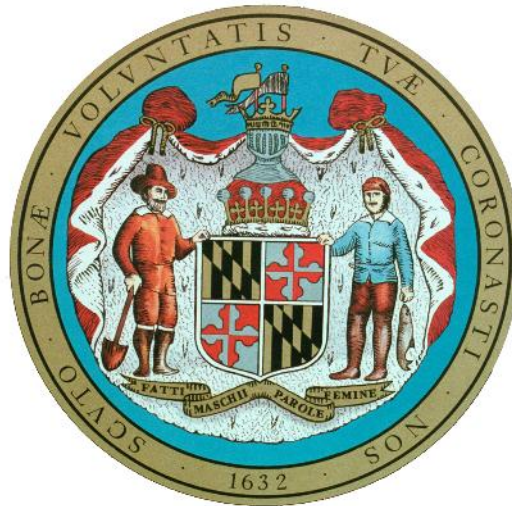


RENOVATION AND REPAIR NEEDS OF SENIOR HOMEOWNERS TASK FORCE REPORT

DECEMBER 2012



MARTIN O'MALLEY
Governor

ANTHONY G. BROWN
Lt. Governor

House Bill 991: Charge and Formation of the Task Force

This “summer study” was authorized by House Bill 991 sponsored by Delegates Samuel I. “Sandy” Rosenberg (Baltimore City) and Alfred Carr, Jr. (Montgomery County) during the 2012 legislative session. This bill requires the Department of Housing and Community Development (DHCD), with the assistance of the Department of Aging, the Department of Health and Mental Hygiene, and the Department of Human Resources, to create this task force and report its findings to the Governor and the General Assembly before the new legislative session convenes in January 2013. .

The task force was charged with the goals of study methods for (1) identifying, on a statewide basis, seniors of limited income who own and occupy single-family homes; (2) identifying census tracts with high concentrations of senior homeowners; (3) understanding the needs of low-income seniors regarding home repairs, safety, and energy savings; (4) addressing the impact of high concentrations of low-income senior homeowners on neighborhood stability and preservation; (5) identifying existing and new public resources on the federal, State, and local levels to assist low-income and limited-income senior homeowners with home renovation and repairs; and (6) identifying the challenges for low-income and limited-income senior homeowners in accessing public resources.

CHAPTER 695 (House Bill 991)

AN ACT concerning

Task Force to Study the Renovation and Repair Needs of Senior Homeowners

FOR the purpose of requiring the Department of Housing and Community Development, with the assistance of the Department of Aging, the Department of Health and Mental Hygiene, and the Department of Human Resources, to create a task force to study methods for identifying and understanding the renovation and repair needs of low-income and limited-income senior homeowners and identifying resources to assist senior homeowners; requiring the task force to consult with and enlist the participation of certain stakeholders; requiring the Department of Housing and Community Development to report on the findings of the task force to the Governor and the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the creation of a task force to study the renovation and repair needs of low-income and limited-income senior homeowners.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

- (a) The Department of Housing and Community Development, with the assistance of the Department of Aging, the Department of Health and Mental Hygiene, and the Department of Human Resources, shall create a task force to study methods for:
- (1) identifying, on a statewide basis, seniors of limited income who own and occupy single-family homes;
 - (2) identifying census tracts with high concentrations of senior homeowners;
 - (3) understanding the needs of low-income seniors living in their own homes regarding:
 - (i) home repairs;
 - (ii) safety; and
 - (iii) energy savings;

- (4) addressing the impact of high concentrations of low-income senior homeowners on neighborhood stability and preservation;
 - (5) identifying existing and new public resources on the federal, State, and local levels to assist low-income and limited-income senior homeowners with home renovation and repairs; and
 - (6) identifying the challenges for low-income and limited-income senior homeowners in accessing public resources.
- (b) The task force shall consult with and enlist the participation of a wide range of stakeholders, including representatives of:
- (1) local housing agencies;
 - (2) nonprofit organizations that address housing issues for seniors;
 - (3) organizations that assist seniors with financial literacy;
 - (4) financial institutions;
 - (5) contractors; and
 - (6) architects.
- (c) On or before December 31, 2012, the Department of Housing and Community Development shall report on the findings of the task force to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2012. It shall remain effective for a period of 1 year and, at the end of May 31, 2013, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, May 22, 2012.

The task force was required to enlist the participation of a wide range of stakeholders, including representatives of local housing agencies, nonprofit organizations that address housing issues for seniors, organizations that assist seniors with financial literacy, financial institutions, contractors, and architects.

Membership of Senior Home Repair Task Force

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Executive Director, CHAI Baltimore

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Deputy Director, Housing Initiative Partnership, Inc.

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Introduction

Seventy-six million American children were born between 1945 and 1964, representing a group that is remarkable simply by its sheer size alone. Commonly known in popular culture as the “baby boom” generation, this cohort was the wealthiest, most active, and healthiest age group in American history up to that time. As a result of their vitality and prosperity, “boomers” reaped the peak benefits of post-war America economy with abundant levels of food, affordable consumer goods and educational opportunities. They set the high watermark of achieving the “American Dream” - 69% of this generation became homeowners. As they now reach their retirement years, boomers are now swelling the ranks of senior Americans in numbers never previously experienced. We know this was coming, but are we prepared?

A significant attribute of the baby boom and its successor generations is that, thanks to advances in medicine and technology, older men and women are living much longer. While longevity is generally regarded as a positive attribute, it also means a greater population of older adults functioning with disabilities for longer periods of time. One-quarter of older households age 65-74 include someone with a disability, the proportion climbs to nearly two-thirds among households with a member 85 or older. Based on data provided by the Maryland Department of Housing and Community Development ((DHCD), the Maryland Department of Planning (MDP) and the Center for Housing Policy (CHP), statistics provide a stark profile of the challenge confronting the State of Maryland and communities across the nation to meet the demand of programs and services.

By 2050, the population of individuals across the United States aged 65 or older will increase 120 percent from 40 million to more than 88 million. In other words, one in every five Americans will be at least 65 years of age. The numbers of citizens aged 85 or older will more than triple over the same period to 19 million. The demand for housing that can safely accommodate current and future seniors will increase sharply, if it hasn't already started, and the need for services to help older adults “age in place” will only multiply exponentially.

Consistent with national trends, the number of older Maryland residents – ages 65 and older representing a segment of the baby boomer population – will also increase dramatically by 2020. While many of the state's older adults will prefer to age in place and eventually add a large number of housing units onto the market over time, the sheer number of baby boomers in Maryland will also create a significant need for additional smaller size units and alternative living arrangements such as assisted living, nursing homes, and accessory apartments in order to accommodate growth.

According to a 2012 Harvard University study on the State of the Nation's Housing, adults over age 65 are almost eight times less likely to move in a given year than younger adults in their 20s. A survey by AARP found that nine out of ten older households express a desire to stay in their homes “as long as possible.” The reasons most cited: a love of the current home or neighborhood, familiar surroundings; a lack of affordable, convenient, or attractive options; and a desire to remain independent. Reluctance to move is particularly true for those who own their home. Older adults almost universally say they prefer to age in their current homes but many lack access to the services needed to ensure this outcome.

A significant population increase among older adults nationwide and in Maryland would suggest a need for smaller size units or alternative living arrangements such as assisted living, nursing homes, and accessory apartment construction. Consequently, some of the oldest adults do opt to move to multifamily housing developments that provide extra assistance to help residents live independently. However, the

supply of these types of housing is unlikely to keep pace with burgeoning demand, and these options are often too expensive for low-, moderate-, and middle-income households.

The financial security of older adults is likely to decline with age as reflected in rising poverty rates. Unfortunately, household cost burdens tend to increase with age as property taxes, maintenance, and utility costs all are likely only to rise over time for older homeowners. Older adults generally spend more than half their income on housing than younger adults. One in four households with resident of 85 years or older pay at least half of their fixed income on housing, as compared with about one in five households aged 65-74 and about one in six households with even younger occupants. These spending patterns were already established prior to the housing market's sharp downturn in 2007 and the broader "Great Recession" of 2008 that even further reduced the home equity and retirement savings of older homeowners.

As a result of the Great Recession, difficult and austere policy decisions have dominated the previous four years in Washington. At the same time, a primary focus was placed understandably on the rising healthcare costs of all Americans including an aging population but neglected to address the housing needs of the same people. Core federal initiatives such as the Community Development Block Grant (CDBG) and HOME funds which predominately finance the construction and rehab of multi-family buildings and communities were cut. CDBG and HOME funds were cut 25% and almost 40% respectively between FY 2011 and FY 2012 on top of earlier cuts from FY 2010. These drastic cuts have been felt across the entire State, with CDBG funds decreased from \$59 million in FY10 to \$42.4 million in FY12 and HOME from \$25.5 million in 2010 to \$12.9 million in 2012. Further cuts are threatened in the 113th United States Congress. Even before these funding reductions, federally subsidized rental programs meet the needs of only about one in four eligible households regardless of age. In light of these fiscal limitations, not enough rental and multi-family units can be constructed to meet the coming demand for supportive housing for seniors.

In summary, the number of older adults is rising but the available federal funding for housing subsidies is not keeping pace with demand. As federal funding levels for the construction or rehab of senior housing becomes increasingly unreliable, states and local governments should look to alternative policies to meet the needs of an aging population. These alternative policies fall into two general categories: policies to support aging in place and policies to expand housing choice. The first category involves some form of government subsidy whether it is loans or grants that will help ensure that older adults with low and moderate incomes have the access to resources to modify their existing home. The latter proposes regulatory strategies. For example, localities may consider adopting more flexible zoning policies and aggressively enforcing existing laws and requirements such as the Fair Housing Act and Americans with Disabilities Act to encourage the privately financed housing market to develop a range of housing choices including accessory dwelling units (I.e., "granny flats" or "pods"), high-density rental developments, assisted living residences, continuing care retirement communities, and congregate housing. The refinement and implementation of these and other options would be enhanced by strengthening collaboration not only between agencies at the federal, state and local levels but also foster public private partnerships between government and for-profit and non-profit sectors.

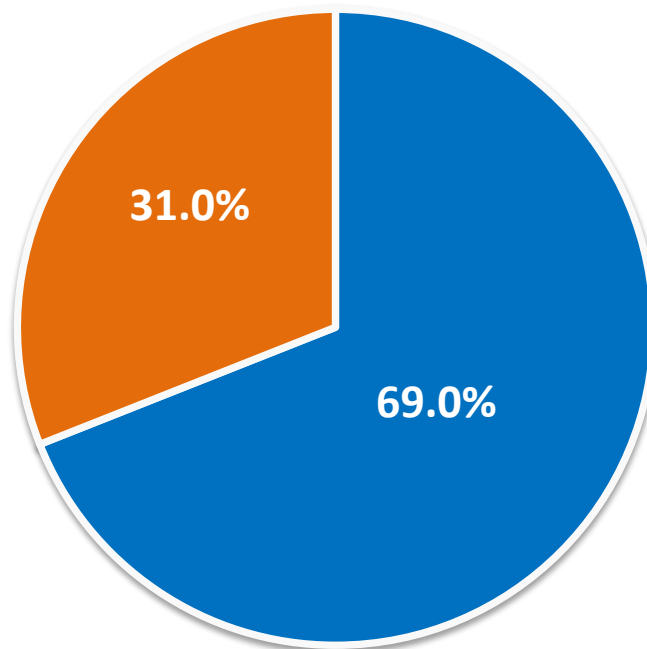
Profile of Senior Homeowners in Maryland

As stated in previously, two of the goals with which the task force was charged were identifying, on a statewide basis, seniors of limited income who own and occupy single-family homes and pinpointing census tracts with high concentrations of senior homeowners. To meet these objectives, DHCD’s Office of Policy, Planning and Research used data from the 2012 Census and the American Community Survey (2006 – 2010; Tables: B19037 & B25007) to provide the following profile:

Profile of Maryland Households

1. Total Households in Maryland	2.1 million
2. Total Owner Households by Age	1.5 million (69.0%)
• Owners <65 Years	1.1 million (77.9%)
• Owners >65 Years	323,980 (22.1%)
3. Total Renter Households by Age	656,885 (31.0%)
• Renters <65 Years	564,473 (85.9%)
• Renters >65 Years	92,412 (14.1%)

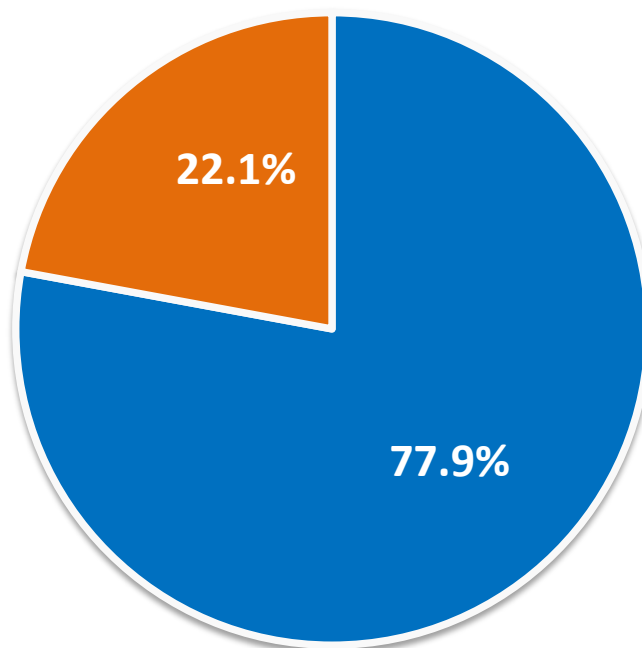
Tenure By Households



Total HHs – 2,121,057	■ Total Owners	■ Total Renters
Owners – 1,464,162		
Renters – 656,885		

Owner Households in Maryland

Tenure By Age of Households



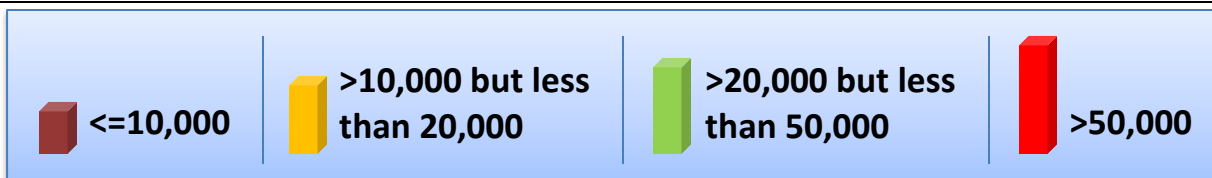
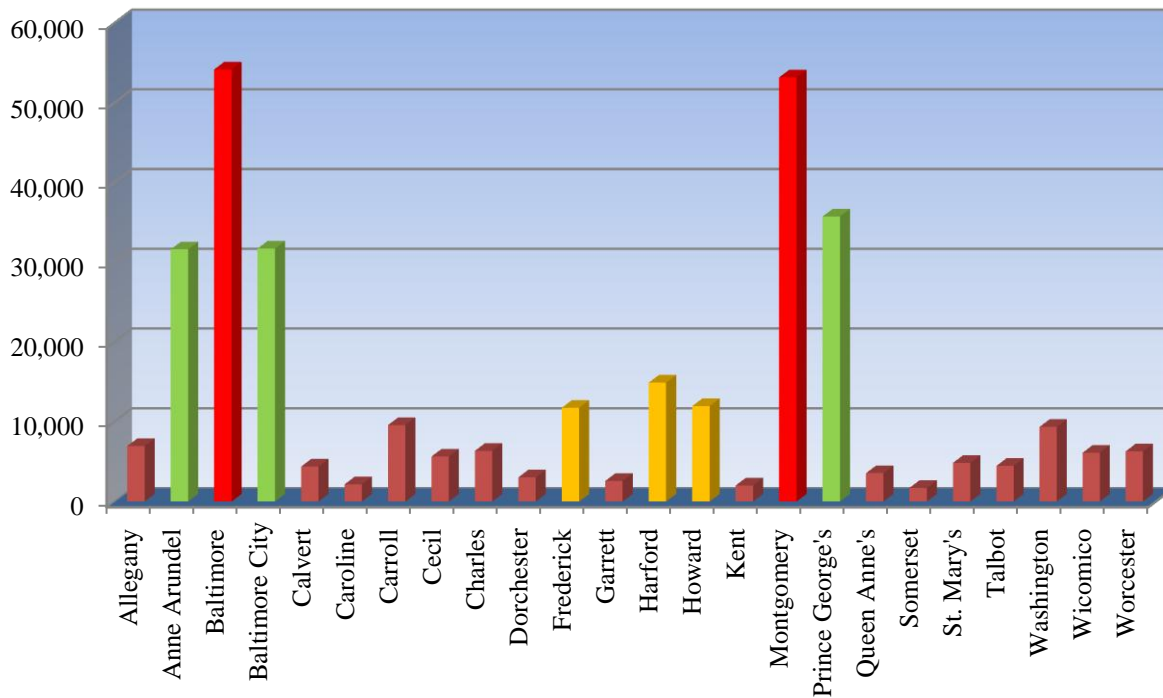
■ Owners HHs < 65 yrs ■ Owners HHs > 65 yrs

Total HHs – 1.5 Million
Owners HHs < 65 Yrs. – 1.1 Million
Owners HHs > 65 Yrs. – 323,980

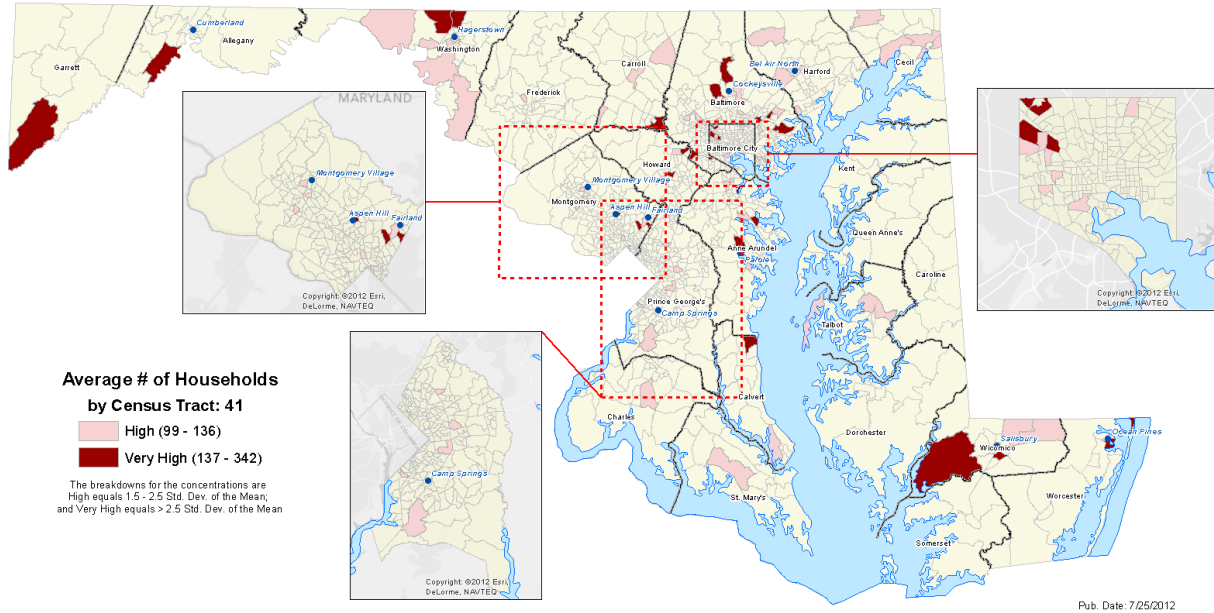
Income Levels in Maryland

<u>Total HHs in Maryland</u>	<u>Seniors</u>
1. <\$35 K/Year (486,149)	172,656 (35.5%)
2. \$35-\$49/Year (249,521)	57,853 (23.2%)
3. \$50-\$74/Year (386,304)	68,730 (17.8%)
4. \$75-\$99/Year (299,813)	42,063 (14.0%)
5. \$100+/Year (699,000)	75,090 (10.7%)

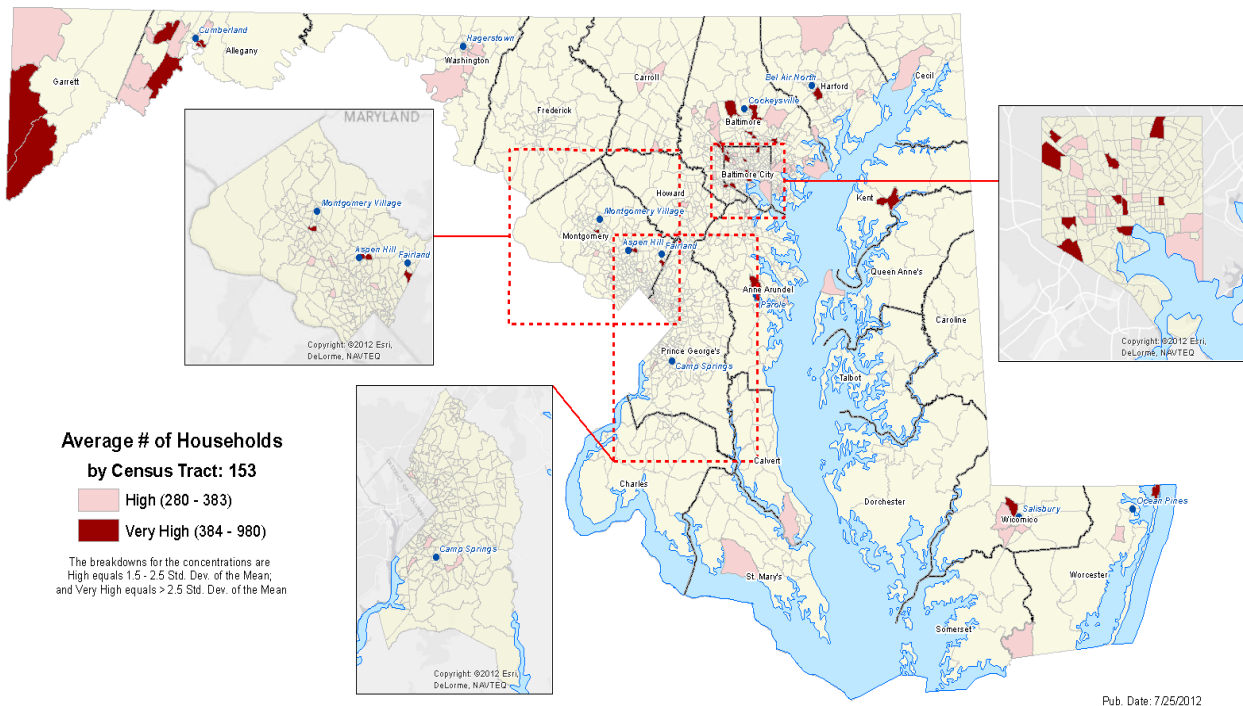
Seniors in Maryland By Jurisdiction



Concentrated Areas of Households with Occupants aged 65 and Over with Income \$35,000 to \$49,000 by Census Tracts ACS 2010



Concentrated Areas of Households with Occupants aged 65 and Over with Income Under \$35,000 by Census Tracts ACS 2010



Government Programs and Resources Available to Senior Homeowners

Before considering the formulation of possible recommendations, the Senior Home Repair Task Force invited a number of state agencies to brief the membership on existing programs and resources that are utilized by senior citizens in Maryland. These programs are administered at the Department of Housing and Community Development (DHCD), the Maryland Department of Aging (MDOA), the Department of Human Resources (DHR) and the Department of Health and Mental Hygiene (DHMH). These agencies serve on the State's Interagency Committee on Aging Services.

The Maryland Department of Housing and Community Development (DHCD)

Accessible Homes for Seniors (AH4S)

DHCD has operated housing rehabilitation programs for the benefit of low and moderate income homeowners since 1977. The basic program is known as the Maryland Housing Rehabilitation Program (MHRP). It is a State funded program.

In the early years of the program, MHRP operated as a fixed rate loan and borrowers had to make a monthly payment on the loan over a term generally of 20 years. This left many prospective, low income borrowers out who could not afford to make a payment.

In 1986, a package of housing programs was introduced by then Governor Harry Hughes. The law broadened to include three additional programs to include Indoor Plumbing, Accessory, Shared and Sheltered Housing and Lead Hazard Reduction. It also gave the Program more flexibility in underwriting loans to base the interest rate on the income of the borrower and to provide for 0%, deferred loans for those on a very limited income. This change was very beneficial to those on a fixed income such as seniors who may have only Social Security as their sole source of income. These programs are ongoing today.

Another program introduced in 1986 was the Home Maintenance and Repair Program (HOMAR). The program was a competitive grant program. It provided small grants of up to \$25,000 to nonprofits and local governments who could then use the funds to provide small grants for essential repairs to low income homeowners. The HOMAR grants could also be used to cover modest administrative expenses. The program was repealed in 1999.

In 1997, Special Loan Programs created the Accessible Homes for Seniors Program (AH4S) in conjunction with the now Maryland Department on Aging. This program is a subset of MHRP and is designed to provide attractive financing to encourage seniors age 55 and over to undertake improvements to make their home more accessible for them. Eligible improvements include bath and kitchen improvements, ramps, lift and even in some cases, adding on a downstairs bathroom and/or bedroom for those in need. Under AH4S program, borrowers will be offered a 0%, deferred loan for a term of 30 years regardless of their affordability. Credit standards have also been relaxed for this program in order to serve as many borrowers as possible.

Eligible applicants must own and occupy as their principal residence the home at which they are seeking accessibility modifications. Additionally, the borrower's income may not exceed 80% of area medium income. However, this specific income figure varies by family size and location. For example, the maximum household income that qualifies in Anne Arundel County for a family of two is \$52,608. The combined loan to value for each application cannot exceed 110%.

Today AH4S is operated in partnership with local housing departments such as Baltimore Housing, Prince Georges DHCD, and Montgomery DHCA. Applications are accepted on a first come, first serve basis and borrowers can apply at the local housing agency or any of the nineteen area agencies for aging located in their jurisdiction. In jurisdictions where there is not a participating agency or housing department, seniors may apply directly to DHCD's Special Loans Office.

During Fiscal Year 2012 (July 1, 2011 – June 30, 2012), AH4S funded accessibility modifications to 228 households at a total amount of \$7.7 million. For FY' 13, DHCD expects to fund modifications in an estimated 230 households comprising \$5.4 million in state funds and an additional \$1.1 million in federal assistance.

Staff at DHCD's Special Loans Office and with local partnering agencies report encountering some consistent obstacles that deter potential borrowers from completing an application or applying at all. The single most hindrance cited is an applicant's reluctance to receive a loan instead of a grant. In some circumstances, the potential applicant is not as hesitant about the loan as their adult children who are advising their parents about their finances. Additional issues that prevent processing an application are structural deficiencies of the home that far exceed the need for accessibility modifications or the borrower's inability to produce sufficient title documents or proof of insurance.

BeSMART

DHCD's Be SMART program, funded through the US Department of Energy's Better Buildings program, provides increased comfort, safety and affordability to buildings in Maryland through energy efficiency improvements. The single family component of the programs offers innovative financing to replace and upgrade appliances, heating, cooling and ventilation systems and whole house envelope improvements across the state. The program offers two types of loans: Be SMART Home ENERGY STAR and Be SMART Home Complete. Through both types of financing, home owners are able to choose their weatherization and energy efficiency professionals from a list of eligible providers whose qualifications have been reviewed by DHCD.

Participants in the Be SMART Home program must be Maryland homeowners who want to make energy efficient improvements to their primary residence and who meet the following eligibility standards:

- Verification of income
- Credit score of 640 or greater
- Debt-to-income ratio of up to 50%

Unsecured loans provided through the Be SMART Home ENERGY STAR program may be used for replacement and upgrading of appliances and home heating or cooling systems. Loans covering these improvements are offered at an interest rate of 6.99%. Loan funds can be used for energy efficient heating and cooling systems, windows, doors, insulation, appliances, and other improvements that are qualified or meet program standards. Qualified ENERGY STAR improvements include, but are not limited to:

- Air Source Heat Pumps
- Central AC Systems
- Boilers (All Fuels)
- Water Heaters
- Refrigerators
- Ceiling Fans
- Programmable Thermostats
- Ventilating Fans
- Windows/Doors

Unsecured loans provided through the Be SMART Home Complete program may be used for weatherization and whole home envelope improvements. Loans covering weatherization and whole home envelope improvements are offered at an interest rate of 4.99%. A home energy audit performed by an auditor from a list of eligible contractors is required to utilize this program and should be included with the application. An energy audit provides insight into potential energy savings improvements for homeowners. Typical energy savings are in the range of 15–25%, depending on each household's energy usage profile. Based on the result of a prescribed home energy audit, the following measures may be recommended to improve the efficiency, safety and comfort of a home:

- Air infiltration reduction
- Insulation in the attic, floors, and walls
- Hot water system improvements
- Lighting retrofit
- Furnace cleaning/tuning and burner repair/replacement
- Health and safety items that improve energy efficiency

As with AH4S, the BeSMART staff report similar hesitancy on the part of older applicants from taking on additional loan debt to make home energy improvements as opposed to receiving a grant.

EmPOWER

The EmPOWER Low Income Energy Efficiency Program (LIEEP), administered by the DHCD, helps low income households with installation of energy conservation materials in their homes at no charge. These improvements will both reduce a household's energy use and lower the monthly utility bills, and will also make occupants more comfortable and may improve the air quality and overall health of the family.

Funding is provided for this program from five of the state's major power companies: BGE, PEPCO, Delmarva Power, SMECO, and Allegheny Energy.

Households may participate in the program if their annual household income is equal to or less than the equivalent of 200% of the federal poverty level. For a Maryland household of two this equates to an annual income limitation of \$30,260. Additionally, an applicant must be a current customer of one of the five participating energy companies. **While EmPOWER does not serve senior citizens exclusively, the program prioritizes its applications from high energy users and elderly households.**

Once a household is determined to be eligible to participate in the program, a local agency will schedule a time to perform an energy audit of the home. The audit will prioritize the most effective ways to reduce your energy costs while increasing comfort and a contractor will install the recommended work. After the energy efficiency upgrades have been completed, the local agency will conduct another evaluation to ensure that the home is operating more efficiently.

The program may provide the following upgrades:

- Insulation in the attic, floors and walls;
- Hot water system improvements;
- Lighting retrofits;
- Furnace cleaning, tuning and safety repairs;
- Refrigerator retrofit, if applicable; and
- Health and safety items.

EmPOWER, like its sister Special Loans programs, experiences the same apprehension from accepting a loan particularly from senior households on fixed incomes. Additionally, homes often do not qualify due to underwriting standards and the cost to bring the house in compliance with code standards.

The Maryland Department of Aging (MDOA)

Maryland Access Point ("MAP")

Maryland's Aging and Disability Resource Center (ADRC) is known as the Maryland Access Point. (MAP). Maryland currently has twenty MAP sites providing statewide assistance for consumers seeking information, referral and program support for long term services. The state's seven regional Centers for Independent Living (CILs) are primary partners in all sites.

The ADRC federal initiative is a joint effort of the Administration for Community Living, the Centers for Medicare and Medicaid and the Department of Veterans Affairs. The national vision is to establish Aging and Disability Resource Centers like MAP in *every* community, serving as highly visible and trusted places where people of all incomes and ages can turn for information on the full range of long-term support options and a single point of entry for access to public long-term support programs and benefits. The federal initiative began with 12 states including Maryland in 2003; the program is now in 54 states and territories. The core functions of an ADRC are: information, referral, assistance and streamlined eligibility for public programs. These services are commonly referred to as Options Counseling. In addition to 20 local sites, MAP provides a statewide public searchable resource directory to serve the public and

professionals in identifying, connecting and accessing private and public resources. www.marylandaccesspoint.info. The MAP website has several options for searching for services which include selecting a county and program type, a self-assessment tool, and a quick search. Individuals can use the website to directly find and contact service providers or they **can** find an appropriate agency in their local area to contact for counseling and assistance.

Maryland's MAP has developed significant partnerships among state and local agencies and organizations while welcoming new partners and roles. MAP staff work with advocacy groups to develop searchable data resources for different constituent groups. MAP will work with the Maryland Commission on Alzheimer's to:

- review current resources listed in the searchable database;
- review current search functions for services that may be supportive for individuals dealing with cognitive dementia;
- provide a "Learn About" on cognitive dementia for the website;
- work to include an on-line screening instrument for cognitive impairment; and
- develop a process for on-going input from the Commission on Alzheimer's and other advocacy groups serving people with cognitive dementia and their caregivers and support networks.

The MAP website is under constant review for accuracy and ease of search and to assure the inclusion of information relevant to different consumer groups. We have just begun working with the Commission and anticipate completion of the work by January, 2013.

Maryland Access Point has become a one stop shop resource tool for consumers looking for services and support for long term care and plans for future needs. It is a major element in Maryland's rebalancing initiative to allow persons to age in place and where possible, return to their communities. MAP can play an important role in informing professional of resources; including screening instruments, and assist the public in accessing transportation and home repair, financial assistance, and other personal needs. As an ongoing effort, local and state agencies are working together in expanding and growing the MAP initiative in hopes to reach the public beyond just the aging and disabled populations.

Maryland Communities for a Lifetime

Recognizing the important role that aging in place can play for both those who are aging and their communities, legislation was enacted to establish the "Maryland Communities for A Lifetime" program (MCFL) within the Department of Aging. Unfortunately, no funding has been available to support the program, although the Department has been working with the University Of Maryland School Of Public Health to develop a concept paper to move forward the program.

The needs of senior homeowners to have access to affordable repair and renovation are an important component of the aging in place philosophy. Until MCFL is able to begin its charge, services available through both public and private agencies should be made available. This can be accomplished in large part through Maryland Access Point.

Senior Care

Senior Care provides coordinated community-based in home services to seniors with disabilities. One important component of Senior Care is the availability of “Gap Filling” funds for a variety of services to persons at risk of nursing home placement. Senior Care is one example of an existing program which can be accessed through Maryland Access Point (MAP) to help meet home needs of eligible clients. A new partner with Senior Care is the Maryland Clean Energy Office, which can help save energy in seniors’ homes.

In Summary

Lacking any new funding to help senior homeowners meet their renovation and repair needs, the Task Force should recommend public education and outreach to help inform the public about the variety of services available through Maryland Access Point. The importance of support to enable the Maryland Communities for a Lifetime to get underway will also promote the repair and renovation needs of senior homeowners, allowing them to remain in their homes and “age in place”, which will benefit them and their community.

The Maryland Department of Human Resources (DHR)

DHR’s **Office of Adult Services** focuses on the needs of the elderly, disabled and vulnerable adult. The office works with local departments of social services and community based organizations to coordinate services for the vulnerable adult population throughout Maryland to promote their safety, stability and independence. The services are delivered with the principles of personal dignity, quality of life, privacy and the right to make choices.

Among the programs provided by the Office of Adult Services is the In Home Aides to provide assistance with personal care such as dressing, bathing, transferring, grooming, eating and household needs such as cooking, laundry, light cleaning, and grocery shopping. Adults aged 18 and older residing in Maryland, who have functional disabilities and need assistance with personal care, chores, and/or activities of daily living, in order to remain in their own homes. Vulnerable adults with no willing or capable caregiver available when needed, those at risk of institutional placement, and those at risk of abuse or neglect will be given preference for service, using a ranking scale.

Individuals or their caregivers can apply at their local department of social services.. The local department representative will arrange a home visit to conduct an interview with the applicant to determine their specific needs. The availability of funding for the program determines the number of individuals who can be served state-wide. Therefore, a ranking scale is used to ensure that those with the greatest need are served first. Depending on the income and family size of the applicant, the applicant may need to contribute toward the hourly cost of the aide service. This is determined by a sliding-scale and the fee is paid to the Department of Social Services

Energy Assistance Programs

The Maryland Energy Assistance Program (MEAP) provides assistance with home heating bills. Limited assistance is available to replace broken or inefficient furnaces.

The **Electric Universal Service Program (EUSP)** assists eligible low-income electric customers with their electric bills. Assistance is available whether the applicant is active customer or currently without service. Eligible electric customers may receive help in three ways:

1. Help to pay current electric bills;
2. Help to pay past due electric bills; and,
3. Help with energy efficiency measures to reduce future electric bills.

The **Utility Service Protection Program (USPP)** protects low-income families from utility cut-offs and allows MEAP eligible households to enter into a year-round even monthly payment program with their utility company.

The Maryland Department of Health and Mental Hygiene (DHMH)

House Bill 665 (2012), the Senior Falls Prevention Act, proposed that: 1) the Secretary of the Department of Aging and the Secretary of the Department of Health and Mental Hygiene jointly develop a statewide protocol for home safety inspections for seniors discharged from the hospital following a fall and submit the report to the General Assembly; and 2) the Governor proclaim one week each year as Fall Prevention Awareness Week. Although the bill did not pass, the House Health and Government Operations (HGO) Committee requested the Departments move forward in developing the protocol, and submit it to the HGO Committee prior to the 2013 legislative session.

The final protocol approved by the workgroup utilizes a comprehensive approach, and includes home environment assessment, medication management, vision screening, as well as an assessment of gait and balance. The format of the checklist document includes space for detailed comments about each identified risk, and is designed so as to require the individual completing the assessment to walk through every room frequented by the senior, helping to identify risks throughout the home.

The *Fall Prevention Home Safety Checklist* (See Appendix B) should be utilized when a home inspection is performed by home care professionals. Consistent with the original proposed legislation, home inspections by home care professionals *are not mandated* for seniors after a fall-related discharge from a facility because: 1) coverage of home care services varies between insurance providers, and 2) liability issues may arise in instances where home modifications are recommended by a home care professional, but not implemented by individuals or their families. There are a variety of reasons why modifications might not be made, including availability of resources (home repair skills, funds to pay for contractors, etc).

Baltimore Housing's Office of Rehabilitation Services

Baltimore Housing's Office of Rehabilitation Services was originally established in 1973 and is dedicated to helping homeowners who need to make emergency repairs. This program provides financing to eligible low- and moderate- income applicants who require immediate assistance financing essential improvements to owner-occupied properties (roofing, heating system replacement, electrical, water and sewer line repair including accessibility improvements for the handicapped population). With over 350 requests made of the office annually, their current portfolio comprises over 2700 cases.

According to a June 2012 report to compiled by Assistant Commissioner Ken Strong in, the reorganized office has experienced performance improvement that have increased the capacity of assistance and reduced administrative costs Rehab loans have been approved for **331** households, mostly seniors, compared to 237 for FY 2011. This level of service yielded a decrease of 28.5% in the administrative cost per family served.

The amount of loan funds processed to aid in homeownership preservation, health and safety increased from \$2,180,834 in FY 2011 to \$3,300,108 in FY 2012, a 50% increase in benefit dollars aiding families in Baltimore City.

Specific programs that assist Senior homeowners are:

Senior Roof Repair Program

The Senior Roof Repair Program offers loan funds to homeowners' ages 62 and older, which need to repair roofing systems of owner-occupied properties. Homeowners aged 62 and older, with property title and deed. Citywide households below 50% of the Baltimore City median income levels (i.e. \$32,850 for a two-person household) are eligible.

Deferred Loan Program

The Deferred Loan Program offers below market-rate rehabilitation loans for owner-occupied properties. Loans up to \$10,000 are available to very low-income households. Typical repairs qualifying for this assistance include, but are not limited to: furnace, roof, electrical, and plumbing repair, and accessibility improvements for elderly/handicapped homeowners.

Senior Assistance Programs Provided Community Based Non-Profits Replicable Models of Success

Comprehensive Housing Assistance, Inc.'s (CHAI) is a non-profit organization that promotes stable communities for northwest Baltimore City residents through supporting seniors, increasing homeownership and active community building. CHAI accomplishes this mission by:

- Developing and managing affordable rental housing
- Rehabilitating housing and providing supporting repair services
- Promoting homeownership and providing loans to purchase and upgrade homes
- Providing services to the most vulnerable populations in the target areas
- Supporting neighborhood development

CHAI Senior Home Repair & Modification Program

CHAI's Senior Home Repair Program assists low to moderate income northwest Baltimore homeowners ages 62 and older, and homeowners who have physical disabilities. Homeowners may qualify for a variety of repairs including: roof, gutter and chimney repairs, plumbing and electrical work, railing installation, grab bars and other bathroom modifications, wheelchair ramps, smoke detectors, handyman jobs, and more. Applicants are required to complete a qualification process. Once qualified, grants are awarded based upon financial criteria for home assessments, adaptations, maintenance and repairs.

1. Program Guidelines

- Serves seniors 62+ and people with disabilities, that are low and moderate income households, using the HUD income guidelines for Baltimore metro area, as adjusted by household size.
- Located in the 5 neighborhoods of northwest Baltimore City: Fallstaff, Glen, Cross Country, Cheswolde and Mt. Washington.
 - Also serve limited number of seniors in the adjacent Millbrook, Randallstown, & Pikesville areas of Baltimore County.
 - Clients are billed a portion of the cost of the repairs depending on HUD household income, as adjusted by family size.
- Income categories
 - Under 30% median = 100% repair covered (materials & labor)
 - Between 30 & 50% =75% repair covered (materials & labor)
 - Between 50 & 80% 50% repair covered (materials & labor)
 - Over 80% = 0%, fee for service offered, \$50 per hour + materials.

2. Clients Served

- Total clients in program: **290 clients** in data base
- FY 2012 Clients Served: 163 (56%) Jobs Completed: **1,907**
- Budget towards direct services in labor & materials: \$ **60,581** FY12 \$52,347
- Program Budget FY 12: **\$306,700**
- Clients served in 2012: White 64%; African-American 35%
- Job completed by: In-House 59%; Contractors 10%; Volunteers 30%

3. Staff & Budget **3.05 FTE total** \$230,000 annually

- Program Manager: 25% part time in SHR&M plus other programs (
- Program Coordinator: 80% part time
- Housing Benefits Coordinator: 80% part time
- Handyman: 100% full time (Ed) / 20% part time

<u>A basic budget & program can be staffed with a:</u>	<u>1.8 FTE</u>
Program Coordinator: 80% part time	\$28,800
Senior Home Repair Technician 'Handyman': 100%	\$40,000
Benefits@25%	\$17,200
Supplies & Equipment (& outside contractors)	\$30,000
TOTAL	\$123,000

4. Senior Events Days - 2 annually

Weatherization Day - Fall: Sunday November 14th, 2011 (Sun Nov 18, 12)

Good Neighbor Day - Spring: Sunday May 6th, 2012

- On each community day we serve between 60 - 80 senior households,
- With 250 - 300 unskilled and semi-skilled volunteers,
- In 2 shifts AM from 9:30 to 12:30 and PM from 1:00 to 4:00.

5. Unique Features (beyond the basic repair services)

- Volunteer Event component
- Occupational Therapist evaluation
- Home safety evaluation, for new or returning client
- Referral to social service agency or Health Bridge nurse
- Program oversight and monitoring by sub-committee Board of Directors that meets semi-monthly to review program policies and statistics.
- **Housing Benefits Coordinator that assists the most vulnerable' seniors and people with disabilities to access government housing repair and tax benefits that they cannot access on their own. Most vulnerable clients are either frail over 75 years old or have medical conditions. (new in 2011). (See Below)**
- Weatherization Assistance Program: CHAI is a contractor for the Baltimore City WAP program which generates income to cover staff & materials costs that will sustain the SHR&M program.

6. Scope of Services and Cost Effectiveness

The scope is determined by the immediate needs as they pertain to the safety and dignity of the client and home and the budget limitations of the Senior Home Repair program. Each client has an annual "allocation" of \$800 and is charged for time (\$40 to \$50 per hour for labor & materials. CHAI also has a survey that is handed to client to complete and mail in upon completion of a service or repair.

CHAI's Three-Tier Model**I. Information and Assistance**

1 to 2 interventions

Usually by phone

Goals: Broad strokes plan
Identifying next step
Referrals

II. Vulnerability Prevention

1-2 identifiable gaps in resources/services rendering homeowner at risk of vulnerability

Goal: Targeted intervention w/ referrals and advocacy where appropriate

III. Vulnerability Reduction /Eradication

High risk clients facing multi-problem life situations rendering them vulnerable

Goal: Design & implement plan of action, drawing upon 10-prong array of services/interventions

10 Service Matrix Components

1. Assessment - complete or components of geriatric evaluation; home safety
2. Resource research
3. Referrals
4. Advocacy
5. OT evaluation / Assistive devices
6. Accessing documentation
7. Application completion
8. Home repair
9. Volunteer services
10. Emergency assistance

Alternative Housing Counseling, when necessary

CASE EXAMPLES (See Appendix A)

Recommendations of the Senior Housing Task Force

In terms of providing affordable and accessible housing for the growing population of senior citizens, government resources are largely focused on the financing of the construction of new units or the rehab of multi-family buildings. The needs of seniors homeowners wishing to reside in their individual residences has largely been “off the radar screen” by comparison to their peers residing in retirement communities. Therefore, it is improbable that there will be sufficient funding for the foreseeable future to construct enough new units to meet the rising seniors housing demand. Consequently, it is the conclusion

of the Senior Housing Task Force that state and local governments need to increase and expand resources to provide greater opportunity for seniors to age in place in their existing home.

The Task Force recommends the following:

1. Increase annual capital budget appropriation to DHCD's Special Loans Program to broaden the capability of programs such as *Accessible Homes for Seniors (AH4S)*.

DHCD has requested an increase to Special Loans in the Department's Fiscal Year 2014 Capital Budget. We believe that the need for this increase in state funding is warranted by the recent and anticipated funding reductions in the core federal funding programs such as CDBG and HOME. As of this writing, the Maryland Department of Budget and Management is reviewing the department's request.

2. Amend Maryland Housing Rehabilitation Program statute (Md. Housing and Community Development §4-923) to allow AH4S to mirror the flexibility of the Lead Paint Abatement statute which authorizes the issuance of grants of up to \$25,000 per household. Consistently, staff at DHCD's Special Loans office, local governments and non-profit organizations reported anecdotally to the task force that many senior citizens are otherwise eligible to receive an AH4S loan to finance repair or modifications to their homes are reluctant to acquire new debt. This trend is further reflected in a survey conducted by the Maryland Asset Building and Community Development (ABCD) Network of its membership. Respondents to that survey reported that as much as 76% of the seniors who opted not to complete their application did so because of their aversion to taking on a new loan obligation. By amending the statute to authorize the issuance of grants, a broader constituency of seniors could receive financial assistance for the installation of accessibility features such as ramps, handrails, and stair chairlifts. Grants could also be provided in conjunction with AH4S loans to minimize the amount of debt attached to the property.

3. Create a three year pilot study that would provide for at least five "Option Counselors/ Coordinators" positions each deployed to identified communities that have high concentrations of low income (<\$35000) senior homeowners. These concentrations are located in Baltimore City and Baltimore, Garrett, Anne Arundel and Wicomico counties. Similar to the DHCD's Circuit Rider program that provides technical assistance to small municipalities, these positions would be assigned to a local non-profits (i.e.: Garrett County Community Action Coalition) or local government agencies. These individuals would be trained to listen to requests, know and leverage local and state resources available, offer solutions and refer and help seniors apply to specific programs.

The pilot study should have an authoritative research component that would compile data on an ongoing basis rather than waiting for the end of the three year period to report results. Possible sources of funding for this study might come from a university public health department or graduate school of social work, private foundations or a combination of these sources. An oversight committee would evaluate the effectiveness of the study.

4. **Create and distribute a uniform home safety protocol and checklist** that state and local personnel such as energy/weatherization auditors can use when making routine home visits to seniors. It is already a requirement that homes that receive financial assistance from government programs such as EMpower or BeSmart must in compliance with local building codes, but these codes do not always address the specific safety needs of a senior homeowner intending to age in place. It is worth noting, however, that even if in good physical condition, many housing units may be neither safe nor suitable for older adults. Hazardous bathrooms, steep staircases, narrow halls and doorways, and dated electrical systems may pose hazards to those with difficulty getting around, even among units otherwise deemed "adequate" in the American Housing Survey.

[See Appendix B for Checklist]

5. **Encourage counties and municipalities to review and adopt more flexible zoning requirements** to authorize homeowners seeking to add additions or accessory dwelling units to their property such as "granny flats" .

Appendix A:

Personal Case Examples compiled by CHAI staff

The following three case studies are provided by CHAI's Senior Benefits Coordinators. They illustrate the role that the coordinators serve in guiding and assisting senior homeowners to overcome the seemingly overwhelming challenges of limited and diminishing physical mobility; escalating home maintenance expenses; and the often conflicting and confusing applications processes for government assistance programs. The case studies demonstrate the impact of the coordinators on the lives of these residents by identifying practical and affordable solutions that made the concept of "aging in place" a reality.

CHAI Senior Home Repair Case Study #1

Mr. K. contacted CHAI's senior home benefits coordinator in April of 2012. He is 66 years old and living in a condominium in Baltimore County. A diabetic since 1964, Mr. K. has suffered from significant health problems for almost 50 years. He became an amputee over 5 years ago. Most recently, his remaining knee has deteriorated significantly but cannot be replaced due to a MRSA positive diagnosis. Mr. K. had been experiencing increased difficulty stepping over the 8" lip of his shower stall and was considering a \$17,000 bathroom renovation, including the installation of a walk in tub.

Mr. K lives on an income of \$ 17,000 a year. His mortgage is paid by his mother's trust fund. The trustees of the fund, including his sister and brother - in-law, are not amenable to allocating any funds for these renovations, although they do assist with other medical expenses as needed. They also indicated that a home equity loan would not be an option due to the decreased value of the property as well as other particulars of Mr. K's mother's situation. Mr. K was looking for assistance and information on options for funding this project so he could remain independent.

In looking at the brochure Mr. K. had brought in, it appeared that the walk - in tub would not be a suitable option for him both for financial and functional reasons. The tub appeared to have a lip that one would need to step over, similar to his current situation, and the apparatus seemed too large for his bathroom. I suggested we ask his physician for a prescription for an OT evaluation so that Medicare would pay for an assessment of his situation and exploration of other options.

CHAI staff went out for a home visit with Mr. K. towards the end of April. The staff recommended replacing his Plexiglas shower door as well as an additional narrow panel at the side of the door with a shower rod and curtain. We also discussed changing the bathroom door so that it would open out instead of into the bathroom and replacing the hinges with tri -fold hinges. These modifications would serve to increase the amount of space Mr. K. could use for accessibility and maneuvering.

In addition, we noticed that the linoleum floor was coming up between the toilet and the shower stall. This was creating significantly unsanitary conditions and our staff recommended replacing the flooring. The benefits coordinator suggested and our contractor agreed that he could adequately repair the area to eliminate the sanitation concerns.

Mr. K. had not been using a hand - held shower and was sitting on a wooden bar stool when showering. We recommended installing a hand - held shower and assisted Mr. K. in his selection of an appropriate swivel shower chair that would accommodate his height, weight, and need for altering his position while

showering. To increase Mr. K.'s support and balance when entering and exiting the shower as well as when using the toilet, CHAI staff suggested a floor to ceiling pole that would be situated between the shower and toilet. She also marked the wall outside his bathroom for an 18" vertical grab bar to increase his safety and stability.

Our contractor replaced the shower door and panel with a rod and curtain, installed a hand-held shower and made the recommended changes to the bathroom door. He also repaired the bathroom floor. These modifications amounted to \$225 of labor costs and \$ 109 in materials and equipment. I contacted USA Rehab and ordered the shower chair, a "Super Pole" with a horizontal arm, and the grab bar for a total cost of \$622.85 for equipment and installation. Mr. K. understood that based on his income, he would be responsible for 25% of the total cost of \$956 or \$278. I assured him that he could pay his portion with post-dated checks. Mr. K. felt he could complete his payment in 2 installments.

By early June, our contractor had completed modifications and USA Rehab had installed all the ordered equipment. Mr. K.'s portion of the cost, under \$300, and the total cost of renovations, under \$1000 was far cry from the \$17,000 renovation that Mr. K. had as best option before coming to CHAI's Senior Home Repair Program. Mr. K. called to say that Ed's work was "spectacular" and that the renovations were "easier than [he] could ever have imagined." After everything was in place, I asked Mr. K. if he had used the shower with its new set-up and equipment. "Yes," he replied, "and it was glorious!"

CHAI Senior Home Repair Case Study #2

Living in the Glen neighborhood has many advantages. One is the ability to become a client of CHAI's Senior Home Repair Program. Mrs. B. heard about CHAI from her neighbor and called in the fall of 2011 for assistance. Mrs. B. is 72 years old and has lived alone since her husband's death in March of 2010. With his death, Mrs. B. was left to maintain the house - repairs, bills, maintenance - on her own. In addition, her income was limited. Mrs. B. spoke with a CHAI's Senior Benefits Coordinator. She was overwhelmed with the tasks before her and felt like she just wanted to "sit down and cry." Her roof was in serious disrepair. Her washing machine was broken and her refrigerator was dripping water. Mrs. B. was in pain from arthritis in one of her knees.

The benefits coordinator offered to come out to Mrs. B.'s home for a visit to understand her situation more fully. Mrs. B.'s roof was indeed in bad shape; her upstairs bathroom had a large gaping hole in the ceiling straight through to the rafters. Several large Rubbermaid tubs were placed on the bathroom floor and in the tub to catch leaking rain water.

CHAI's Senior Home Repair Program assisted Ms. B. in a number of different ways. Volunteers came to Ms. B.'s home on Weatherization Day on November 6. They covered several of her windows with plastic and installed a carbon monoxide detector. Because Ms. B. lives on a very limited income, she is also eligible for subsidized home repairs. CHAI contacted an appliance repair technician and covered the cost of fixing her washer. The benefits coordinator had a roofer come out for an estimate on replacing Mrs. B.'s roof. It would cost over \$3500. Ms. B. was helped to complete an application for Baltimore City's Office of Rehabilitation, as she is eligible for a forgivable loan of up to \$5000 to replace her roof. While her loan application is in process, CHAI paid for a roofer to tarp her roof to minimize the leaking of rain water into her bathroom.

CHAI's benefits coordinator has also assisted Ms. B. in applying for a number of government programs to alleviate some of her financial strain. Ms. B. has been helped to apply for homeowner's tax credit for the current year as well as for several years prior when she was not aware of this benefit. The benefits coordinator assisted her in obtaining the necessary documentation, including pension statements and social security award letters for both she and her husband, to submit with the applications. To date, Ms. B. has received \$ 3887 in tax credit payments through this program. We also advised Ms. B. to request an escrow reanalysis from her mortgage company, and she recently received a refund check for \$1487.

Additionally, Ms. B. was assisted with her Maryland Energy Assistance application, which resulted in her receiving a benefit of \$ 315. Ms. B. was helped with applications to the Baltimore City Senior Citizen Water Discount Program and Medicare Savings programs. In July of this year, Ms. B.'s application for SLMB II was accepted and she received a refund of \$ 300 for monies withdrawn from her social security check to pay for Medicare Part B. Going forward, the SLMB program will continue to pay for Part B, and Ms. B. will receive her full social security benefit, without deductions, saving her \$ 100/month.

Several months ago, CHAI's SHR handyman installed a railing adjacent to Ms. B.'s front steps, as pain from the arthritis in her knee necessitated additional support as she climbed the stairs. Mrs. B. is very grateful to CHAI for all its help. She feels less alone and hopeful that her housing and financial issues can improve. While her life situation still presents challenges, CHAI's Senior Home Repair and Benefits Coordination Programs have provided subsidized home repairs, resources and referrals, and above all, a true sense of caring about Mrs. B. and her ability to remain safe and independent in her home.

Unfortunately, Ms. B.'s roof remains in serious disrepair. Her application with Baltimore City is still pending, 11 months after submission to the Office of Rehabilitation. The senior benefits coordinator is in contact with this office to track the progress because it has been incredibly slow. This issue remains outstanding, as a gap in our ability to satisfy all of Ms. B.'s needs. We are hoping that the loan will come through before the winter, but there are simply no guaranties.

CHAI Senior Home Repair Case Study #3

When I first met Ms. S., she was a 64 year old divorced homeowner living in Baltimore County in a home she had inherited from her mother in 1999, only 2 years after its purchase. In 2007, Ms. S. lost her job and began having trouble keeping up with her mortgage payments. She became a client in our Foreclosure Prevention program in 2009 and had been working with our foreclosure prevention counselor at that time. Ms. S.'s income from Social Security and part time employment through Senior Community Service Employment Program (SCSEP) was under \$1200/month.

When the foreclosure prevention counselor asked me to take a role in assisting Ms. S., she was embroiled in a complicated dispute with her mortgage company over funds owed, and it appeared to be impossible to unravel. In addition, Ms. S.'s house had sustained significant roof damage and associated roof leaks. Ms. S. could not afford a new roof and couldn't convince her homeowner's insurance company that it was their responsibility to pay for repairs. The company then informed Ms. S. that due to the condition of her home, her coverage would terminate on February 25, 2011. One day later, on February 26, 2011, an 80-foot tree fell onto the roof of her house during a storm.

I first spoke to Ms. S. 2 days later, when she called, anxious about her current safety and feeling desperate about the future. I went out to her home with our home repair manager. He did a safety assessment and assured Ms. S. that she and the house were not currently in danger due to the fallen tree. I did a further assessment of Ms. S. living situation, including her financial, medical, housing, and psychosocial situation. In addition to her low income and her home in serious disrepair, Ms. S. suffered from asthma and associated wheezing as well as adult ADHD, which had clearly exacerbated her current life situation. She was in need of support and guidance in decision-making, prioritizing, and moving forward.

We created a plan including the decision to discontinue the disputes with the mortgage and homeowner's insurance companies which were going nowhere and causing her stress and anxiety. We explored other housing options, for the long term, including the Weinberg buildings, Tabco Towers, and the St. Ambrose Home Sharing program.

I helped Ms. S. through the Weinberg building application process, and she submitted her applications for two of the buildings by the end of March. The Senior Home Repair program was committed to helping Ms. S. remain safely in her home until her name would come up on the Weinberg waiting list.

During this time, I became aware that Ms. S. was in need of an oral biopsy. With no insurance, no available funds, and many other life problems, Ms. S. had not dealt with this issue in a timely fashion. I intervened, concerned about the potentially serious nature of this medical problem, and acquired a 35% reduction in fees through the Baltimore County Health Department's Dental Access Program. I also submitted a request for the remainder of the funds necessary for the procedure to the Jill Fox Memorial Fund. Though they do not routinely cover dental expenses, I advocated that this should be considered a medical expense since it involved a biopsy, and the Fund agreed to pay the balance of the fees.

In May, the Senior Home Repair program paid to repair Ms. S.'s air conditioning, which she must have due to her asthma. However, when it broke again in June, we provided Ms. S. with a room air conditioner that was sufficient for her needs.

During the early part of summer, we reassessed the roof and the tree that had fallen on it. The tree service felt it was necessary to remove it and we negotiated with them to do the work at cost. They also tarped the roof to slow the leaking and associated damage

I arranged for our technician to cleanup insulation and debris that was aggravating Ms. S.'s respiration and we researched air filters to assist her with her asthma control. The SHR program would have helped Ms. S. purchase the filter, but a change in medication significantly improved her breathing.

In mid-January 2012, an apartment in Weinberg Gardens became available for Ms. S. We investigated options for assisting Ms. S. both physically and financially with the move, scheduled for March 1. Abilities Network did not have grant funds for their Moving Management Services at that time. Therefore, SHR paid \$300 to assist Ms. S. with her moving expenses. The senior benefits coordinator advised Ms. S. on aspects of the move and assisted her in advocating for some improvements to be made in the apartment. In addition, due to her asthma, Ms. S. required a special accommodation to have a portable air conditioning unit installed in her window to be used during the weeks before the building air

conditioning is turned on and after it is turned off. We assisted Ms. S. through the special accommodation process with Edgewood Management and paid for the unit as well.

As of springtime, Ms. S. was comfortably moved into her new apartment. In gratitude for the assistance she received from CHAI, Ms. S. donated her refrigerator, coffee table, dining room furniture, credenza, living room rug, mirror and other miscellaneous household items to CHAI. In turn, Senior Home Repair gave them to another client, a disabled 60 year old gentleman with no income. His home has been enveloped in clutter and infested with mice and insects. Senior Home Repair had worked with him and Jewish Community Services to empty, clean, exterminate, and paint his home. We had had to dispose of much of his furniture due to infestation and dilapidation. These donations went a long way in creating a warm and inviting home for this client as well.

Appendix B:

Fall Prevention Home Safety Checklist

