic premium charge.

Life insurance. Some life insurance policies, particularly those written many years ago, may allow borrowing against the built-up cash value of premiums paid. Interest rates may be low, and there may be few restrictions on how funds can be used. However, borrowing reduces the amount paid out to survivors when the policyholder passes away.

For More Information

- The use of health insurance for home accessibility modifications typically depends on the specifics of a particular care situation, although those interested in learning in advance could check on their insurance provider's receptivity.

- The Minnesota Department of Commerce regulates long-term care policies that can be sold in Minnesota. Its website also provides a variety of helpful information resources and links at: http://www.state.mn.us/portal/mn/jsp/content.do?programid=536914933&id=-536893703&agency=Insurance

- Households with life insurance policy having significant paid-in premiums can review their terms for borrowing options, and weigh those against reducing eventual payout amounts.

Civic, Religious, Advocacy, Trade Association, Business Resources

Background/What's Available

A wide range of organizations and informal groups may provide money or donate labor, materials or "adopt" a home accessibility remodeling project. The network of available contacts around the state varies greatly, so it's difficult to put together a comprehensive listing. However, here are examples of types of sources to explore:

- Charitable gambling proceeds. State law requires that organizations operating gambling activities must donate a percentage of their receipts for lawful purposes. Among options that can be selected are contributions to assist persons with physical or mental disabilities.

- Civic groups. Examples include Kiwanis, Knights of Columbus, Lions, Jaycees and Chambers of Commerce.

- Religious organizations. These can include individual congregations as well as a faith's regional administrative office or an area council of churches. They may organize volunteers or raise funds for certain projects in general, or target outreach in the neighborhood where the house of worship is located.

  An example is the national group, Joni and Friends. When local congregations cost share, it provides grants to persons with a disability in meeting home accessibility modification and other types of practical needs: www.joniandfriends.org

- Building industry professionals. Members of various building trades unions and an area builders' or remodelers' association may periodically donate services to a remodeling or construction project or operate foundations that sponsor such work.

- Assessment professionals. Occupational therapists, physical therapists, interior designers and others who evaluate and make recommendations on appropriate home modifications may be willing to donate services for certain cases.

- Product retailers. Building supply centers, lumber yards and product manufacturers may be sources of reduced-price materials or full or partial materials donations.

- Vocational technical schools. Many voc tech schools offer construction trades coursework, which may include a requirement that those enrolled must participate in a project outside the classroom. Ramps and even more extensive work like a room addition might be good candidates for obtaining assistance.

- Job readiness, staffing assistance programs. Examples include Job Corps, Vista, Youth Build and AmeriCorps.

- Youth groups. These may be connected with high schools or colleges where a community in-service project must be completed or where an informal group of interested young people (such as members of social groups like sororities or fraternities) pick a worthy project to support. Organizations like the Boy and Girl Scouts are other resources.

- Workers for many types of businesses. Employers often encourage their employees to donate time and/or resources to worthy project in the neighborhood or community where the company is located.

- Seniors' and disability advocacy organizations. A quick survey was done of about 20 Minnesota disability and veterans' advocacy groups, and at least two have grant assistance that could be used for home accessibility remodeling:

    - The Minnesota Chapter of the National Multiple Sclerosis Society operates an Adaptive Equipment/Home and Vehicle Modification Grant program. Persons with MS must be registered with the Society to submit a request, and a doctor must prescribe the item or modification.

      A maximum reimbursement of $1,500 is permitted per fiscal year on a sliding scale based on unreimbursed costs - 20% for $25-$200, 30% for $201-$400, 40% for $401-$700, and 50% for $701/higher. Eligible features include: portable and permanent ramps, chair lifts and other home modifications.

    - United Cerebral Palsy of Minnesota takes advantage of a charitable fund donated to its national organization. This fund provides up to $500 when state residents with cerebral palsy need to acquire assistive technology and other funding resources aren't available. UCP of Minnesota forwards an application packet upon request.

For More Information

Many sources can provide help in identifying possible contacts, including:

- Minnesota Council on Nonprofits

- Access Press

- United Way's First Call for Help and the state's 211 social service information resource or its online counterpart, www.minnesotahelp.info/public/

- County social service departments

- Local directories for area community service group

- Libraries

For further information on the grant for persons with multiple sclerosis:

MS MN website	http://www.nationalmssociety.org/chapters/mnm/programs--services/financial-assistance-page/index.aspx
Office contact:	National Multiple Sclerosis Society - Minnesota Chapter 200 12th Ave. S. Minneapolis, MN 55415 612.335.7900 800.582.5296 (TTY)

For further information on the grant for persons with cerebral palsy:

UCP website:	http://www.ucpmn.org
Office contact:	United Cerebral Palsy of Minnesota 1821 University Ave. W. St. Paul, MN 55104 65l.646.7588 877.528.5678

Private Lending Resources

Background/What's Available.

Many public and nonprofit agencies have missions to assist individuals and households with very low or low incomes. As a result, resources they provide, including for installing home accessibility modifications, typically are in the form of a grant or a deferred loan where repayment may not be required unless triggered by certain conditions.

Moderate- to upper-income households frequently don't quality for these programs and have to finance modification project through their own resources or borrowing. More modest-income households may do so as well because public and nonprofit assistance isn't sufficient to complete a project, because the work or property doesn't meet eligibility requirements, or because such assistance isn't available in their locale.

Borrowers are evaluated on ability to repay a loan, other personal debts ("debt load") and credit record in paying off other debts. If the loan will involve placing a mortgage on the property, the lender will also evaluate the property's value, amount of outstanding debt against it and the size of the loan request.

Banks, savings and loans, credit unions and other lenders have an array of options that can be explored. Offerings from mortgage lenders are another source to review. Additionally, some public or nonprofit agencies have certain resources they make available in the form of a loan like a private lender's where there's an interest rate and periodic payments are required.

It's important for prospective borrowers to do homework on what's available, because interest rates, financing costs, lending terms and other details can vary not only among loan products, but among lenders for the same type of product. The following listings highlight some of the common options.

Unsecured personal loans. Lenders finance these loan requests based essentially on a borrower's repayment ability and credit standing. The financial institution at which a household has one or more accounts may offer attractive terms for customers and deposit holders. These types of loans are an option households can consider when modification expenses are modest - say, up to $5,000 - and they may be less expensive than placing the debt on a credit card.

Besides banks and other community lenders, some larger businesses have programs offering this type of credit assistance to employees. Some 401(K) retirement plans may allow employees to borrow against them, although the balance may have to be repaid if/when leaving the company. Some social service and neighborhood programs may also provide unsecured loans for clients or area residents.

Secured personal loans. Households may also be able to borrow against various assets they hold, such as savings, certificates of deposit, money market funds, stocks, bonds or mutual

funds. The lender potentially might secure the asset by putting a "hold" on an account or taking possession of an article. These loans may save on title search and other costs as an alternative to processing a mortgage loan, but interest rates charged may be higher.

Mortgage refinancing. A homeowner with an existing mortgage where much of the loan balance has been paid off may be able to work with the lender to refinance the debt. The outstanding loan amount would be increased so the households could obtain additional cash for installing modifications. Examples of possible situations here would be if a property has an existing first mortgage for purchasing a home or other debt for an earlier home improvement loan or an equity line of credit.

Home improvement/ home equity loans. This financing can be taken out to raise funds for home repair or upgrade work, often instead of refinancing any existing first mortgage. Lenders approve these loans based in part on how the total of any existing first-mortgage debt still outstanding and the improvement loan request compare to the property's market value. These loans typically have a set interest rate and are repaid on a periodic schedule.

Equity line of credit. With this type of financing, a lender assesses a property's market value relative to debts against it, and sets a maximum amount it's willing to permit the household to borrow. Documentation is filed against the property for this amount, and the household is authorized to flexibly borrow up to the maximum during a specified time period. It can obtain the full amount at any one time, or it may decide to obtain one or more smaller amounts over time. The household may make periodic or lump-sum payments to reduce the loan balance and continue borrowing up to the difference between the unpaid loan balance and the maximum level. Interest rates may adjust over time.

Equity lines of credit are flexible options for paying for home modifications and many other uses (e.g., travel, buying household goods, unexpected family expenses). As the recent recession graphically highlighted, they're not risk free because the debt is attached to a home's title. Inability to repay when required or when property values drop greatly may be grounds for lender foreclosure.

Remodeler financing. Finance companies and contractors or suppliers sometimes have relationships in which the former provide clients of the latter with remodeling financing This option may be quicker and more convenient than seeking financing from a conventional lender, but loan lengths may be shorter and interest rates higher. Major building supply companies like Home Depot, Lowe's, Menards, Cashway, etc., may work with particular finance companies or make referrals to them.

Federal Housing Administration (FHA) Title I and 203(b) loan insurance. FHA in the federal Department of Housing and Urban Development operates two home improvement loan guarantee programs. Neither provides direct financing, but lenders purchasing this insurance are reimbursed for the majority of a loan’s outstanding amount if it defaults. Insurance options like these may ease credit tightness, particularly in periods like after the recent recession.

The Title I Property Loan program insures when funds are provided to rehabilitate an existing home. The 203(b) program covers loans when a home is purchased or refinanced and also will

be remodeled. This program also can insure initial financing for new home construction where permanent mortgage financing will be obtained in the near future. Interested borrowers can check among various local lenders to identify if any participate in either of these programs.

Reverse equity mortgages. Reverse mortgages are a type of financing only available for homeowners who are seniors (age 62/+). With a typical loan, a lender advances funds to a borrower where the loan principal and interest must be repaid over time until the debt is eliminated. Reverse equity mortgages operate in the opposite manner - a homeowner pledges a property's value in exchange for money from a lender, and it's the property's potential on which the lending is based, not a borrower's income, personal debts or credit status as in conventional lending. Banks weigh a number of factors in deciding if a property is a good candidate - its condition and value, appreciation potential, area housing market conditions, interest rates and borrower age.

Homeowners can obtain these funds in a lump-sum payment, a stream of monthly payments, a line of credit, or a combination of these options. Borrowers may use loan proceeds for many purposes - e.g., home modification, health or other living expenses, travel, investments. The loan balance accumulates with interest and doesn't have to be repaid until the loan is refinanced, the home is sold, the last homeowner dies or no longer occupies the property or at the end of a set term. If the loan isn't repaid when required, the lender can foreclose to take over the property.

The Federal Housing Administration in the Department of Housing and Urban Development offers the Home Equity Conversion Mortgage/HECM insurance program. It covers nearly all reverse mortgages made in the U.S. If a borrower draws more funds over time than a home is worth, FHA reimburse lender losses. The program also provides consumer protections because borrowers must obtain counseling from a HUD-authorized agency about the financing product's benefits and risks before a loan is processed.

The original HECM insurance was designed with the expectation that young-age seniors would take out these loans and use the proceeds over a relatively long period of time. Loans have fairly large, up-front processing costs, but it was assumed these expenses would be spread over many years to minimize impact. Experience has shown that many older-age seniors have been seeking reverse mortgages to extend their ability to remain at home and in the community for a far smaller number of years. The original HECM program's larger processing expenses became a disincentive, so FHA in late 2010 introduced HECM Saver, which provides a smaller maximum loan amount with reduced processing fees and costs.

For More Information

Check with community lenders on the different lending options they offer and terms. For additional background on reverse mortgages:

- National Reverse Mortgage Lenders' Association - http://www.reversemortgage.org
- Department of Housing and Urban Development - http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/hecm/hecmhome

Tax Benefits

Federal Individual Income Taxes - Itemized Deduction for Medical Capital Expenses

Background/What's Available

Household paying out of pocket to install home accessibility modifications may receive an offset on the expenses when filing federal personal income taxes. One major type of itemized deduction that's permitted on the 1040 tax form Schedule A is for medical expenses, and capital expenditures for modifying a home are a component within it. Eligible costs are those that:

- Don't add to a home's overall market value
- Are reasonable and basic (but costs connected with personal aesthetic or architectural choices aren't eligible)
- Along with other medical costs claimed, are greater than 10% of a household's adjusted gross income

Costs can be deducted for household residents including the filer/s, dependents and relatives living in the home who receive at least 50% of their support from the household. The Internal Revenue Service distributes "Publication" booklets detailing and clarifying many tax issues. Pertinent booklets with information on medical capital deductions include:

- Publication 502: Medical and Dental Expenses
- Publication 554: Tax Guide for Seniors
- Publication 907: Tax Highlights for Persons with Disabilities

A key issue in claiming home modification expenses is whether or not they add to a property's market value. Publication 502 identifies a number of features where their costs can be included in full:

- Ramps, grading, widening exterior doorways or modifying areas in front of exterior doors to provide access to the residence
- Widening interior doorways and hallways, modifying door hardware
- Modifying stairways, porch or stairway lifts
- Modifying fire alarms, smoke detectors and other warning systems

- Railings, support bars and other bathroom modifications; rails and bars in other areas of the home
- Moving or modifying electrical fixtures and outlets
- Lowering or modifying kitchen cabinets and equipment

Amounts paid to operate and maintain a capital asset also qualify for deduction as long as their essential purpose is medical. Amounts tenants with a disability pay to install special plumbing fixtures in a rental property are eligible as long as the essential purpose for the features is to meet a medical need.

Publication 502 includes a short worksheet for calculating how much of the total costs for a modification project can be claimed - this is important if modifications aren't on the above list. It also is a good idea to consult with a tax attorney or other experienced tax professional if the potential deduction amount is major or includes work where cost eligibility isn't clear.

For More Information

Website:	http://www.irs.gov
	(Forms and Publications are available online)
Office contact (national):	1.800.829.1040
Office contact (Minnesota):	http://www.irs.gov/uac/Contact-My-Local-Office-in-Minnesota
	Taxpayer Assistance Centers are located in:
	Bloomington Rochester
	Duluth St. Cloud
	Mankato St. Paul

Federal Business Income Taxes - Homes Used for Business Purposes

Background/What's Available

Businesses typically depreciate capital-related expenses over a number of years. In the case of modifications installed to make a property more accessible, IRS standards allow these expenses

to either be deducted over time or taken as a lump-sum deduction in the year in which they occur. If the latter option is chosen, a maximum of $15,000 can be deducted and any additional amount can be added to the property's value for tax purposes and depreciated over time.

The IRS requires that for either type of deduction, modifications must follow design standards set by the federal Architectural Transportation Barriers Compliance Board (ATBCB) according to the Americans with Disabilities Act (ADA) of 1990 - these standards can be reviewed at: http://www.usdoj.gov/crt/ada/reg3a.html

IRS standards also provide a "Disabled Access Credit" for small businesses that have expenses from installing accessibility features complying with the ADA. Businesses taking it must subtract the credit amount from the total expenses for the modification work and only deduct the balance.

These benefits apply to businesses of all types, including those based in a home. A home business may decide to install accessibility features to essentially benefit its customers, but a resident with a disability could benefit as well. If the latter course is followed, the household should carefully evaluate if the mandated design guidelines match the needs of the household member.

IRS Publication 525, "Business Expenses," has pertinent information on business deductions. Small business interested in applying for the Disabled Access Credit should review IRS Form 8826 and its instructions.

For More Information

Website:	http://www.irs.gov (Forms and Publications are available online.)
Office contact (national):	1.800.829.1040
Office contact (Minnesota):	http://www.irs.gov/localcontacts/

Taxpayer Assistance Centers are located in the communities identified in the previous listing.

Minnesota Department of Revenue - Ramps and Lifts Sales Tax Exemption

Background/What's Available

Minnesota provides a tax benefit for materials purchased to install a ramp or lifting equipment - stair glides, vertical or inclined platform lifts, elevators. The state Department of Revenue oversees the Special Purchase Refund Claim. Features must be installed at a principal residence of a person with a disability and authorized by a physician. Form ST11P plus the doctor's prescription and a copy of invoices showing sales tax paid are submitted to the Department of Revenue to obtain the reimbursement.

For More Information

The ST11P form and instructions are available on the Department's website at:
http://taxes.state.mn.us/sales/Documents/st11p.pdf

Office contact: Minnesota Department of Revenue
600 North Robert St.
St. Paul, MN 55101
651.556-3000

Minnesota Department of Revenue - Senior Citizen Property Tax Deferral

Background/What's Available

The state of Minnesota permits certain senior homeowners to defer a portion of the property taxes on their homes - this arrangement could benefit seniors doing a significant amount of home accessibility modification work that would greatly increase their home's value/taxes. Eligible households must be age 65 or older, have income not exceeding $60,000, and have owned and homesteaded the property for at least 15 years. The property can't have any federal or state tax liens, and any outstanding mortgages or other liens can't exceed 75% of its value. Properties with reverse mortgage loans aren't eligible.

The taxes aren't forgiven - instead, the senior pays taxes that at maximum are no more than 3% of household income, and the state lends the county the difference. Interest is charged on this loan (up to but not exceeding 5%), and a mortgage is filed against the property requiring that the deferred taxes and interest are due and the state is repaid if:

- Homeowners drop out of the program

- The property is sold or the title transferred
- All homeowners die
- The property no longer qualifies as a homestead

If the deferral isn't repaid as required, various rules for enforcing property tax collection are implemented - e.g., penalties, further interest or liens, or the property is forfeited.

For More Information

Applications are available from county assessors' offices - county web sites can be located by using one of the online search engines, or the state of Minnesota's website has links to them at:

http://mn.gov/portal/government/local/Counties/

A summary of the process is available on the state Department of Revenue's website at: http://taxes.state.mn.us/property/documents/pfs3.pdf and completed applications are submitted to the Department. Its Tax Operations Division can answer further questions:

Web:	http://www.taxes.state.mn.us
Office contact:	Minnesota Department of Revenue Mail Station 4108 St. Paul, MN 55146-4108 651.556.4803 Minnesota Relay 711 (TTY)

Minnesota Statutes - Property Tax Exemption for Disabled Veterans

Background/What's Available

State law (Minnesota Statutes 273.13) gives a homestead property tax exemption to certain disabled veterans. They must have an honorable discharge, and the U.S. Department of Veterans Affairs must certify that they have a service-connected disability. $150,000 of market value is excluded for veterans certified as 70% or more disabled, and $300,000 is excluded for veterans certified as 100%/permanently disabled.

Eligible veterans apply to their county assessors for the exemption and don't have to reapply unless there is a change in ownership. If a veteran passes away and his or her spouse continues owning and residing at the property, the spouse can receive the exemption for an additional assessment year unless the home is sold or otherwise disposed of earlier. The eligible portion of an agricultural homestead is the home, garage and immediately surrounding acre of land.

For More Information

Veterans who are eligible for this benefit can contact their county assessor for instructions on how to apply. County web sites can be located by using one of the online search engines, or the state of Minnesota's website has links to them at:

http://mn.gov/portal/government/local/Counties/

minnesota

Home Accessibility Modification

Survey of Centers for Independent Living

Home Accessibility
Needs Assessment Project,

Review of Independent Living Services,
Survey of Centers for Independent Living

Overview

A priority of the Home Accessibility Needs Assessment Project was to profile modification assistance provided by Vocational Rehabilitation Service's Independent Living Services (ILS) and the state's nonprofit centers for independent living. The basic importance of these data is to document current efforts. However, the unfolding "boomer tsunami" will greatly increase demand when centers already report difficulty in meeting the current level for the clients they serve. These data are additionally important, then, in establishing a benchmark against which to monitor and respond to the increase.

Two service delivery assessments were conducted. One obtained quantitative data from Independent Living Services' records. This review tracked types of assistance (including home accessibility) counselors with the state's Workforce Centers provided, the expenditures involved and clients served from fiscal year 2008 through the start of fiscal year 2011.

In the second assessment, the eight centers for independent living were surveyed. They provided quantitative data on accessibility-related assistance delivered, expenditures and clients served during 2008 through 2010. They also provided qualitative data which: gave additional background about the various accessibility services they provide; discussed service barriers, gaps and issues faced; profiled how delivery of ramp and other home modification services are coordinated; and profiled CIL and non-CIL resources used in accomplishing their work.

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Independent Living Services Review

Independent Living Services records report the following expenditures and clients served from fiscal year 2008 through the start of 2011, categorized by purchasing code. (Data are displayed in a chart that has been divided into two sections.)

Team	All other home mods	Ramps	Driving	Computers
Brainerd	0	0	0	0
Cambridge	0	0	1=$11,585.00	0
Crookston	1=$5,500.00	1=$7,873.57	0	1=$1,330.19
Duluth	1=$506.65	0	0	0
Faribault	1=$9,636.30	0	0	0
Fergus Falls	1=$16,800.00	0	0	0
Grand Rapids	0	0	0	0
Marshall	0	0	0	0
Monticello	0	0	0	0
Rochester	1=$8,570.00	2=$6,373.06	1=$1,442.00	0
St. Cloud	0	0	0	0
St. Peter	2=$789.88	0	1=$866.94	1=$2,029.53
Willmar	14=$22,072.25	24=$23,067.25	5=$4,436.60	0
Worthington	0	0	0	0
Outstate total	$63,874.08	$37,313.88	$18,330.54	$3,359.72
People - 89	21	27	8	2
Metro total	$99,193.46	$154,217.55	$2,835.00	$1,333.00
People - 226	38	156	4	1
Total State	$163,067.54	$191,531.43	$21,165.54	$4,692.72
People - 315	59	183	12	3

Team	Services not coded elsewhere	Medical, Prosthetic	Evaluations, assessments	IL training, support	Total
Brainerd	0	0	0	0	0
Cambridge	1=$465.21	0	3=$1,338.41	0	$13,388.62
Crookston	1=$2,284.43	3=$405.56	1=$2,723.00	2=$1,329.80	$21,446.55
Duluth	1=$739.42	1=$2,000.00	1=$150.00	0	$3,395.07
Faribault	0	0	0	0	$9,636.30
Fergus Falls	0	0	0	0	$16,800.00
Grand Rapids	1=$375.00	0	2=$389.56	3=$1,158.11	$1,922.67

Team	Services not coded elsewhere	Medical, Prosthetic	Evaluations, assessments	IL training, support	Total
Marshall	0	0	0	0	0
Monticello	0	0	0	0	0
Rochester	0	0	4=$1,167.50	1=$2,175.00	$19,727.56
St. Cloud	0	0	0	0	0
St. Peter	0	2=$251.75	0	0	$3,938.10
Willmar	1=$2,336.00	1=$324.00	0	2=$695.29	$52,931.39
Worthington	0	0	0	0	0
Outstate total	$6,200.06	$2,981.31	$5,768.47	$5,358.20	$143,186.26
People - 89	5	7	11	8	
Metro total	$5,542.24	$42.50	$345.00		$253,411.01
People - 226	25	1	1		
Total State	$11,742.30	$3,023.81	$6,113.47	$5,358.20	$396,597.27
People - 315	30	8	12	8	-

(Note: Independent Living Services records don't report other funding sources that may have been used to assist clients in the various service code categories. Additional information, however, is available for the metropolitan area where other funding sources included: Medical Assistance Waivers, Minnesota Housing Finance Agency, Veterans Affairs, Minnesota Crime Victims Reparations Board, private insurance and volunteers. The Metropolitan ILS staff person also provided coordination or processing assistance with installation of 346 ramps where neither ILS nor these other funding sources were involved.)

Center for Independent Living Survey

Centers for independent living were surveyed during 2010 to gather both quantitative and qualitative data on the services they deliver. Centers were later asked to expand and refine data initially obtained. The following materials transcribe the survey results - no changes were made in content, only formatting. Centers are identified by their commonly used names or acronyms:

CILNM	Access North - Center for Independent Living of Northeastern Minnesota
FREEDOM	Freedom Resource Center for Independent Living
ILICIL	Independent Lifestyles, Inc.
MCIL	Metropolitan Center for Independent Living
OPTIONS	Options Interstate Center for Independent Living
SEMCIL	Southeastern Minnesota Center for Independent Living
SMILES	Southern Minnesota Independent Living Enterprises and Services Center for Independent Living
SWCIL	Southwestern Center for Independent Living

2008 - 2010 Home Modification Activities

Centers provided the following statistics on the number of ramps built, temporary ramps installed, other types of home modification work done and accessibility assessments conducted from 2008 through 2010:

Minnesota Centers for Independent Living Home Modification Activities 2008-2010						
Center	Ramps Built			Temporary Ramps Installed		
	2008	2009	2010	2008	2009	2010
CILNM	45	45	36	0	0	0
FREEDOM	0	0	0	3	1	4
ILICIL	27	15	22	0	0	0
MCIL	41	57	65	2	3	2
OPTIONS	11	6	9	0	0	0
SEMCIL	5	10	14	0	0	0
SMILES	16	17	15	6	8	6
SWCIL	28	21	23	0	0	0
Total	173	171	184	11	12	12

Minnesota Centers for Independent Living Survey of Home Modification Activities 2008-2010						
Center	Other Home Modifications			Accessibility Site Evaluations		
	2008	2009	2010	2008	2009	2010
CILNM	3	2	3	153	156	81
FREEDOM	0	0	0	6	0	3
ILICIL	27	13	15	68	78	79
MCIL	8	7	8	84	108	148
OPTIONS	0	0	0	21	17	14
SEMCIL	4	6	11	17	21	31
SMILES	2	2	1	0	0	1
SWCIL	7	9	22	46	54	75
Total	51	39	60	395	434	432

Centers' Comments on Activities

Centers expanded on the statistics with the following clarifications or explanations about their activities. Wording for the information requested is provided at the end of each chart:

Comments for "Ramps Built" Responses*	
CILNM	Have installed nearly 900 to date.
FREEDOM	Freedom Resource Center collaborates with the City of Moorhead (CDBG funds) and the FM Homebuilders Association Rebuilders Council to build ramps for low-income Moorhead residents. We also provide Information and Referral Services to individuals who do not qualify for this service or are outside of the Moorhead community.
ILICIL	-----
MCIL	-----
OPTIONS	We coordinate a Ramp Project in collaboration with STS based in Thief River Falls as well as with a fraternity from the University of North Dakota. Funds for the ramps are generally paid through wavered services, private pay, or donations.
SEMCIL	-----
SMILES	-----
SWCIL	-----

*Requested: Ramps that create home access; and ramps built by CIL staff or people under direct supervision of CIL staff, including volunteers

Comments for "Temporary Ramps Installed"*	
CILNM	We are working on obtaining more temporary ramps. There is a need for temporary ramps for people who are having visitors, those who have short term disabilities, those who have a poor prognosis and will likely not need a ramp installed and those who need a temporary ramp until they can get a more permanent one. Temporary ramps are almost always “checked out” the numbers are part of our home modification numbers in the 704 report and are not tracked separately. Typically a temporary ramp is located at several different locations in a year.
FREEDOM	We started out with one 8 foot, 30 inch wide Roll-a-Ramp; and one 12 foot, 36 inch wide Roll-a-Ramp. In 2009 we added an additional 8 foot, 30 inch wide Roll-a-Ramp. We are adding four more 30 inch wide Roll-a-Ramps.
ILICIL	ILICIL does not have temporary ramps that are available on loan.
MCIL	None.
OPTIONS	We do not have temporary ramps that we install.
SEMCIL	We are in the process of developing a protocol for portable ramps and will purchase a portable ramp by the end of May 2011.

Comments for "Temporary Ramps Installed"*	
SMILES	Unable to answer question of how many temporary ramps are available, as the ramps come in sections, and are assembled to length according to need.
SWCIL	Although SWCIL has a number of temporary aluminum ramps that are or can be installed or be provided to consumers, we do not track the number of temporary ramps installed at this point in time as it is not a program that we utilize often. In some counties there is a program offering use of temporary ramps so we make that program known.

*Requested: Metal ramps intended for quick setup/takedown and short-term use

Comments for "Other Home Modifications"*	
CILNM	Installation of grab bars.
FREEDOM	We conduct accessibility surveys and refer consumers to resources that fund and install the above modifications (Information and Referral Services).
ILICIL	-----
MCIL	-----
OPTIONS	We do not get involved directly with construction other than through the provision of technical assistance on design, codes/regulations, funding sources, and referral of contractors that have submitted their names as having a specialty/expertise in accessibility.
SEMCIL	-----
SMILES	-----
SWCIL	2010 breakdown: 20 home modifications, 1 church, 1 business

*Requested: Numbers of consumers receiving home accessibility services from CILs.

Examples: Installing grab bars, showers, sinks and faucets, roll-out shelves; lowering and/or removing sinks, cabinets; raising toilets; doorway/hallway widening; related assistive technology, etc.

Comments for "Accessibility Site Evaluations"*	
CILNM	---
FREEDOM	In 2008, we had one staff member assigned to coordinate and conduct accessibility evaluations. 2009 data is not accurate because we are using a new database management system and we were unable to accurately harvest 2009 data on home accessibility evaluations. We also conduct business accessibility evaluations.
ILICIL	-----
MCIL	-----

Comments for "Accessibility Site Evaluations"*	
OPTIONS	-----
SEMCIL	SEMCIL Home Accessibility Assessments include a comprehensive on-site evaluation and a written Accessibility Report with information on current access concerns/barriers, future access concerns of the assessed property, and information related to improving/maintaining/ creating accessibility.
SMILES	---
SWCIL	FY 2010 breakdown: 31 home modifications, 34 ramps, 1 business.

* Requested: Any CIL visit to a home resulting in providing consumers with home modification information/advice, regardless of outcome

Service Capacity Gaps, Barriers and Issues

Centers provided the following responses when ask to highlight gaps, barriers and major issues they face in delivering home accessibility services:

CILNM

"Geography is a huge gap sometimes it takes half of a construction day or better to travel to the home. Certainly funding is always an issue, we always have a waiting list for ramps. The same as section a, plus an aging population."

FREEDOM

"When we advertise our portable ramp project, we are unable to keep up with the requests for portable ramps; as a result, we have ordered four more Roll-a-Ramps and handrails. Two ramps will be available through the Fergus Falls office and two additional ramps will be available through the Fargo office."

- "The length of ramping that is needed on a temporary basis can be a limitation. Many times we are unable to provide portable ramps because many homes have too many steps which would require significantly more ramping, railings, and platforms (a temporary modular ramp configuration). We would also need to designate more staff time to this service.

- "Center staff needs to be physically able to enter inaccessible homes and install portable ramps."

- "Vehicles have to have the capacity to carry portable ramps."

- "Installers need to be creative in the installation and at times have had to build landings to accommodate portable ramps."

"Center staff will need to be physically able to enter inaccessible homes and install portable ramps. Need a vehicle that is capable of delivering portable ramps. Installers need to be creative in the installation and may need to build landings to accommodate portable ramps."

"We are increasing the number of staff who will be trained to conduct home accessibility evaluations."

ILICIL

"The largest barrier to providing accessibility services in our area is a lack of funding for projects. We utilize funding from the county, the VA, local disability organizations and charitable organizations as well as providing funding gained from donations to our John Mertens Memorial Fund. While these funds help many people get the modifications they need there never seems to be enough to help them all. I believe that funding will continue to be the major barrier to completing home modification projects. As we continue to market our services and become better known in our community this may decrease some of the barriers to funding and increase donations to assist with home modifications."

MCIL

"Funding resources are shrinking, limited time with one-time volunteers, architectural barriers may be determined by building code restrictions to existing property. We anticipate an increase in requests due to the aging population and returning vets with disabilities. The ramp program has evolved from the beginning with 4 developers and a handful of volunteers. Changes in building codes, available building materials and skilled labor promoted the program from 1-2 ramps per month to 4-6 per month. Changes in funding, licensing and the availability still allow the flexibility to the needs of the consumer."

OPTIONS

"It is always difficult to stay informed on cutting edge accessibility products, construction methods, and materials. If you review the numbers you see that they have gone down during the last three years this can be attributed to the reduction in funding and money used for travel to conduct outreach activities being assigned for direct service."

"As noted above additional funds will be allocated away from travel in order to maintain staff hoping that the economic climate will change in order to reallocate and have skilled staff. We will have to evaluate other service delivery mechanisms to serve population less dependent on travel dollars."

SEMCIL

"Funding for Home Modifications and Ramps projects is a barrier for many consumers served through the SEMCIL Access program. As the number of waivers continues to decrease, consumers without the financial means to privately pay for ramps or home modification projects have limited options to improve accessibility. Many consumers are not aware of other funding sources that may be available to them (Lutheran Social Services, Thrivent, U.S. Rural Development Authority, etc) and while SEMCIL attempts to connect consumers with other

funding sources, there is often a lack of follow through or a limit to how much funding these other sources may be able to provide."

"Another barrier to consumers receiving the access services they need is the inability to provide access services to all counties in our service area. Although SEMCIL is committed to providing services to each county in our catchment area as we are able, there are counties that are unserved and/or underserved at this time. Because these counties have received limited access services to date, consumers and referral sources may be unaware of the scope of offerings SEMCIL's Access program provides."

"As SEMCIL's Access program has grown, an issue with appropriately trained and knowledgeable contractors has at times been apparent. There have been issues with contractors completing projects that do not meet accessibility standards (both ramps and home modifications). There have also been instances where contractors refuse to bid on projects because they are unwilling to go through the steps required by SEMCIL to ensure that projects are completed properly before releasing payment."

"All of the current barriers and issues mentioned above will continue to be barriers in the future. Reduced funding through a reduction in MN State Waivers will continue to be a barrier to access projects in the future. As the population continues to age in place, the need for home modifications and ramps will continue to grow, while at the same time funding for these often expensive projects appears likely to continue to decrease. There will be a need to locate additional funding sources in the future to effectively satisfy the consumer need for access related projects."

"As funding sources change and evolve, there will also be the need to find qualified, knowledgeable contractors that are able to complete projects that meet accessibility standards, yet are willing to work with CILs and funding sources to meet requirements for payment. As is the case right now, many contractors are unwilling or unable to meet the requirements for completing projects before receiving payment (for example, contractors may be required to pay for materials for a large, expensive project up front without receiving any money from the funding source until the project is complete, which may take months in some instances). Locating and working with an expanded pool of qualified contractors will be an important issue in the future."

"SEMCIL will continue to provide a full range of access related services in the future, including Home and Ramp Assessments, Ramps projects, Home Modifications, and Business Access Assessments. The process through which SEMCIL coordinates and bills for these projects may change in the future; however, SEMCIL is committed to maintaining a comprehensive access program. In lieu of the fact that there are counties in the SEMCIL service area that are unserved and/or undeserved, SEMCIL will continue to market our Access program and services to these areas to increase awareness and ultimately increase the number of referrals from these counties."

SMILES

"Finding available funding is primary issue. Funding resources. No problem with providing the needed services, issue comes back to funding."

SWCIL

"SWCIL started its ramp program in 1998/1999. Lot purchased August, 2001 in Minnesota, MN industrial park. Shop constructed May, 2002 (heated shop and a cold storage area for material). Because of increased requests for home modifications, SWCIL acquired a Residential Building Contractors License in November, 2009."

- "SWCIL has a licensed contractor employed as our Qualifying Person."
- "Acquired EPA license for Certified Renovator – required for pre 1978 home construction where lead is involved."

"SWCIL has its own truck and trailer for our program. All necessary insurances, unemployment and workers compensation for our program are in place. The ramp/home modification program has its own chart of accounts within our accounting system."

"Not having access to STS crews for ramp and module construction required SWCIL to secure additional labor to complete ramp projects. There were cuts to state funding for STS so counties had to pick up extra cost and limited crews to county projects. STS did not do home modification projects with SWCIL."

"We have limited consideration for home modifications and assessments to a sixty mile radius of Marshall. We have an assessment referral form that is filled out and SWCIL staff (Steve or Brian) confirms the status of what is requested and status of funding before we agree to do an assessment."

"Funding for consumers to pay for projects combined with balancing our labor and travel requirements is two of the biggest challenges SWCIL faces."

"An area that is being worked is finding appropriate outlets for equipment and fixtures for accessible bathrooms. Many wholesale places “say they have ADA compliant items” or similar terminology. SWCIL is making progress in making connections with firms for who actually understand accessibility and use that knowledge in designing and marketing their products."

"Funding for modifications for those living in rental properties is very limited."

"SWCIL is reviewing options to expand our program and add staff as there is a niche for agencies that understand accessibility and recognize that one size does not fit all."

Home Modification and Ramp Construction Coordination

Centers described the process used in constructing ramps and other home modifications and project coordination issues. They were asked to report on:

- Ramps, stairs and activities such as design assistance
- Financial advice and assistance

- Coordinating with funding sources and contractors
- Inspections to assure quality and safety

CILNM

"Ramp modules are often built by the Minnesota Department of Corrections in one of two locations. The materials are purchased by CILNM and the labor is provided at no cost. Ramp modules are transferred to CILNM storage by the Iron Range Resources semi-truck at no cost to CILNM."

"Project receipt

- A ramp application is completed.
- Our ramp project coordinator does a site visit.
- If a ramp is a good solution to the access issue the ramp is placed on the waiting list.
- Either the CILNM ramp crew or the Sentence to Serve/CILMN ramp crew builds the ramp.
- Ramps are either paid for by the county or on a sliding fee scale by the recipient."

Is there a "typical project" that your CIL coordinates? ---

FREEDOM

"Moorhead Ramp Project: Freedom Resource Center collaborates with the City of Moorhead and the FM Homebuilders Association Rebuilders Council to build ramps for low-income Moorhead residents. The City of Moorhead funds the materials (CDBG funds), Rebuilders Council provides the volunteer labor, and Freedom Resource Center conducts the accessibility evaluation, assisting the consumer in completing the required forms and providing the required documentation."

Is there a “typical project” that your CIL coordinates? "Moorhead Ramp Project."

ILICIL

"Our accessibility specialist, Bill Rudolph works with the consumer from the initial referral all the way through to the completion of the project. Bill will meet with the consumer and assess the needs of the project. He will then assist with drawing up plans within ADA compliance as well as make suggestions and assist with getting funding from the county or other organizations. Bill will coordinate between the funding source and contractor to work out how the work done will be paid for. Each project differs based on the funding source and the contractor."

Is there a “typical project” that your CIL coordinates? "The most common projects completed/requested are ramps."

MCIL

"Initial contact with consumer, define access needs, site visit, rough draft of plans, coordinate contractors, volunteers, inform building inspectors of plans, confirm funding resources, schedule construction."

Is there a “typical project” that your CIL coordinates? "Typical ramp for single-family home would require a level landing at the door. The sloped ramp with minimum of 1:12 pitch. Complete with hand railings and level surface at the end of ramp. Generally 5-7 days for construction and inspection."

OPTIONS

"Options has an accessibility specialist that takes referrals, either self referrals, agency, or from our direct service staff, identifies with the consumer the accessibility need short term and long term, and schedules an onsite evaluation. During the site evaluation information on accessibility is discussed, possible funding sources, labor sources, and any other needed information. If the person is working with a direct service staff person the information is relayed to them and a report is drawn up for the consumer. The direct service program, if not involved, is discussed with the consumer and if the consumer chooses a referral is made. The direct service staff then assists with applications and follow along for various funding sources as well as guidance on how to proceed with the project if the consumer is lacking in skills in this regard."

"As part of the initial visit consumer are informed about the need for inspections and building permits, if available within their area, for their consideration and follow-up, especially as it relates to outside funding source’s requirements. But, it is up to the consumer to follow-up as part of the building process, as well as to insure that plans and specs that have been provided are fulfilled. Options does not assume responsibility for these due to consumer self-determination and consumer choice. Up here in the boondocks many just go ahead and do, and if we were to lean on people it may result in people not wanting to use us. And really, as it relates to fulfilling code, in counties here that have no building inspection and even with areas with building inspectors, Options has no control on how people take the information we provide and utilize it."

Is there a “typical project” that your CIL coordinates? "It runs the gambit from ramps to inside home specs. No typical project."

SEMCIL

"The SEMCIL process for Home Accessibility/Ramp Assessments is as follows:

- Referral information received by SEMCIL staff. SEMCIL staff contact Case Manager/Referral Source/Consumer to gather more specific information about the Accessibility project.

- Funding sources are identified (waiver, Community Development Block Grant funding, etc).

- Upon receiving Service Agreement from funding source, SEMCIL's Access Coordinator completes a comprehensive on-site assessment of the home and/or property.

- A thorough Home/Ramp Accessibility Assessment report is written by SEMCIL's Access Coordinator, including information regarding current barriers to access, potential future barriers to access, suggestions for improving and increasing access (including drawings), and also includes products/resources that increase access.

- Home/Ramp Accessibility Assessment reports are sent to the consumer, Case Manager, referral source, etc."

"The SEMCIL process for Home Modifications/Ramps Projects is as follows:

- Referral information received by SEMCIL staff. SEMCIL staff contact Case Manager/Referral Source/Consumer to gather more specific information about the Accessibility project.

- Funding sources are identified (waiver, Community Development Block Grant funding, etc).

- SEMCIL's Access Coordinator meets with consumer to assess home/property for modification and/or ramp. If SEMCIL has already completed Home Access/ Ramp Assessment, that information is used as a guide for Home Modification/ Ramp Project.

- SEMCIL contacts local contractors to gather bids. Contractors must be licensed and bonded with the State of MN.

- Bids are received and reviewed. Bids are sent to County Case Manager/funding source. Case Manager/funding source and consumer choose winning bid. SEMCIL receives Service Agreement for SEMCIL fee.

- SEMCIL notifies contractors of decision on bids. SEMCIL and contractor coordinate Home Modification/Ramp Project with consumer, setting project timelines.

- Upon completion of project, SEMCIL's Access Coordinator conducts an on-site assessment of the property to ensure proper completion, access standards met, consumer satisfaction, etc.

- Once project has been approved, funding source pays contractor directly."

Is there a "typical project" that your CIL coordinates? "SEMCIL coordinates home modifications projects of all types depending on consumer need, however, most SEMCIL access projects are ramp builds/low rise step installation, bathroom modifications, grab bar installation, and door widening."

SMILES

"A 'typical project' is the construction of ramp(s). The home modification projects were paid for from special grant money."

SWCIL

"Ramps built by SWCIL: All material and supplies for the ramp project are ordered in quantity and stored in our shop. All ramp modules are constructed at our shop. SWCIL arranges for additional labor on a project by project basis. SWCIL staff builds and supervise staff at all ramp construction projects."

Home Modifications: "These are all projects that SWCIL has done assessments, bids and completed the work. Several involved other contractors, but we were the lead. Material and supplies for modification projects are ordered by the project staff or in conjunction with partnering contractor. SWCIL also ensures that appropriate permits have been secured as needed for projects."

Assessments: "SWCIL utilizes current staff to do the ramp and home modification assessments. Steve Thovson and our licensed contractor, Brian Swanson, do the majority of the site visits. Home based staff has done several initial site assessments for ramps and threshholds – pictures and measurements are submitted to the main office for finalizing the report."

"With our assessments we include pictures of the area assessed. These pictures are numbered and referred to in the assessment. If appropriate, we will provide detail or additional information below each picture. These pictures are labeled as “Before.” The final assessment report is completed by Steve. SWCIL may include plans for bathroom layouts with home modification assessments. Some modification assessments are done in conjunction with a report from an Occupational therapist, rehab unit or other contractors who may work with us on the project."

Bids: "Home modification bids are worked up by Brian to include material, supplies and labor. Steve and Brian jointly will prepare and submit the bid proposal to the owner or agency approving the funding. Pictures will be submitted as needed with bids."

"Steve or Brian will prepare bids for ramp construction. Usually ramp assessments and bids to complete work are submitted together."

Building Permits: "All necessary permits must be completed and approved given by the local building official prior to starting a project. When other contractors are involved their licensing information must be included. SWCIL attaches detail on the project so it is clear what each contractor is doing."

"While the State Building Code is the standard for construction statewide there are some counties that have not adopted the code. There can be cities within that county that have adopted the code. So in our area, we check with the local building official/town clerk for their respective permit requirements. When we do work at a home outside city limits we check with the County Land and Zoning about permit requirements."

"Completion of Work Performed: All module and ramp construction is done by SWCIL with Brian or Steve participating in the work and supervising the project. Brian Swanson does the work and supervision of personnel for the SWCIL Home Modification projects."

"When a project is completed, SWCIL reviews the work with the owner, SWCIL also takes pictures of the completed work and labels each picture as “After”, often including a narrative describing the work in the picture. We include the “After” pictures with our final bill."

"Building officials are notified when the work is completed. When plumbing and/or electrical work are included in the project the respective contractor performing the work must have required inspections done."

Is there a “typical project” that your CIL coordinates? N/A

2010 CIL, Non-CIL Funding for Accessibility Services

The CILS were also asked to provide background on what resources have been used to fund their accessibility services, and they reported the following:

2010 CIL, Non-CIL Funding for Accessibility Activities		
CIL	2010 CIL Funding	2010 Non-CIL Funding
CILNM	$0	$95,000 Ramp Receipts, United Way, Fee for Service Revenue
FREEDOM	$0 Freedom Resource Center used general operating grants to fund home accessibility services. Portable ramps were purchased with IL Council Ramp funds.	$0
ILICIL	$0	Source: John Mertens Memorial Fund Amount: Funding Varies based on donations
MCIL	$63,825	$93,524 Source: Counties, waivers, fraternal orgs, etc.
OPTIONS	Options utilizes its Title VII funding to provide assistance at no charge. Funding for the changes if provided by various funding sources and is individualized based on the circumstance of the	$0

2010 CIL, Non-CIL Funding for Accessibility Activities		
	consumer and thus eligibility. Since receiving the initial grant from the SILC to start the ramp project, we have a price list of components that is charged out. Of the money received it pays for materials and replacement of tools. A small percentage of is added to these costs, which is given to STS to offset their coordinator costs and to pay for larger items such as tires for the trailer and trailer upkeep. But no funds are used of Options to pay for any labor or materials or are consumers charged for our assistance.	
SEMCIL	Amount unknown Part B/Program Income State Operations Grant	$10,700 Source: Rochester Community Development Block Grant Funding (CDBG)
SMILES	$0	Majority of the ramps SMILES builds are paid for with county waivers. Very few are funded from other sources.
SWCIL	$4,000 Core IL Dollars Assessments Completed	$70,000 Ramp and Home Modification Projects Completed The majority of our projects are paid through the waivers in Minnesota's Home and Community Based Services programs. We do not offer funding or seek foundation grants to pay for ramps or home modifications. The sources we have used are listed below: Private Pay, Minnesota Home & Community Based Waivers, Disability Organizations who offer funding for modifications, Veterans Affairs, DEED IL Program