Home Modification Programs and Practices

The National Council on Aging (NCOA) partnered with the University of Southern California (USC) Leonard Davis School of Gerontology on a series of projects to feature home modification and home safety programs, assessment instruments, and funding sources to provide resources for families and professionals.

For information on NCOA's National Falls Prevention Resource Center, visit: https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/. For information on USC's Fall Prevention Center of Excellence and efforts in home modification, visit: www.stopfalls.org and www.homemods.org. If you have any updates or additions to the list below, please contact homemods@usc.edu.

Following is a list of evidence-based programs and best practices related to home assessments and home modification.

Categories and Criteria

1. **Evidence-based Program Criteria (U.S. Administration for Community Living's highest level benchmarks for evidence-based programs):** https://www.acl.gov/programs/health-wellness/disease-prevention
   - Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
   - Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
   - Research results published in a peer-review journal; *and*
   - Fully translated** in one or more community site(s); *and*
   - Includes developed dissemination products that are available to the public.

   **Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*
   ***For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

2. **Best Practices Criteria** *(based on Creative Practices Home Safety Report Evaluation Criteria):* https://www.ncoa.org/wp-content/uploads/Creative_Practices-Home_Safety_Report.pdf
   - Addresses fall prevention programming as a strategic priority;
   - Is sustainable and has been operating at least one year;
   - Can measure performance and incorporates performance measures in a continuous improvement effort;
   - Has established and nurtured strategic partnerships that expand its reach and service delivery and sustainability;

- Has established processes for referring participants to other services;
- Is reaching those older adults in need; and
- Demonstrates a vision and the capability to expand to meet demand.

These reflect the evidence regarding characteristics of successful home safety programs offered in the context of fall prevention:

- Professionals play an important role in promoting older adults' efforts to reduce fall risk in the home.
- Partnerships are established to link seniors to needed services.
- Observation of the older adult performance and function is included in the home assessment.
- Outcomes are evaluated with the feedback serving a continuous quality improvement function.

3. **Innovations Criteria:** these home modification efforts include outstanding components that distinguish them from basic home modification delivery services

Evidence-Based Programs with Home Modification – Information for Professionals

Program Name	Website/ Contact	Program Goals & Target Audience	Program Description	Delivered By	Training Requirements	Program Costs	Key Words	Published Articles about Program
A Matter of Balance	https://mainehealth.org/about/healthy-communities/healthy-aging/matter-of-balance	**Goals:** ▪ Reduce fear of falling ▪ Increase activity levels **Target Audience:** Adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling	▪ 8 weekly or twice weekly sessions ▪ 2 hours per session ▪ 8-12 group participants ▪ Emphasizes practical coping strategies to reduce fear of falling and teach fall prevention strategies ▪ Structured group intervention activities include group discussion, problem-solving, skill building, assertiveness training, videos, sharing practical solutions and exercise training	▪ 2 coaches (volunteer lay leaders) teach the class to participants ▪ Guest therapist visit (1 session for 1 hour)	▪ ▪ Master Trainers: 2-day training and on-going updates ▪ Coach/Lay leader training: 8 hours and attend annual 2.5 hour training update	▪ Licensing Cost: None. Everything is included in the training fee ▪ Training Cost: Master Trainer session open to anyone (includes all materials): $1,500 per Master Trainer plus travel - Group training available at an agency's location upon request: a) 11-15 attendees: $16,000* plus $220/person for materials b) 16-20 attendees: $18,500* plus $220/person for materials * plus travel, meals and lodging for 2 Lead Trainers ▪ Post-training Materials Cost: Coach Handbook: $20 - Participant Workbook: $13 - Guest Therapist Handbook: $6 - DVD (Fear of Falling and Exercise: It's Never Too Late): $164.76/set - A Matter of Balance DVD: $11.00 - A Matter of Balance Lay Leader Model CD-ROM for Coaches: $2.00. Please visit the website for the most recent Matter of Balance cost information.	▪ fall prevention ▪ group setting ▪ self-management ▪ health promotion	▪ Tennstedt S, Howland J, Lachman M, Peterson E, Kasten L, Jette A. A randomized, controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. *J Gerontol B Psychol Sci Soc Sci. 1998 Nov; 53(6):P384-92.* ▪ Healy TC, Peng C, Haynes P, McMahon E, Botler J, Gross L. The feasibility and effectiveness of translating a matter of balance into a volunteer lay leader model. *Journal of Applied Gerontology* 2008; 27 (1):34-51.

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CAPABLE: Community Aging in Place, Advancing Better Living for Elders	https://www.johnshopkinssolutions.com/solution/capable/	**Goals:** To reduce the impact of disability among low income older adults by addressing individual capacities and the home environment. **Target Audience:** Low income older adults	▪ 5-month, client-led program ▪ Occupational Therapist provides up to 6 home visits, Registered Nurse (up to 4 home visits), handyman (full day's work of home mods, assistive devices, and repairs). ▪ Directly addresses all risk factors for falls: medications, low vision, decreased leg strength, safe ADL ability, and home safety risks. ▪ Addresses participants' own goals, e.g., to get upstairs, take a shower, or walk out the front door—and barriers that interfere with achieving these goals.	Occupational Therapist, Registered Nurse, and Handyman	CAPABLE has a training curriculum for Occupational Therapists and Nurses, including self-paced electronic modules and an interactive in-person or Skype-type training, plus follow-up support calls once the clinicians start to implement CAPABLE. It includes a training manual for both Occupational Therapists and Nurses.	Most of the costs are staff costs (RN, OT, and Handyman) ▪ Interventionist training time ▪ In-home visit duration ▪ Travel time ▪ Supervisory meetings ▪ Visit preparation time ▪ Care coordination time between OT, RN and handyman Non-staff time costs include: ▪ Supplies and labor for home modifications, repairs, and assistive devices) ▪ Program materials ▪ Mileage (for driving to participants' homes)	▪ Participant directed ▪ Home environment ▪ Physical activity (balance and strength) ▪ Medication review	▪ Szanton SL, Thorpe RJ, Boyd C, Tanner EK, Leff B, Agree E, et al. Community aging in place, advancing better living for elders: a biobehavioral-environmental intervention to improve function and health-related quality of life in disabled older adults. J Am Geriatr Soc. 2011; 59(12):2314–20. ▪ Szanton, SL, Leff, B, Wolff, JL, Roberts, L & Gitlin, LN. Home-based care program reduces disability and promotes aging in place. Health Affairs 2016; 35(9):1558–63. doi: 10.1377/hlthaff.2016.0140
FallScape	http://www.fallscape.org/	**Goals:** ▪ Increase falls prevention behaviors and falls self-management skills ▪ Improve	A one to six month personalized multimedia behavior change program delivered in two to four one-on-one sessions utilizing easy-to-use software	▪ One to four trained facilitators ▪ Interview, follow-up and telephone	▪ One or two days which must be completed separately. Two days of FallsTalk	▪ Licensing Cost: Included in the training costs. ▪ Training Cost: FallsTalk training plus $250 - $490 depending on program components (1 or 2 days which must be taken separately from	▪ Falls ▪ multimedia ▪ fall prevention ▪ at-risk for falls ▪ personal program	Schepens SL, Panzer V, Goldberg A. Randomized Controlled Trial Comparing Tailoring Methods of Multimedia-Based Fall

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		recognition of fall threats (personal traits and circumstances that could cause a fall) & self-efficacy ▪ Enhance fall threat recognition and prevention behaviors with multimedia ▪ Prevent participant falls and reduce fall risk. **Target Audience:** Adults 50+ who have fallen OR are experiencing regular loss of balance, AND are at risk for falls OR are concerned about falling	(provided) that includes: a) evidence-based fall risk screening and standardized FallsTalk interview (10-20 minutes) which creates customized intervention components and reports; b) FallScape interactive multimedia training (one or two 15-30 min. sessions); c) fall-related log training (5-10 min.); and telephone check-ins (2-5 min. each); d) follow-up interview and log review (10-20 min.); e) FallScape interactive multimedia evaluation (10- 15 min.)	check-ins; as well as multimedia training, and multimedia evaluation can also be delivered by separate facilitators	training and demonstration of competency are required before FallScape training can begin (course outline on website) ▪ In-person training is mandatory to insure program fidelity, FallScape training is a pre-requisite for enrollment in Advanced FallScape (Day 2) ▪ Included software matches trainee's abilities ▪ Training is offered at various sites or can be delivered on-site for groups by custom arrangement	FallsTalk training and each other); Package includes training, software, multimedia elements, support for one year, and required competency testing. ▪ <u>Annual Subscription Cost</u>: Starts at $600 including FallsTalk license. Fee is based on both the number of users on-site and program components (see website for details). Subscription provides on-going site support, software and multimedia element updates, as well as web-based training	▪ community setting ▪ in-home ▪ out-patient ▪ telephone-based portion ▪ self-management ▪ health promotion ▪ self-efficacy ▪ fall risk screening	Prevention Education for Community-Dwelling Older Adults. *Am J Occup Ther.* 2011 Nov-Dec; 65(6): 702–709.

Program Name	Website/ Contact	Program Goals & Target Audience	Program Description	Delivered By	Training Requirements	Program Costs	Key Words	Published Articles about Program
Healthy Steps for Older Adults	http://www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx	**Goals:** to prevent falls, promote health, and ensure that older adults can remain as independent as possible for as long as possible, Healthy Steps for Older Adults aims to increase knowledge and awareness, introduce steps to reduce falls and improve health and well-being, and provide referrals and resources. **Target Audience**: Adults age 50 and over, including adults with low health-literacy (ability to read, understand, and act on health information).	Two workshops lasting approximately two hours each, held in the community at locations such as senior community centers and health care organizations within and outside of Pennsylvania. Both workshops can be held in one day or over a two day period. The workshops address common causes of falls, including: environmental safety; balance, strength, flexibility, endurance exercises; nutrition; foot health; sensory deficits (vision/hearing); side effects of medication; health status/disease states, including substance abuse; the need to maintain an active lifestyle; social connectedness; mental and spiritual well-being. Referral and follow-up are important components.	One to two certified instructors.	Workshop Leaders are required to take three online courses prior to attending a two-day classroom training. The online courses are approximately 45 minutes each in length and the two-day workshop runs approximately 6.5 hours each day.	Healthy Steps for Older Adults workshops are offered at no charge through Pennsylvania's 52 Area Agencies on Aging. Other organizations and facilities outside of Pennsylvania's Area Agency on Aging network can purchase a license to train Workshop Leaders and to conduct workshops. For more information on costs, email wellness@pa.gov.	▪ fall prevention ▪ group setting ▪ self-management ▪ health promotion ▪ community setting	Albert SM, Raviotta J, Lin CJ, Edelstein O, Smith KJ. Cost effectiveness of a statewide falls prevention program: healthy steps for older adults, Pennsylvania. Am J Manage Care 2016; 22(10):638-44.
Program of All Inclusive	www.npaonline.or	**Goals:**	Interdisciplinary team assesses participants'	An interdisciplin	For a health care organization to be	▪ Exploring PACE membership, $3,000 per organization	▪ Long-Term Services	Wieland, D., Boland, R., Baskins, J.,

Program Name	Website/ Contact	Program Goals & Target Audience	Program Description	Delivered By	Training Requirements	Program Costs	Key Words	Published Articles about Program
Care for the Elderly (PACE)	g Shawn M. Bloom National PACE Association (703) 535-1567 mshawnb@npaonline.org Teresa Belgin National PACE Association (703) 535-1518 mteresab@npaonline.org	▪ Comprehensive and seamless service delivery system and integrated Medicare and Medicaid financing. **Target Audience:** Eligible individuals are age 55+ and meet the clinical criteria to be admitted to a nursing home but choose to remain in the community. An array of coordinated services is provided to support PACE participants to prevent the need for nursing home admission	needs; develops care plans; and delivers or arranges for all services (including acute care and, when necessary, nursing facility services), either directly or through contracts. PACE programs provide social and medical services, primarily in an adult day health center setting referred to as the "PACE center," and supplement this care with in-home and referral services in accordance with the participants' needs. Each participant can receive all Medicare- and Medicaid-covered services, as well as other care determined necessary by the team.	ary team, consisting of professional and paraprofessional staff.	approved as a PACE program, the State must elect PACE as a voluntary State option under its Medicaid plan. In addition, the prospective PACE organization and the State must work together in the development of the PACE provider application. On behalf of the prospective provider, the State submits the application to the Centers for Medicare and Medicaid Services with assurance of the State's support of the application and its contents. Each approved PACE program receives a fixed amount of money per PACE participant regardless of the	▪ Prospective provider membership, $11,400 ▪ Provider membership, $15,000 per organization, plus additional fees based on organization's revenue	and Supports ▪ Mental Health Promotio ▪ Health and Wellness ▪ Interdisciplinary Team ▪ Medicaid ▪ Medicare	Kinosian, B. (2010). Five-year survival in a Program of All-Inclusive Care for the Elderly compared with alternative institutional and home- and community-based care. *The Journals of Gerontology: Series A Biological Sciences and Medical Sciences*, 65 (7): 721-26. For more articles: http://www.npaonline.org/policy-advocacy/state-policy/research

Program Name	Website/ Contact	Program Goals & Target Audience	Program Description	Delivered By	Training Requirements	Program Costs	Key Words	Published Articles about Program
					services the participant utilizes.			
SAIL (Strategies and Action for Independent Living)	http://www.sailseminars.com/	**Goals:** ▪ Physical activity program that reduces fall risk factors by increasing strength and improving balance. **Target Audience:** Primary focus is on community-dwelling adults 65 years and older with a history of falls. SAIL is able to accommodate people with mild mobility difficulty.	SAIL is offered three times a week in a one hour class. The duration of the class is determined by the organization providing it. The recommended class size of 8-15 people. The class includes warm up, aerobics, mandatory balance exercises, mandatory strength exercises, stretching, and education, which includes the topic of home safety. The exercises can be done standing or seated.	Fitness, exercise science, and healthcare professionals who have completed the SAIL Instructor training.	Instructors must complete online or in-person training. Experience working with and teaching physical activity to older adults is preferred, and current CPR and First Aid certification is recommended.	SAIL is a public-domain program. There are no initial site license fees and no yearly renewal fees for conducting SAIL classes. The program can be provided free of charge or for a small fee for seniors as an approved Administration for Community Act Title 3D funding requirement. Living evidence-based program that meets the Older Americans	fall prevention community setting	▪ Shumway-Cook A, Silver IF, LeMier M, York S, Cummings P, Koepsell T. The effectiveness of a community-based multi-factorial intervention on falls and fall risk factors in community living older adults: A randomized, controlled trial. *Journal of Gerontology: Medical Science* 2007; 62(12): 1420-1427. ▪ York SC, Shumway-Cook A, Silver I, Morrison C. A translational research evaluation of the “Stay Active and Independent for Life” (SAIL): a community-based fall prevention exercise and education program, *Health Promotion*

Program Name	Website/ Contact	Program Goals & Target Audience	Program Description	Delivered By	Training Requirements	Program Costs	Key Words	Published Articles about Program
								Practice 2011; 12(6):832-839.
Stepping On	https://www.ncoa.org/resources/program-summary-stepping-on/ OR http://wihealthyaging.org/steppingon	**Goals:** ▪ Offer strategies and exercises to reduce falls and increase self-confidence in making decisions and behavioral change in situations where older adults are at risk of falling **Target Audience:** Community-residing, cognitively intact older adults who are at risk of falling, have a fear of falling or who have fallen one or more times in a year	▪ 7 weeks ▪ 2 hrs per week ▪ A home visit or follow-up phone call by the program leader to facilitate follow-through with preventive strategies and to assist with home adaptations ▪ 2-hour booster session after 3 months ▪ Format includes workshops; balance and strength exercises during sessions and at home; guest expert presentations on topics including exercise, vision and falls, medication management, and community safety; fall risk self-assessments; and a display of useful items to prevent falls.	▪ Trained leader ▪ Trained peer leader	3-day training for Leaders	▪ **Licensing Cost:** Included in the training cost ▪ **Training Cost:** On-site WI training (includes the first 3-year license, Stepping On Manual, weights, toolkit, and one fidelity check by videotape, per Leader): For WI residents: $250, non-WI residents: $1,500 for up to two people from an organization; $1,200 for 3+ people. Off-site training: $12,000 for up to 20 individuals, plus cost of two trainers' flights, hotels, daily food allowance. The local (other state) must arrange for and provide: 20 Stepping On Manuals, copying of toolkit and other materials, room rental, snacks and lunches for 3 days, weights, guest expert physical therapist on first afternoon of 3-day training, A-V equipment (power point projector, screen, DVD player), general training items (easels, flipcharts, nametags, table tent cards), and display and sample display items.	• fall prevention • self-management • health promotion	Clemson L, Cumming RG, Kendig H, Swann M, Heard R, Taylor K. The effectiveness of a community-based program for reducing the incidence of falls in the elderly: a randomized trial. *Journal of the American Geriatrics Society*. 2004. DOI: 10.1111/j.1532-5415.2004.52411.x

SOURCES: Evidence-based Programs: https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence-FINAL.pdf ; https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/ ; and program websites.

Best Practices In Home Modification

Name of Program	Contact Information	Summary	Eligibility/Process/Cost
FallProof! **(Nationwide)**	http://hdcs.fullerton.edu/csa/FallProof/	Group-structured exercise program conducted in community and retirement facilities with primary focus on balance and mobility training aiming to simulate the same types of balance challenges encountered in life and reduce risk factors for falls Includes a self-administered home assessment with a list of recommendations for home modifications and related agencies. Delivered by two coaches who complete a four-month certification program of a didactic online course with seven learning modules plus a final 3-day practical competency workshop and evaluation. Renewal of certification is required every 2 years.	Adults 65+ with issues with balance and mobility due to falls, older adults at moderate-to-high fall risk based on established program criteria in community and residential care
Farewell to Falls **Stanford University Medical Center** **(California)**	https://stanfordhealthcare.org/for-patients-visitors/farewell-to-falls.html	Comprehensive process with home visits by registered occupational therapist who gathers information about health history and daily living skills, completes a balance and mobility assessment, gets a list of medications to be reviewed by Stanford pharmacist, does a complete home safety survey, recommends fall risk methods, install home modifications as needed, and introduces an exercise program. Follow up calls are conducted by a volunteer twice a month and a third visit will be made one year after enrollment.	Adults 65 years and older
Pitt County Council on Aging Falls Prevention and Home Safety Services **(North Carolina)**	http://www.pittcoa.com/senior-services/injury-prevention/	Offers Home Safety Assessments, Balance and Falls Risk Screenings to help individuals identify risk factors and learn fall prevention strategies, Home Accessibility Modifications (e.g. widening doorways, removing tubs, grab bars, stair rails and installing shower stalls, and A *Matter of Balance* evidence-based group classes to help individuals decrease the fear of falling, learn falls prevention strategies and exercises to help reduce falls risk.	Pitt County, North Carolina adults ages 55 and older.
Touchmark's Senior Retirement Community Health and Fitness Clubs: Fall Reduction and Awareness Program	http://www.touchmarkportland.com/p/senior_living/enrichment_9623/portland-or-	Touchmark is rebuilding its Fall Reduction and Awareness Program. A key part of Touchmark's program is use of the Neurocom® Balance Master® system. By the end of 2018, staff will be trained to identify emerging fall risks, and residents will be encouraged to actively engage in ongoing exercise programs. Exercise physiologists/ physical	Touchmark provides equipment items and minor modifications to the residents at cost. A list of qualified and recommended remodelers is maintained by the facility to offer choice; however, residents are

Name of Program	Contact Information	Summary	Eligibility/Process/Cost
(Beaverton, OR)	97225/touchmark-in-the-west-hills-9623 Phone: (503) 389-5320	therapists/occupational therapists trained in comprehensive fall prevention interventions will support program participants in their efforts to age in place. As necessary, trained students, interns, and family members will augment Touchmark team members. Trained staff will conduct an initial assessment of the living space shortly after a resident moves in. Modification work will be performed by Touchmark staff. Most residential homes include basic modifications, which serve the needs of most residents.	encouraged to use the on-site staff. The Fall Reduction and Awareness Program is available to staff, families of staff, residents of the facility, and people who do not live at the facility but choose to participate.
Holy Redeemer Home Care: LifeAssess **(Philadelphia, PA)**	http://www.holyredeemer.com/Main/LifeAssess.aspx Phone: (888) 678-8678	Holy Redeemer's LifeAssess program is a comprehensive assessment, education, support and rehabilitation program that addresses the needs of the homebound, frail elderly to enable them to enjoy a high quality of life in their own homes. In 2003, the LifeAssess program for older adults age 85+ became the first in the nation to receive the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) distinction of being certified in caring for the specific needs of the frail elderly at home. The program features a person-centered home assessment facilitated by staff with the cooperation of the client that includes minor environmental modifications addressing slip and trip hazards, task efficiency, and clutter. Structural modifications and improvements are referred to contractors or experienced volunteers from the Retired and Senior Volunteer Program (RSVP). A nurse, physical therapist, occupational therapist, or speech therapist conducts the initial home visit. The vast majority of clients require equipment items, assistive devices, and/or home modification. LifeAssess staff will provide patients with the education and practice opportunities required to safely use the equipment items and home modifications. Many equipment items and home modification referrals are funded by the Philadelphia Corporation for Aging, the local Area Agency on Aging, or through county and state funds. Partner organization, The Senior Care Collaborative, also provides resources on a limited basis. The interventions are based on the specifically identified deficits.	Insurance reimbursement covers services for home visits. Financially able patients are expected to self-fund both structural modifications and recommended durable medical equipment. If they are unable to pay for improvements, Holy Redeemer social workers will help the client identify available resources to cover labor and material costs.

Name of Program	Contact Information	Summary	Eligibility/Process/Cost
Neighborhood Health Agencies: Senior HealthLink **(West Chester, PA)**	https://www.chestercountyhospital.org/services-and-treatments/home-care-and-hospice-neighborhood-health/homecare-services/senior-healthlink	The goal of Senior HealthLink is to allow older adults to age in place while maintaining optimum health for as long as possible. Senior HealthLink, which includes a home safety program, is a free outreach program that benefits people age 65+ who have multiple medical issues and whose family are caring for them. It serves a low-income community and reaches a broad audience of older adults that includes frail individuals, while providing valuable hands-on experiences for senior nursing students. Initial visits are made following the return home from the hospital or emergency room. The Senior HealthLink program, in collaboration with the Chester County Health Department, developed a Home Safety Survey that student nurses administer during visits to older adults' homes. In addition, NHA uses a Fall Risk Assessment Form it developed that includes medication side effects, home safety and environmental factors, existing medical conditions, inactivity and mobility, nutrition, and hydration. The home visits are continuous and the assessment is tied to the case manager process, which ensures that referrals and minor modifications are completed. The strategic partnerships of Senior HealthLink with the Chester County Department of Health, Random Acts of Kindness Everywhere (Project RAKE), Good Works, and others expands the service capability of this program.	SHL clients are older adults who have been recently discharged from home care or the hospital, have chronic diseases, or are no longer eligible for insured home care, but who still need occasional monitoring and educational reinforcement to maintain their independence. In addition, SHL serves low-income and Hispanic elderly individuals who have limited access to health resources and/or lack transportation.
VNA of Care New England: Steady Strides **(Rhode Island)**	Phone: (ask for the Intake Department) (401) 737-6050	VNA Steady Strides program offers a comprehensive fall risk assessment for a high-risk population of skilled home care recipients and their caregivers in Rhode Island. A physical therapist completes an assessment of fall risk factors and a team of medical experts reviews the assessment and creates a tailored plan which may include sending a physical or occupational therapist, nurse or home health aide to the home to help patients minimize their risk factors. Older adults are actively involved in the decision making process and coordinating changes to their home. Recommendations for home modification professionals are provided to clients and family members, or referrals are made to private contractors. VNA maintains a list of recommended providers. Therapists provide detailed recommendations for the installation of equipment. The length of the program depends upon the patient's unique risk factors identified at the initial assessment.	To qualify, patients must be referred by their physician and meet the criteria for skilled home care. For a patient who is not currently receiving home health care from VNA of Care New England, a doctor may request that the initial assessment be performed by calling their Intake Department. For a patient who is already receiving home health care from VNA of Care New England, a nurse will contact the doctor to request permission to have the initial assessment completed. All home care services are covered by insurance or through private pay or co-pay.

Innovations in Home Modification

Name of Program	Contact Information	Summary	Eligibility/Process/Cost
Habitat for Humanity 50+ Repair Program **(National)**	www.habitat.org	Funded by The AARP Foundation, Habitat for Humanity International developed the 50+ Repair Program model for replication on the national level. Seven Habitat for Humanity affiliates developed a new form of volunteer assistance to deliver home modification services.	
Rebuilding Together **(National)**	www.rebuildingtogether.org	This national non-profit volunteer organization of affiliates across the country helps low-income homeowners, particularly those who are elderly, disabled, or part of a family with children, live in safe and supportive homes. Volunteers help paint, fix leaking roofs, replace rotten steps, and modify homes make them homes safe and secure. They positively impact the availability of home modifications by over 10,000 projects annually. Many affiliates consult with health professionals such as occupational therapists.	Low-income homeowners; free of charge
Volunteers of America Safety of Seniors Handyman Program **(National)**	www.voa.org	Volunteers of America Safety of Seniors Handyman Program has many programs around the country; for example, Repairs on Wheels performs safety reviews, educates seniors about home safety, and develops a modification plan. https://www.voagno.org/repairs-on-wheels	Targets low-income homeowners 60 years and older. Cost of labor is free and material costs vary depending on client eligibility.
AARP, Rebuilding Together, and American Occupational Therapy Association (AOTA) Collaboration **(CA, MO, VA, OH, CO, WI, IL, OK, PA, NE, and MN)**	http://www.prnewswire.com/news-releases/rebuilding-together-and-aarp-join-forces-to-help-more-homeowners-age-in-place-in-safe-and-healthy-homes-198955131.html.	This pilot project helps homeowners age in place in the following states: CA, MO, VA, OH, CO, WI, IL, OK, PA, NE & MN. Based on Rebuilding Together's Safe at Home program, which provides free home modifications to low-income homeowners, this pilot will reach moderate-income homeowners. AOTA offers insights into repairs that support aging-in-place.	Eligibility: For moderate-income homeowners. Cost: Free

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Totally Accessible Homes **(TX, OR, and GA)**	https://www.totallyaccessiblehomes.com/	Totally Accessible Homes has designed, built and installed products for accessible homes for over 12 years. They have set up a research and development department to work on new designs, modifications to existing designs, and custom products.	Private, for-profit; do specialize in serving Veterans
Mat Su Older Adult Fall Prevention Program **(Wasilla, AK)**	http://www.wasillaseniors.com/wp-content/uploads/2014/12/Tri-Fold-final-1-23-Dec-14.pdf and http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/Falls/default.aspx	Operating with a grant from the Alaska Commission on Aging, this program has a diverse clientele of retired military, bush people, Native Alaskans and a Ukrainian population with great geographic dispersion and language barriers. Multi-factorial program with Fall Prevention, Exercise classes (Tai Ji Quan: Moving for Better Balance and SAIL) and Home Safety Assessment and reports. Also includes Fall Risk Assessment Clinics at all surrounding Senior Centers and communities by using volunteers (e.g., pharmacists, PT/OT's, Paramedics, nurses) to assess older adult's balance, medications, and all health profile which are offered to be sent to any of their providers for coordination. They offer interior home modifications (i.e., grab bars, 2nd railings on stairs, toilet bowl rails, etc.)	
StopFalls Napa Valley **(Napa Valley, CA)**	http://stopfalls.aaans.org/	This non-profit program funded by grants offers free onsite home safety assessments, provides presentations on fall prevention and home modification, referrals for services and products, and products and devices for low income seniors.	Process: Call to request a home visit by an occupational therapist who will perform a home assessment and provide recommendations. Products and devices that are typically provided include handrails, grab bars. On average this program serves over 100 per year. If the client can pay they are expected to do so, however, this program has limited funding for low income clients (determined by an income of less than $25,000 per year).

Name of Program	Contact Information	Summary	Eligibility/Process/Cost
Contra Costa Fall Prevention Program **(Walnut Creek, CA)**	http://mowsos.org/services/fall-prevention/	The Fall Prevention Program of Contra Costa County strives to reduce deaths, preventable injuries, and loss of independence associated with falls of seniors and persons with disabilities. The program provides educational support and home safety repairs. Occupational Therapists conduct home assessments to reduce fall risk and the program makes the modifications. The OT then performs a reassessment to determine if the changes are helping the consumer.	
Motion Picture Television Fund (MPTF) Home Safe Home program **(Woodland Hills, CA)**	https://www.mptf.com/home-safe-home	MPTF's Home Safe Home program provides free home safety evaluations and free or low cost modifications for homes. It conducts approximately 200 home assessments per year and has a van they send out with the home modifications in it so they can do minor mods at the time of a visit. Most Home Safe Home program clients are referred by social workers, doctors, family, or fellow Motion Picture industry members.	Anyone in the entertainment industry qualifies for an assessment; family members of those in the industry also qualify.
Thrive for Life **(Islands of Hawaii)**	http://www.thriveforlife.com/accessible-modifications-homeowners/	Thrive for Life is a private company founded by two occupational therapists serving the islands of Hawaii. They utilize a 7-step process that includes performing comprehensive home assessments after which draftsman, contractors, and designers are brought in to determine appropriate modifications. Thrive for Life guides their clients through the process including collecting contractor bids, filing for permits and conducting a post-construction assessment where they observe the client in their new space.	
Extended Home Living Services **(Chicago, IL)**	https://www.ehls.com	EHLS was the recipient of two Small Business Innovation Grants from the National Institute on Aging to develop the Comprehensive Assessment and Solution Process for Aging Residents (CASPAR). CASPAR is a systematic process to collect information that can be used to specify the right modifications. CASPAR is used by professionals across the country. EHLS is the primary contractor for The City of Chicago's HomeMod Program, sponsored by Mayor Emanuel's Office for People with Disabilities. It also supports local charities such as United Cerebral Palsy of Greater Chicago's home modification program – Ramp Up as well as the Thornton Township's Home Modification Program.	

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Safe Strides Balance Program; Gentiva/Kindred at Home home health agency **(Louisville, KY)**	https://www.kindredhealthcare.com/our-services/home-care/types-of-care/fall-prevention	This evidence-based program includes assessment of the home environment by a physical therapist who makes recommendations for immediate changes (throw rugs, cluttered pathways, dimly lit areas, crowded spaces etc.), followed by recommendations that may require structural changes, such as grab bars, ramps, and widening doorways. It refers families to private and volunteer community resources. They use data to track patient outcomes that can then be used to promote effectiveness of the program.	
Project Mend-A-House **(Prince William County, MD)**	http://www.pmahweb.org/	Project Mend-A-House, a non-profit, serves low-income residents, seniors, veterans and people with disabilities in Prince William County, Maryland. They recruit volunteers and match them with people in need of minor home repairs and safety modifications. They also loan out daily adaptive aids for in-home use and hold Fall Risk Assessment Screenings as part of a Fall Prevention Program that partners with the Northern Virginia Fall Prevention Coalition.	
Neighborhood of Affordable Housing, Inc. **(Boston, MA)**	http://noahcdc.org/programs/shs	The Neighborhood of Affordable Housing (NOAH) is a multi-service non-profit community development corporation (CDC). NOAH works towards achieving the National Housing Goal of “a decent home and suitable living environment” for every family. One of its programs helps low- and moderate-income senior and disabled Boston homeowners remain comfortably in their homes by providing affordable home safety repair services, including minor repairs, emergency repairs, and senior home rehabilitation. NOAH fulfills over 300 service requests annually. In 2015, NOAH completed 394 free safety repairs, 7 emergency/rehabilitation projects, and 3 heating system improvements worth $170k for LMI seniors in Boston. Over the years, it has completed 9,650 senior safety-related, emergency, and handicapped accessibility repairs.	To qualify seniors must be over 62 years of age, live in Charlestown, East Boston, or the North End or West End of Boston, occupy/own a 1-4 family property, and have incomes below certain limits.
ZeroStep (Michigan)	https://greenhomeinstitute.org/wp-content/uploads/2013/09/ZeroStep-Guidelines.pdf	ZeroStep provides information to the public about the benefits of universal design and makes referrals to selected architects and builders. ZeroStep also offers certification classes to architects and builders who want to learn more about universal design concepts.	

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Adaptive Home Solutions **(Grand Rapids, MI)**	http://www.dakc.us/occupational-therapy.html; and http://www.dakc.us/assets/occupations-therapy-adaptive-home-solutions.pdf	Headquartered at Disability Advocates of Kent County and a partner with the Area Agency on Aging, this program uses creative funding from a variety of sources including Kent County Senior Millage, Community Development Block Grants, Disabled American Veterans, and a private foundation (Thome Foundation). They offer a thorough assessment of the person, home, and environment to identify barriers to independent living. An Occupational Therapist assesses the situation, sets up and implements a plan to make the home environment accessible through modifications and/or equipment. They also offer "Accessibility Consultation for New Construction or Remodeling" wherein they will review home plans to ensure accessibility. They also have an Equipment Loan Program for DME and offer classes in Aging in Place Solutions.	Consumers 50+ in Kent, Ionia, Montcalm, Mecosta and Osceola Counties and other local counties who meet income guidelines.
North Dakota Assistive Technology, Home First Program **(Statewide)**	http://ndipat.org/services/home-first and You Tube channel: https://www.youtube.com/channel/UC3OFlE3BsCZOUYaMAtHxWMg Phone: 1-800-895-4728	Home First has a "real home" environment for consumers to learn about home modification, a "real home" IPAD app, and a YouTube channel where people can explore and try out different types of assistive technology devices to help them stay safe and active at home. They have a team of Certified Home Modification Specialists and assistive technology specialists to help identify needs and make recommendations. Home First allows individuals to try out the assistive technology through a rental program.	
Pennsylvania Accessible Housing Program **(Statewide)**	http://www.sdhp.org/index.php/modifications-2/pa-accessible-housing-program/	In Pennsylvania, 38 of the 67 counties have subscribed to the Accessible Housing Program. It provides grants to local entities to carry out home modifications. Each county establishes a collaboration with agencies to provide the actual manpower. The monies are provided to landlords who are current with real estate taxes and are not in the process of foreclosure. The renter must meet income eligibility requirements and provide written documentation for the necessary changes.	
Chester County Home Modification Program (CCHMP)	http://housingpartnershipcc.com/home-modification-program.html	CCHMP is funded by a grant received from the Pennsylvania Department of Community and Economic Development's Keystone Communities Program. It provides a wide range of adaptive modifications which include, but are not limited to, ramps, lifts, door and	Participants must have permanent disability that limits access to and use of the dwelling, be a homeowner, and household income

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(Downingtown, PA)		hallway widening, kitchen and bathroom modifications, visual doorbells, audio phones and visual phone signalers. Funding modifications is in the form of a grant and repayment is not required.	must not exceed 80% of the area's median income.
United Disabilities Services (UDS) Foundation **(Lancaster, PA)**	http://www.udservices.org/services/home-modifications/	The United Disabilities Services (UDS) Foundation, a non-profit, provides services to people with disabilities of all ages, including Veterans and the elderly, throughout South Central Pennsylvania. They have over 300 employees, who last year served more than 2,500 clients with disabilities in 30 counties throughout the state. Their home modification program provides individual needs assessments, home evaluations, feasibility assessments, and full construction and installation to make homes more accessible and convenient, including ramps and door/hallway widening, accessible kitchens and bathrooms, bedroom and bathroom additions, and automatic door openers. They also operate a Home Accessibility eStore.	
One Step Ahead Fall Prevention Program **(Seattle, WA)**	http://www.kingcounty.gov/depts/health/emergency-medical-services/community/fall-prevention.aspx	This program, headquartered at the King County Emergency Medical Services Department, provides free home safety visits by a physical therapist or physical therapist assistant to address potential fall hazards, education about staying safe in the home, installation of fall safety devices, and information about community resources that can help older adults stay independent and safe in your home. The Program partners with Rebuilding Together Seattle which installs grab bars, etc. The program started as a study in 2003 and grew into a community program where over 2000 seniors have enrolled in the program.	Participants must be 50 years plus, have fallen or be at high risk of falling as assessed by a healthcare professional and live in King County.
Safe at Home Program for District Seniors **(Washington, DC)**	https://dcoa.dc.gov/featured-content/safe-at-home safeathome@homecarepartners.org	District of Columbia Office on Aging (DCOA) and the Department of Housing and Community Development work with contractors through (CSBG) to offer Safe at Home. Administered by Home Care Partners, a DCOA grantee, Safe at Home helps older adults and residents living with disabilities age in place. It provides preventative adaptations to reduce the risk of falls in the homes of qualifying seniors and adults with disabilities.	Safe at Home is available to seniors ages 60 and older, and persons living with a disability ages 18-59. Eligible households will receive accessibility adaptation grants up to $10,000 to cover equipment and labor costs. The Safe at Home program staff located at Home Care Partners will assist qualified applicants through the enrollment process. Enrolled participants will receive an in-home assessment from Occupational Therapists to identify problematic areas and develop a list

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			of modifications and equipment. Home modifications could include: handrails, grab bars, bath tub cuts, shower seats, furniture risers, and stair lifts. Applicants who do not qualify for the Safe at Home program may receive referrals to other programs better suited for their specific needs. Referrals to other programs are not a guarantee of eligibility.
Accessible Home Associates (Washington, DC)	http://www.accessiblehomeassociates.com/	This private company was founded by an occupational therapist and physical therapist who conduct comprehensive home environment assessments. They are also involved in studies (e.g., CAPABLE), work with the DC Office on Aging Safe At Home Program and serve on the Fairfax County Building for All Committee.	