

The Massachusetts Home Modification Loan Program



Impact Assessment



**A Program of the
Massachusetts Rehabilitation
Commission**

**In collaboration with
Community Economic Development
Assistance Corporation**



Table of Contents

I. Acknowledgments	2
II. Executive Summary	3
The Loan Program	3
The Assessment	3
Key Findings	4
III. Report Introduction	8
Background	8
HMLP Guidelines	8
History of the HMP	9
Local Provider Agencies	9
Purpose of the Study	10
IV. Methodology	11
Structured Survey	11
Survey Challenges	11
Peer Surveyors	11
Sampling Method	11
The Sample	12
Terminology	12
V. Quantitative Findings	13
Sample Characteristics	13
VI. Qualitative Findings	27
Qualitative Questions	27
Quality of HMLP Services	27
Impacts	30
VII. Survey Instrument	33

I. Acknowledgments

This project was made possible with the assistance of the following individuals:

- Karen Langley, *MA Rehabilitation Commission*
- Rahel Gottlieb, *MA Rehabilitation Commission*
- Susan Gillam, *MA Rehabilitation Commission*
- Jocelyn Boucher, *Community Economic Development Assistance Corp.*
- Sarah McKeever, *Community Economic Development Assistance Corp.*
- Karen E. Kelley, *Community Economic Development Assistance Corp.*
- Kristina Hals, *Technical Assistance Collaborative, Inc.*

Peer Surveyors

A special thank you is extended to both of the two Independent Consumer Consultants at Massachusetts Rehabilitation Commission (MRC) who carried out the one on one phone interviews with the HMLP beneficiaries participating in this evaluation:

- Karen Dempsey, *Independent Consumer Consultant, MA Rehabilitation Commission*
- Jennifer Knight, *Independent Consumer Consultant, MA Rehabilitation Commission*

Local Provider Agencies

An additional thank you is owed to each of the local provider agencies that participated in this study:

- HAP, Inc.
- Pioneer Valley Planning Commission
- RCAP Solutions Financial Services, Inc.
- Community Teamwork, Inc.
- South Shore Housing Development Corporation
- Metropolitan Boston Housing Partnership
- South Middlesex Opportunities Council, Inc.

Database Technician

- James Butler, *Consultant to Community Economic Development Assistance Corp*

Funding

This impact evaluation was made possible with funding from the MRC. Funding for the HMLP itself is provided through Massachusetts state bond funds that are allocated to the MRC each year. MRC contracts with the Community Economic Development Assistance Corporation (CEDAC) for administration of the program through subcontracts with seven regional provider organizations.

II. Executive Summary

The Loan Program

The Home Modification Loan Program (HMLP) is a publicly financed loan program that was initially established by the State Legislature in 1999. To date, the HMLP has issued \$16.2 million in loans to over 750 households across Massachusetts. The program works much like a private bank loan but is set at very favorable terms and is managed by non-profit organizations across the Commonwealth. As its primary goal, the program strives to facilitate “community-first” living options for people with disabilities across Massachusetts.

There are seven regional non-profits across the state that assist homeowners in the application process and evaluate each applicant’s eligibility for the program. Households ultimately use HMLP funds to make access modifications to their private homes to properly accommodate disabilities of a family member. The goal is to provide an early intervention that protects independence, improves quality of life, and offers a community-first living option to those who might otherwise reside in long term care residences.

The Assessment

In order to understand HMLP’s impact and cost effectiveness, Massachusetts Rehabilitation Commission (MRC) contracted with an independent evaluator, the Technical Assistance Collaborative, to carry out an assessment between 2006 and 2007. This study included both qualitative and quantitative methods for exploring the impacts of the program on its direct beneficiaries and the family members that share their homes.

Benefits Studied

The evaluation studied basic improvements to the beneficiaries’ daily lives and their ability to access rooms and facilities within their homes. The study went further to explore changes to the beneficiaries’ quality of life brought about by these improvements.

Cost Savings Assessed

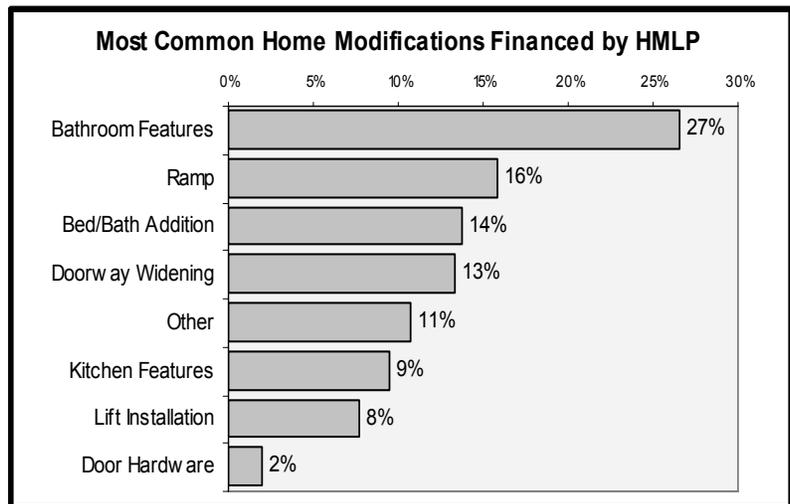
The assessment studied the extent that HMLP reduced or offset borrower costs for health care facilities or personal assistance services. These cost savings were also examined in relation to the state Medicaid program and private insurance companies.

Key Findings

The evaluation individually surveyed 101 beneficiaries. It produced key findings: the primary uses and benefits of the HMLP, the financial need for the program, the public cost savings brought about by use of the program, the prevention of institutional living, the psycho-social impacts, the job and employment impacts, and the health and safety benefits.

Common Uses and Benefits

The most common use of the HMLP was for bathroom modifications. The range of other modification projects carried out with the loans was quite broad - from building professional ramps to adding accessible bedroom and bathroom additions.



Beneficiaries reported benefits of the HMLP ranging from practical improvements in their lives to changes in their relationships with others and aspects of their well being. Above all, beneficiaries reported increased independence as the most significant benefit from the modifications to their home. In explaining the long term effects of these benefits, beneficiaries described a new fundamental sense of “normalcy” in their lives.

“The best thing about HMLP is independence from my son. He had slept in our bedroom for years. Now, because of the loan, he has a special bedroom made for him and he loves it.”
- HMLP Borrower

daily

Financial Options

Most HMLP beneficiaries surveyed could not have afforded their home renovation without a HMLP loan. In most cases, beneficiaries indicated they would have attempted to use a bank to fund the needed modification. However, most could not have afforded the higher interest rates of bank loans.

Most HMLP beneficiaries could not have afforded their home renovation without a HMLP loan.

HMLP loans usually covered 50%-100% of the overall project cost with beneficiaries making up the difference. HMLP loans were most often used for major renovations rather than multiple small projects. It appears that the HMLP encourages homeowners to maximize the extent to which they leverage their own private resources towards the goal of improving and protecting their options for community-first living.

Significant Social Impacts of HMLP	
71 %	Greater sense of personal dignity
70 %	More confidence
68 %	Greater sense of freedom.
61 %	Greater sense of privacy
58 %	More choices in daily living
53 %	Increased expectations for the future

Psycho-Social Impacts

There were multiple improvements to beneficiaries' quality of life, often culminating in an overall changed sense of self. This was clear in the overwhelmingly strong reports of increased personal confidence, dignity, sense of freedom, privacy, autonomy, and expectations for the future. Also notable was the extent to which the HMLP improved the well being of beneficiaries' household members.

“And now she can also go outside the house to the garden and (back in) to the kitchen. And she could not stop smiling and being thankful that we could help her with the loan. The HMLP has changed her outlook on life”

- HMLP Local Provider

Work Participation

HMLP borrowers reported that their loans had some direct benefits related to work participation and income. Specifically, a third of beneficiaries in the evaluation reported that home modifications made their lives more efficient and gave them more free time to pursue work or school. Family members also reported an increase in free time to pursue work and school.

Improved bathroom access, in particular, brings about a heightened sense of personal dignity and privacy.

Better Access

About half of beneficiaries reported improved ability to exit and enter their home. This improved access correlated with overall increases in mobility for beneficiaries. For example, over two-thirds of those who modified the entrance to their house reported a greater likelihood of leaving their home because of an overall decreased sense of confinement.

This evaluation found that there is a 50 percent likelihood that HMLP beneficiaries reduced their reliance on physical assistance from other household members as a direct result of their modification(s). Families described how this improvement to their egress reduced injuries to household members who previously had physically carried the household member with a disability in and out of the home on a regular basis.

“For the first time in years, she didn’t have back pain. Her son was transferred safely into the tub and could really enjoy it.” -HMLP Provider

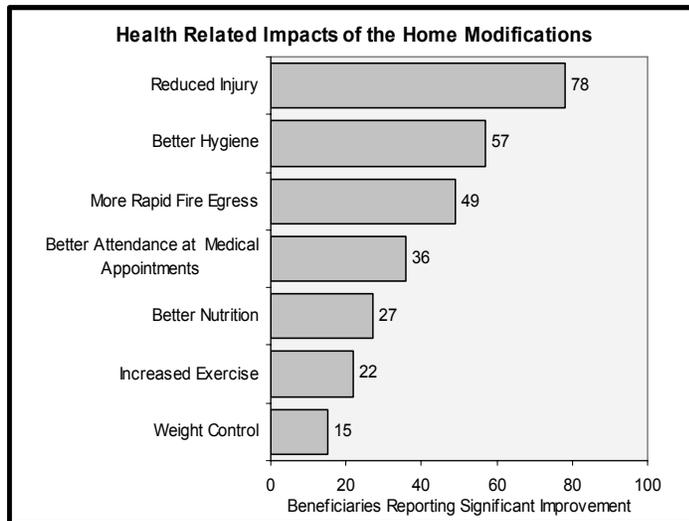
Prior to the HMLP, many beneficiaries had limited or no access to certain rooms, facilities, and floors of their own home. According to evaluation results, access to the bathroom has brought about a heightened sense of personal dignity and privacy. This was illustrated by one beneficiary who described the relief of no longer being dependent on others to assist him out of the bathtub.

“(Without HMLP) my daughter would be limited in our home with where she could go and what she could do.”
-HMLP Borrower

“Since he returned home, his health has improved so much, and he told me that nothing is better than home sweet home.”
-HMLP Provider

Health and Safety

Three-quarters of beneficiaries reported that the HMLP significantly improved their ability to care for their personal health and safety. These improvements ranged from better nutrition, resulting from improved access to cooking facilities, to better safety, which comes about from properly widened doorways and other access improvements.



Overall, about half of beneficiaries reported having fewer physical injuries as a direct result of the HMLP. For a smaller fraction, more rapid egress in the event of fire was the most significant improvement pertaining to health and safety. For a similar fraction, the advantage was primarily better hygiene as was described by one parent whose son could finally take baths with more regularity as a result of the HMLP.

Community Integration

HMLP improved the likelihood that about a third of beneficiaries participated in community activities. This outcome is a collective benefit of several HMLP impacts including improved egress, heightened independence, and increased free time and energy. Of all community activities, beneficiaries indicated they are were most likely to participate in more social gatherings as a result of the HMLP.

Beneficiaries indicated they are most likely to participate in more social gatherings as a result of HMLP.

Reductions in Long Term Care

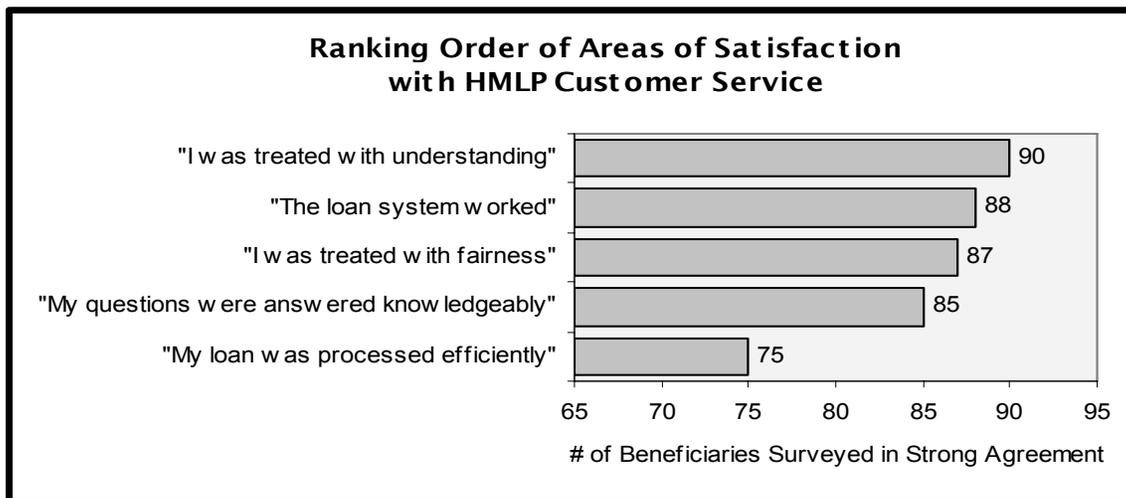
Evaluation results point to connections between the availability of the HMLP and the feasibility of community-first living options. In some cases, the HMLP is a catalyst in creating opportunity for beneficiaries to move home from institutional settings, such as nursing homes, or avoid having to enter such settings when their needs can no longer be accommodated at home. This trend was illustrated by one beneficiary who explained that without the HMLP, she would have had to leave her home for a long term care setting and, consequently, live separately from her children. Another described how his son would have had to reside in a long term care setting and apart from the family.

Overall, about a third of HMLP beneficiaries reported avoiding the annual cost of long term care in Massachusetts by modifying their homes using the HMLP. This results in savings to the state Medicaid program and to private insurers that pay for long term care. Whereas the HMLP is a one-time investment, these savings will continue for as long as the beneficiary remains in the community.

Customer Satisfaction

*"They spend so much time keeping people in nursing homes. If they provided financial assistance like HMLP for families, they could care for their loved ones at home."
-HMLP Borrower*

The evaluation found that customer satisfaction was generally high among beneficiaries. In particular, it was the personalized approach of the provider agencies, which sets the HMLP apart from private bank lenders in the minds of beneficiaries. The vast majority of beneficiaries feel they were treated with understanding and fairness. Also, according to most, the provider agencies were very effective at processing loans efficiently and informing the beneficiaries about the program.



III. Report Introduction

Background

HMLP was established by the Massachusetts State Legislature in 1999 to provide loans for “access modifications” to the primary residences of elders, adults with disabilities, and families with children with disabilities. The program also serves certain qualified landlords who rent units to a person with a disability. The intent of the HMLP was to provide the financing needed to modify homes for improved access and, in so doing, allow people to live independently in their communities. A related objective was to promote the paradigm of “community first” by keeping people from living unnecessarily in rehabilitation hospitals, nursing homes, or other long-term care facilities.

From its inception, the HMLP was expected to be well sought after in the Massachusetts disability community. The program experienced steady demand leading the State Legislature, in 2004, to award the HMLP with an additional bond for another five years.

As of 2007, the HMLP has issued approximately \$16.2 million in loans to over 750 households across Massachusetts. Of that, \$700,000 has been repaid to the pool of available funds via principle and interest payments by the beneficiaries. Typical home modifications, paid for by the HMLP loans, have included widening doorways, installing ramps, and modifying kitchens and bathrooms to be accessible. Many beneficiaries have been directed to the program after experiencing a disabling accident or developing physical limitations. Other typical users of the HMLP are families with growing children with physical disabilities and elders who have developed a greater need for mobility modifications such as chair lifts.

HMLP Guidelines

In its first years of operation, the HMLP developed Program Guidelines (Guidelines) to maximize the impact of the loan program. These guidelines dictate that the three specific loan products are correlated to household income with the best terms being reserved for those with the least income. The zero percent “deferred payment loan” does not require payment until the sale or transfer of the property for those who meet the income qualifications.

The HMLP Guidelines also dictate that loans may be up to \$25,000 thousand per household¹, and interest rates are set at zero to three percent. In addition, to qualify, modifications being made to the residence must be necessary to allow the beneficiary to remain in the home and must specifically relate to the beneficiaries’ functional limitation. This means that renovations intended to simply upgrade the home or otherwise improve its aesthetics are not allowed.

¹ Since the data gathering of this report, the HMLP loan limit was raised to \$30,000 per household.

In terms of governance, the HMLP was designed from the outset as a community-based collaboration. It is administered in partnership with several community-based organizations. Beneficiaries hire and supervise private contractors themselves, and the HMLP has no relationship with these businesses or their transactions with the beneficiaries.

History of the HMLP

The HMLP came about from concerted community organizing activity in the Massachusetts disability community in the 1990s to address unmet housing issues for people with disabilities. Among the successes achieved by these efforts were a new registry of accessible housing properties in the Commonwealth and the HMLP itself. Prior to this success, the state could only offer limited and piecemeal resources for financing home modifications for people with disabilities. These included the state Vocational Rehabilitation's Adaptive Housing program, still in existence, to assist with modifications that are directly linked with employment opportunities. In addition, the state's network of Independent Living Centers has long provided small grants, of no more than \$1,000, to individual households carrying out modification projects. Lastly, some public housing agencies such as the Newton Housing Authority, dedicated a small portion of their federal Community Development Block Grants, paid for by the U.S. Department of Housing & Urban Development, to help families pay for modification projects. Together, these resources did not meet the breadth or depth of need across Massachusetts. Nor was there generally any help available through medical insurance to pay for anything other than durable medical equipment in the home. Even the private banking arena took notice of this void and attempted to offer a specialized loan directed towards home modifications. Unfortunately, this product had no special terms or interest rates and, therefore, was of limited benefit.

As a result of the lack of home modification financing, prior to the HMLP, most families in Massachusetts in need of renovations were forced to deplete their own personal savings and retirement accounts to finance such projects. For many, turning to local charitable organizations or asking for contributions from family, friends, and neighbors were the only alternatives. Still others needed to forego necessary modifications because the cost was simply too prohibitive. Those families were forced to live indefinitely in homes that were un-adapted to their needs. It is these families, those who would otherwise reside in homes that are ill equipped for their family, for which the HMLP was designed.

Local Provider Agencies

The HMLP is sponsored by MRC which is the public state agency that provides services to people with disabilities. This agency subcontracts with Community Economic Development Assistance Corporation (CEDAC), a quasi-public corporation, to manage the loan fund and provide oversight and staffing to the program.

CEDAC subcontracts with seven regional non-profit housing organizations known as the HMLP "local provider agencies." These local provider agencies interface directly with loan applicants who reside in their respective geographic region of the state. The local provider agencies' responsibilities include conducting outreach in their local communities to advertise the program, distributing HMLP loan literature to potential applicants, answering questions about the program,

accepting loan applications, analyzing applications in accordance with HMLP guidelines, processing paper work, issuing loan documents, and collecting payments from those beneficiaries that are responsible for repayment. The seven HMLP local provider agencies are:

1. HAP, Inc.
2. Pioneer Valley Planning Commission
3. RCAP Solutions Financial Services, Inc.
4. Community Teamwork. Inc.
5. South Middlesex Opportunity Council, Inc.
6. South Shore Housing Development Corporation
7. Metropolitan Boston Housing Partnership

Purpose of the Study

In 2006, MRC first set out to implement this impact evaluation. The intent was to explore the direct benefits the HMLP creates for its beneficiaries and their families. There was also an interest in studying more than the basic improvements to the efficiencies of beneficiaries' daily lives and their ability to access rooms and facilities within their homes. MRC wanted to assess the benefits that the HMLP financed home modifications brought about to beneficiaries' social-emotional well being, ability to engage in work and education outside their homes, readiness to participate in community activities, and overall sense of worth and well being. In addition, there was an interest in understanding the extent to which investments in the HMLP produce savings for health insurers such as the state Medicaid program. Lastly, the evaluation would explore the level of customer satisfaction. Results of this part of the analysis would be used with the local provider agencies, to help in ongoing monitoring and improvements to the quality of service delivered to HMLP beneficiaries.

IV. Methodology

Structured Survey

The methodology used for this evaluation included both quantitative and qualitative methods. The primary instrument was a quantitative structured consumer survey administered to over 100 HMLP beneficiaries who had completed their home modifications. These survey respondents were selected from the seven local provider agencies that administer the loans. The structured survey included two qualitative questions. In these open-ended questions, respondents were given an opportunity to discuss their experiences with the HMLP in their own words outside of the constraints of the structured survey.

Survey Challenges

The biggest challenge inherent in surveying the HMLP beneficiaries was designing an instrument and methodology to which people with a range of disabilities could respond with accuracy. For example, it was necessary to assure that the survey would be accessible to beneficiaries with disabilities ranging from vision impairment to those with disabilities limiting their ability to write or use computers. To accommodate such limitations, a telephone based survey method was chosen over online or paper survey instruments. The survey design and specific inquiry questions were developed by a team made up of the evaluator, staff from the HMLP, MRC administrators, and individuals with physical disabilities who have carried out home modifications to their own homes. Before implementation, the survey was piloted with former HMLP beneficiaries to assure the likelihood of its validity and edited based on input from these respondents.

Peer Surveyors

To heighten the beneficiaries' sense of comfort in responding to the structured survey, peer surveyors with disabilities themselves were hired to carry out the telephone survey. Two Independent Consumer Consultants, who are consumers of MRC services, were hired as the peer surveyors. These peers carried out all of the telephone interviews themselves with training from the evaluator and supervision from MRC staff. This method had its intended effect of promoting a high participation rate in the survey with beneficiaries.

Sampling Method

The sample chosen for the structured survey were a randomized group of 101 most recent HMLP beneficiaries who were willing to participate in a telephone interview. The rationale for choosing these "most recent beneficiaries" to survey was based on the fact that the HMLP has evolved over its nine year history with intermittent periods of

suspended activity. The evaluators were most interested in assessing the program in its most recent iteration. All “most recent” HMLP beneficiaries were contacted and invited to participate in the structured survey on a voluntary basis. In general, receptivity was high with most beneficiaries agreeing to participate. Ultimately, some declined to participate, and others did not respond to repeated inquiries.

The Sample

Overall, there are 101 such beneficiaries in the sample. Those questions in the structured survey that are answered only by a smaller subset of these 101 beneficiaries are not considered of statistical significance. In these cases, the data is presented as seeming trends that would need more data to be substantiated as findings.

Demographics of the sample were representative of the HMLP borrower population as a whole with respect to age, geographic region, and disability. This sample includes elderly people, people with physical disabilities and families with children with disabilities. The sample does not have even distribution across all local provider agencies. Given other variation to the sample, however, it is considered representative of the HMLP borrower population. Based on this evidence, the sample has not been weighted for any analyses. Instead, the sample is allowed to stand for the population of HMLP beneficiaries at large.

Terminology

In the qualitative and quantitative analysis sections of this evaluation that follow, the term “borrower” is used to refer to the primary beneficiary of a HMLP loan. Note that, in some cases, the “borrower” of the report is not the specific household member who signed the HMLP loan documents.

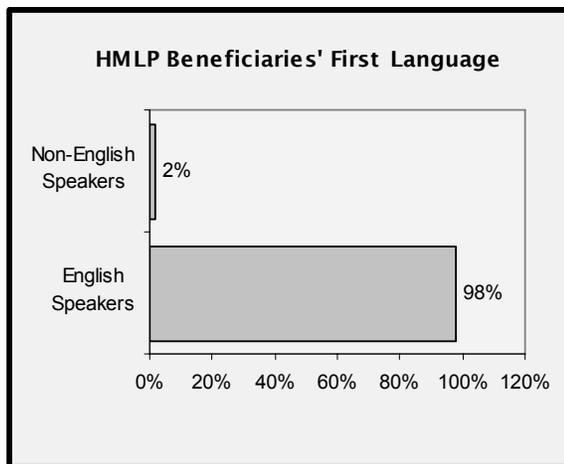
V. Quantitative Findings

Sample Characteristics

There were 101 individuals with disabilities in the sample of HMLP beneficiaries who participated in the Consumer Structured Survey for this outcome evaluation. The sample of beneficiaries was drawn from a wide range of zip codes and all seven of HMLP's local provider organizations with highest representation from South Shore Housing Development Corporation (27%). All six of the other local provider agencies were well represented in the sample. The exception was HAP Inc.(1%) which had yet to complete many loans.

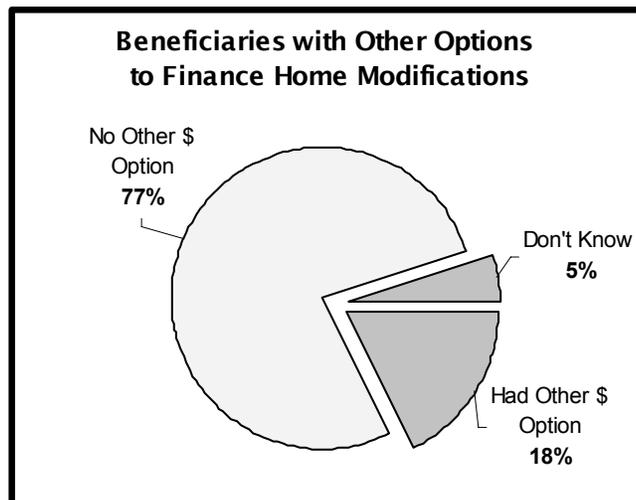
With respect to demographics, the sample of beneficiaries had high representation (77%) of individuals who were in middle age. There was moderate representation of seniors (17%) and relatively low representation of children with disabilities (6%). In addition, the sample of beneficiaries was made up almost entirely of English speakers as their first language (98%).

1. South Shore Housing Development Corporation	27%
2. Pioneer Valley Planning Commission	17%
3. RCAP Solutions Financial Services, Inc.	17%
4. South Middlesex Opportunity Council, Inc.	13%
5. Community Teamwork, Inc.	12%
6. Metropolitan Boston Housing Partnership	13%
7. HAP Inc.	1%



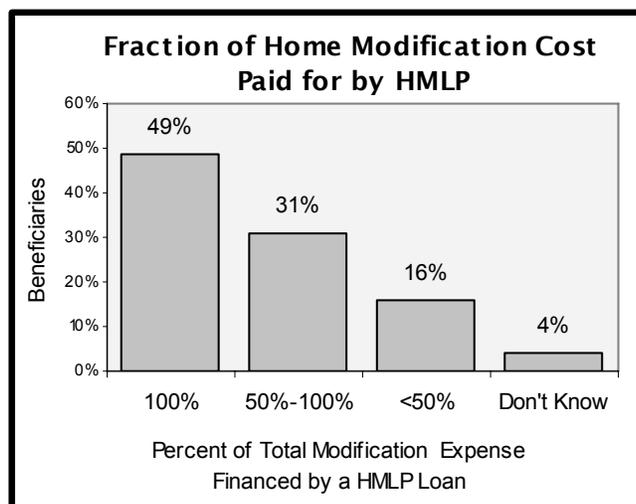
Availability of Other Financing

A significant majority (77%) of the beneficiaries in the sample indicated that they had no other feasible option than the HMLP to finance their home modifications. Those who indicated they could have found other options of financing (18%) were asked what other source of funding they would most likely have substituted for the HMLP loan. Private bank loans were cited by this group as the most likely substitute (44%). Personal savings and “other source” were cited second (17%), money raised by fundraisers was cited third (12%), and loans from friends and relatives was cited as the last resort (6%).



Financing Configurations

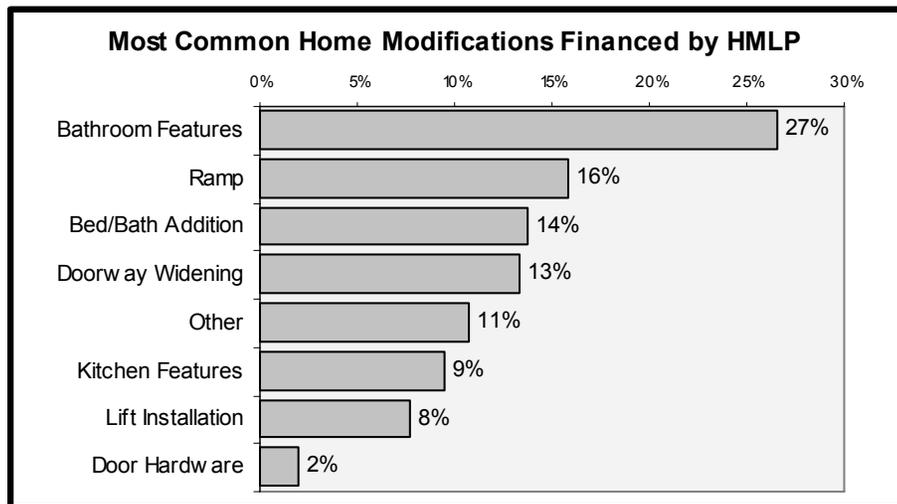
Beneficiaries were asked to report on the extent to which the HMLP financed, in full or in part, their home modification projects. Approximately half of the sample (49%) of beneficiaries used HMLP loans to finance the full cost of the expenses associated with their home modification(s). Approximately a third of the sample (31%) used HMLP loans to cover between 50 and 100 percent of their costs. The smallest group in the sample (16%) used the HMLP for less than 50 percent of the expense. A final small fraction (4%) did not know how their financing broke down between the HMLP and other sources.



Types of Home Modification Projects

Beneficiaries were asked about the nature of the specific home modification projects they carried out using the HMLP. On average, each borrower in the sample used HMLP funds for two projects.

The projects completed by beneficiaries were unevenly distributed by modification type. Modifications to bathroom features, such as installing accessible bathtubs and sinks, were by far the most popular making up 27% of all home modifications.

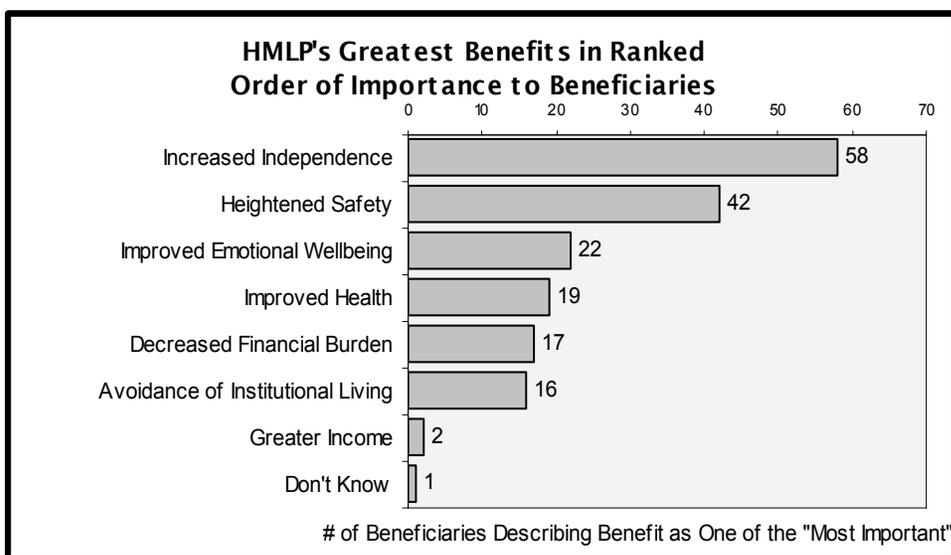


The second tier of most popular projects included adding ramps (16%) to improve access to a home's entrance, building new additions of bathrooms and ground floor bedrooms (14%), and widening doorways (13%). The least common uses of the HMLP were the relatively small scale projects of adding new kitchen features (9%), installing lifts (8%), and installing accessible door hardware (2%).

Most Significant Benefits

Beneficiaries in the sample were asked to select the two most significant benefits from their HMLP financed home modification. On this list, increases to personal independence ranked highest (58), with heightened safety as the second most significant benefit with 42.

For a smaller portion of beneficiaries in the sample, improved emotional well being (22) and health (19) were among their top benefits. Decreased financial burden (17) and avoidance of institutional living (16) were also ranked first by a portion of beneficiaries. The least likely benefit to be ranked first by the sample was changes to their income (2).

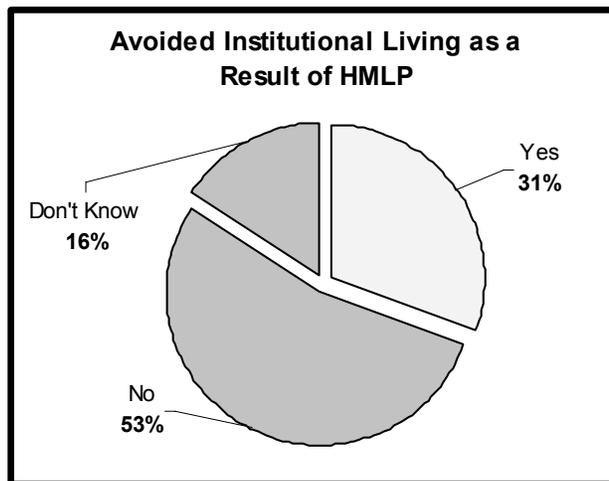


Avoidance of Institutional Living

Beneficiaries were asked whether their HMLP financed home modification had a direct impact on their ability to live independently in their private homes and avoid institutional living. Almost a third (31%) of beneficiaries in the sample reported this was the case.

When asked which kinds of institutions or facilities these beneficiaries felt they were most likely to have avoided, many did not know (38%). Of those who did know, the largest group indicated it would be a skilled nursing facility (27%).

Institutions avoided	
Don't Know	38%
Skilled Nursing Facility	27%
Other	23%
Rehabilitation Hospital	6%
Specialty Care Facility	2%
Acute Care Hospital	2%
Specialty Care Facility	2%



Cost Savings from Avoidance of Institutional Living

Avoidance of medical institution costs represents savings to the Massachusetts Medicaid program and private insurers. To estimate this savings, the number of HMLP beneficiaries in the sample avoiding institutions (32), was multiplied by the approximated annual average cost for an individual to stay in such a facility in Massachusetts (\$57,000).²

Savings in Costs for Nursing Facility Stays Avoided	
Annual Cost of Skilled Nursing Facility or Long Term Care Stay in MA	\$57,000 ³
# of Sampled HMLP Beneficiaries Avoiding Long Term Care or Nursing Facilities	X 32 beneficiaries
Annual Costs Savings from the 32 Sampled Beneficiaries Avoiding Care	= \$1,824,000

This amounts to an overall estimated annual savings of **\$1,824,000** for those **32 beneficiaries**. Extrapolated to the entire evaluation sample of 101 households, this means that for every 100 or so beneficiaries served by the HMLP, there is likely to be similar savings in nursing facility stay costs. That is an estimated savings rate of \$18,240 per HMLP borrower. This annual savings rate compares well with the maximum HMLP loan investment of \$25,000⁴ per borrower. Note that the savings is ongoing whereas a HMLP loan is a single, one time investment.

Initial Year Cost-Benefit Analysis per HMLP Beneficiary Avoiding Institutions	
One Time Cost Investment in a HMLP Loan	\$25,000
Ongoing Cost Savings Per Year Created by HMLP Beneficiaries Avoiding Care	\$18,240

² This rate is based on the per person amount set for Roland Class Medicaid beneficiaries in Massachusetts to transition from long term care to the community. The rate was settled on in the case of Roland vs. Celluci.

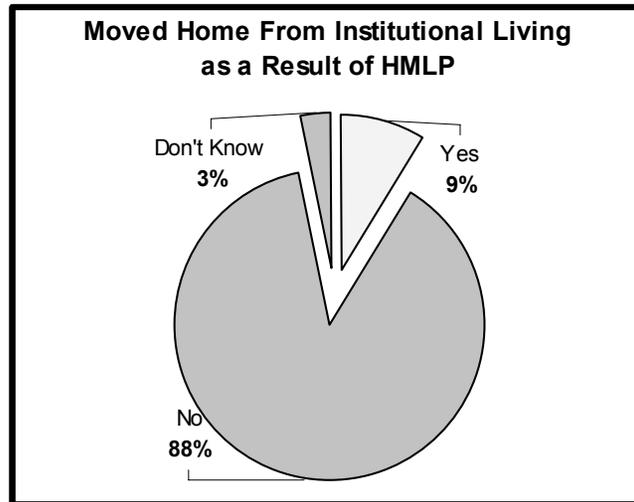
³ Ibid.

⁴ Note that the HMLP loan maximum was raised to \$30,000 after the data gathering for this report.

Exits from Institutional Living

Beneficiaries were asked whether the HMLP financed home modification had a direct connection with their ability to move home from institutional settings. Almost a tenth (9%) of beneficiaries in the sample reported this to be the case. The most common kind of medical institution that this subset of beneficiaries indicated they moved home from was a rehabilitation hospital (33%).

Exiting Medical Institutions	
Rehabilitation Hospital	33%
Don't Know	25%
Acute Care Hospital	17%
Specialty Care Hospital	17%
Skilled Nursing Facility	8%



Cost Savings from Exits from Medical Institutions

Exits from medical institutions represent savings to the Massachusetts Medicaid program and private insurers. To estimate the savings brought about by the HMLP, the number of HMLP beneficiaries in the sample exiting medical institutions (8) was multiplied by the annual average cost for an individual to stay in such a facility in Massachusetts (\$57,000).⁵

Savings in Costs for Nursing Facility and Long Term Care Stays Exited	
Annual Cost of Medicaid financed Long Term Care Stay in MA	\$57,000 ⁶
# of Sampled HMLP Beneficiaries Exiting Long Term Care or Nursing Facilities	X 8 beneficiaries
Annual Costs Savings from the 8 Sampled Beneficiaries Exiting Care	= \$456,000

This amounts to an overall estimated annual savings of **\$456,000** for those **eight beneficiaries**. Extrapolated to the entire evaluation sample of 101 households, this means that for every 100 or so beneficiaries served by the HMLP, there is likely to be similar savings in nursing facility stay costs. That is an ongoing estimated savings rate of \$4,560 per year per HMLP borrower. This annual savings rate compares well with the maximum HMLP loan investment of \$25,000.⁷ Note that the savings is ongoing whereas the HMLP loan is a single, one time investment.

Initial Year Cost-Benefit Analysis per HMLP Borrower Exiting Care	
One Time Cost of Investment in a HMLP Loan	\$25,000
Ongoing Cost Savings Per Year Created by HMLP Beneficiaries Exiting Care	\$4,560

⁵ This rate is based on the per person amount set for Roland Class Medicaid beneficiaries in Massachusetts to transition from long term care to the community. The rate was settled on in the case of Roland vs. Celluci.

⁶ Ibid.

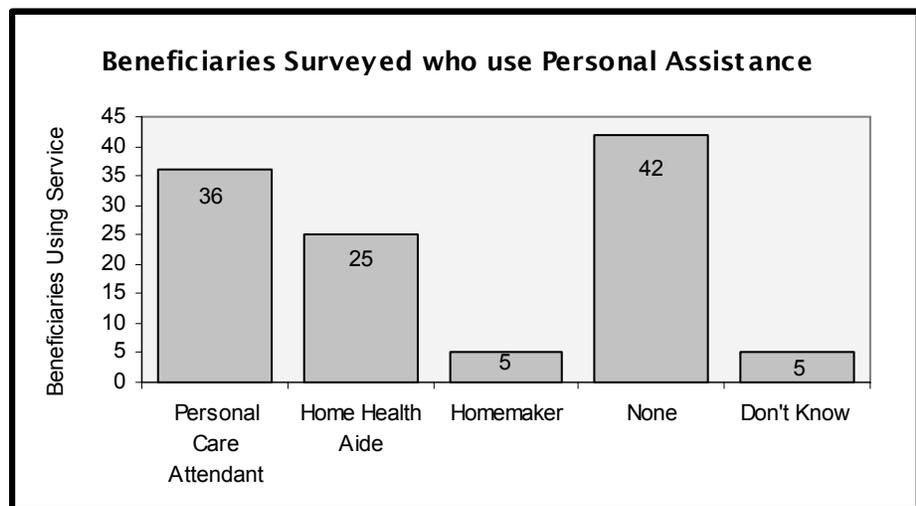
⁷ Note that the HMLP loan maximum was raised to \$30,000 after the data gathering for this report.

Reductions in Personal Assistance Services

Beneficiaries were asked a series of questions about their use of Medicaid funded personal assistance services and the direct impact that the HMLP had on the volume of these services. Prior to participating in the HMLP, more than half of the sample of beneficiaries (61%) used personal assistance services of some kind to assist them in carrying out tasks of daily living.

Some beneficiaries used more than one form of personal care assistance. Among the entire sample, over a third (36) used personal care attendants (PCA). A quarter of the sample (25) used home health aides, and a small number (5) used homemaker services. The remaining beneficiaries did not use personal assistance services or did not know if they used personal assistance services.

Almost three quarters (73%) of those beneficiaries who did use personal assistance services indicated it was paid for by the state's Medicaid program. These same beneficiaries were also asked if the HMLP financed home modification led to a direct reduction in their reliance on personal assistance services. Twenty percent of beneficiaries who used personal assistance services indicated that this was the case.



Cost Savings from Reductions to Personal Assistance

Reductions in personal assistance services represent savings to the Massachusetts Medicaid program. To estimate these savings the PCA hourly rate (\$10.84)⁸ was multiplied by a typical number of hours of PCA services consumed per week (30) for an individual and costed out for a year (\$118,625). This annual PCA rate was then reduced by an assumed 25 percent reduction rate arriving at an estimated annual savings per HMLP borrower (\$29,656). This per borrower savings was then multiplied by the number of beneficiaries in the sample reporting such a reduction in PCA services (8).

⁸ Rate provided by Boston Center for Independent Living, 2007.

Savings Brought About by Reductions in Personal assistance services	
Personal Care Attendant (PCA) Hourly Rate	\$10.84 ⁹
Typical Weekly Hours of PCA Services Used/ Individual	X 30 hours/week ¹⁰
Cost/year of PCA Services for an Individual	= \$118,625
Estimated Rate of Reduction in PCA Services from the HMLP:	X 25% reduction
Annual Reduction in Cost of PCA Services for one HMLP Borrower	= \$29,656
# of Beneficiaries in Sample with Reduced PCA Consumption	X 8
Annual Cost Savings Brought About per 101 HMLP Beneficiaries	= \$237,248

This amounts to an overall estimated annual savings of **\$237,248** brought about by those **eight beneficiaries**. Extrapolated to the entire evaluation sample of 101 households, this means that for every 100 or so beneficiaries served by the HMLP, there is likely to be similar savings in personal assistance costs. This annual savings rates compares well with the maximum HMLP loan investment of \$25,000. Note that the savings is ongoing whereas the HMLP loan is a single, one time investment.

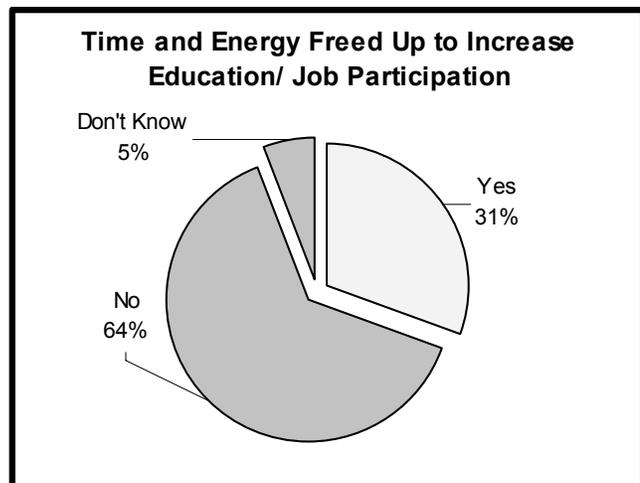
Initial Year Cost-Benefit Analysis per HMLP Borrower	
One Time Cost of Investment in a HMLP Loan	\$25,000
Ongoing Cost Savings Per Year Created by the HMLP Reducing Personal Care Use	\$2,724

Increases to Work Participation

Beneficiaries were asked if their HMLP financed home modification created more free time and energy to increase their education and job participation or that of a household member. A third (31%) of the sample of beneficiaries indicated that this was the case. For this group, the time savings and efficiencies that resulted from living in a home better adapted to their needs increased their participation in these activities.

Of those beneficiaries with increased education or work participation, approximately one fifth (20%) reported a corresponding increase in their household income.

This same subset of beneficiaries were asked which educational or job related activities were most “significantly increased” as a result of their HMLP financed home modification. Respondents indicated that participation in employment (16%) was the most significantly increased. Overall, there were 15 beneficiaries in the sample reporting any level of increase in employment, 7 reporting increase in school/college, and another 7 in job training.



⁹ Ibid

¹⁰ Estimate provided by: FY 2007 analysis of PCA payers conducted by the Massachusetts Department of Medical Assistance.

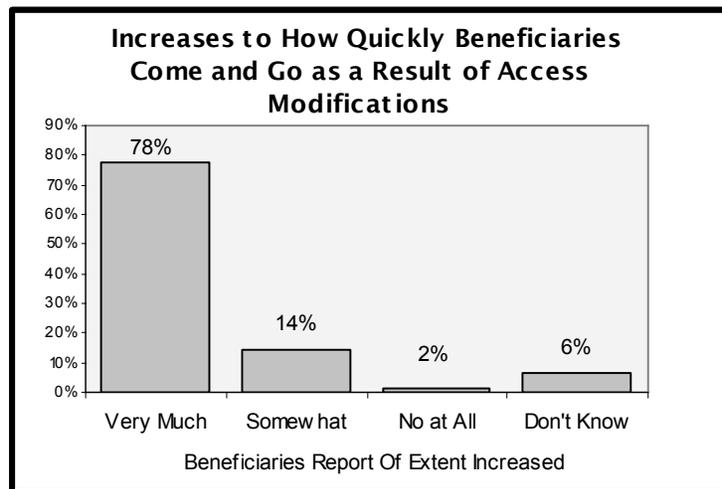
Work Participation for Household Members

Beneficiaries were also asked to report on changes to work or education participation in their household members. By comparison, household members with greater “freed up time and energy” had a reverse order to these impacts from the beneficiaries. For household members, the most “significantly increased” participation was in school or college. Second was employment participation and third was job training. Of note is the extent of the impact of the HMLP on the “freed up” time and energy available not just to beneficiaries but to their household members.

Beneficiaries vs. Household Members' who Increased Participation in Education or Employment		
	Beneficiaries in Sample	Household Members of Beneficiaries in Sample
Increased Employment	15	7
Increased School and College	7	13
Increased Job Training	7	6

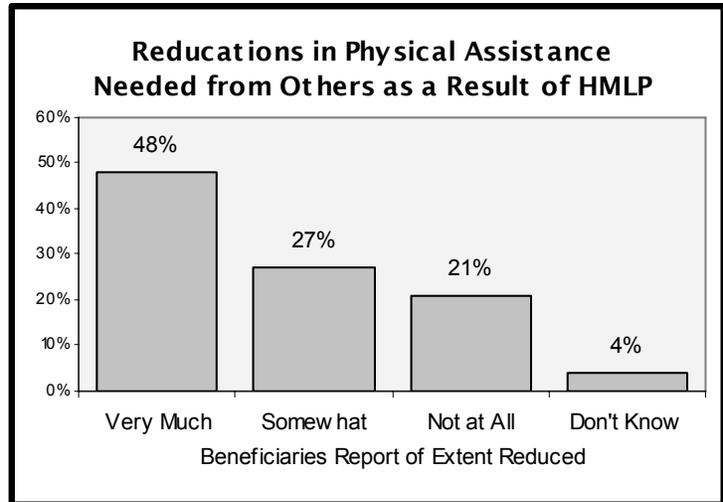
Daily Living Efficiencies - Impacts on Egress

Beneficiaries were asked multiple survey questions related to egress in and out of their homes. Overall, more than half (63%) of the sample carried out projects specifically designed to improve egress. Of this group, more than three-fourths (78%) reported that these egress modifications “very much” improved how quickly they are able to come and go from their homes. An additional group (14%) reported “somewhat improved” access.



In a related finding, almost half of all beneficiaries in the sample (48%) found that their need for physical assistance from others in their household was reduced “very much.” It seems that the households with better and faster egress now also enjoy a decrease in the need for a household member with a physical disability to be carried or otherwise assisted in and out of the home.

The improvements to egress and resulting reductions in the need to rely physically on others appear to have impacted the likelihood that beneficiaries would choose to go out of their homes. In fact, over three-quarters (79%) of those who improved egress using the HMLP reported going out of their homes more often as a direct result of HMLP financed home modifications.



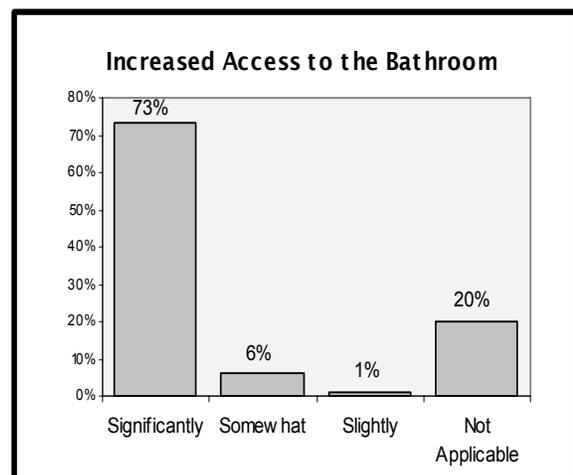
Daily Living Efficiencies - Access inside the Home

Beneficiaries were asked multiple questions to determine which areas of access inside their homes were most improved by HMLP financed projects. Of all the access improvements inside the home, more beneficiaries in the sample cited increases in access to bathroom facilities than to any other area of the home. Specifically, approximately three-quarters (73%) of the sample reported “significantly” increased access to the bathroom.

A third (33%) reported significantly increased access to the kitchen. A similar sized fraction reported significantly increased access to specific facilities within the kitchen including the sink, stove, microwave, and refrigerator (33%).

To a lesser degree, beneficiaries reported better access to the second story of their homes. Eighteen percent (18%) of beneficiaries in the sample reported this improvement as a significant increase.

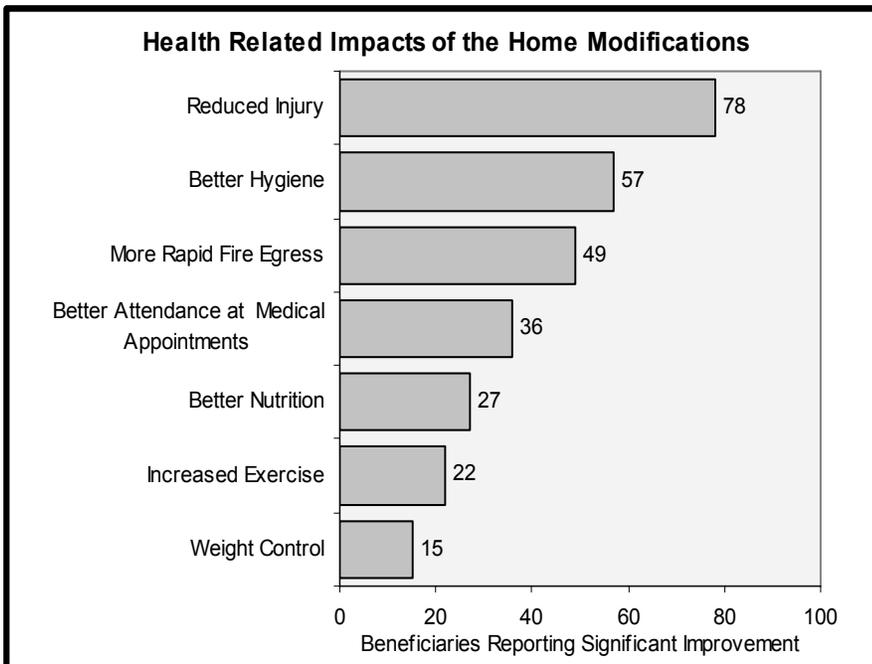
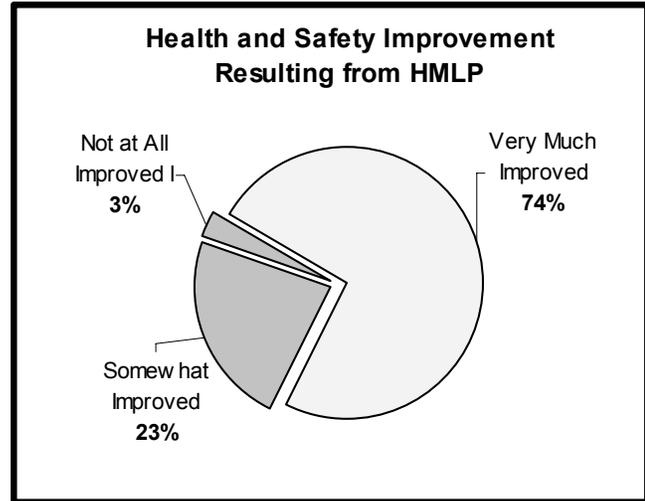
Significantly Improved Access	
To Bathroom's Facilities	74%
To Bathroom	73%
To Kitchen	31%
To Kitchen Sink, Stove etc.	33%
To Second Story of Home	18%



Personal Health and Safety Impacts

Beneficiaries were asked whether their HMLP financed home modification had direct impacts on their ability to take care of their personal health and safety. In fact, most beneficiaries (74%) felt that health and safety was overall “very much” improved after the HMLP.

The three most significant health and safety related impacts of the HMLP for beneficiaries in the sample were, in ranking order of significance to beneficiaries, reduced physical injury, better hygiene, and more rapid egress from their homes in the event of a fire.



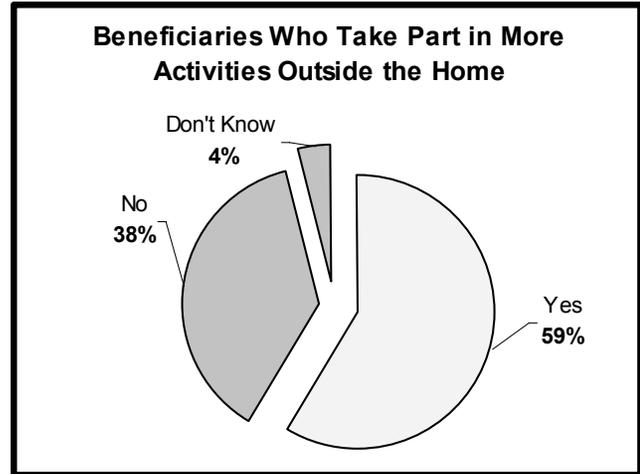
Beneficiaries were also asked to what extent some of these health and safety impacts were experienced by members of their household. The most significant of these impacts for household members was also reduced physical injury.

Also noteworthy were the two impacts that were in evidence for household members: a better rate of attendance at medical appointments and increased exercise.

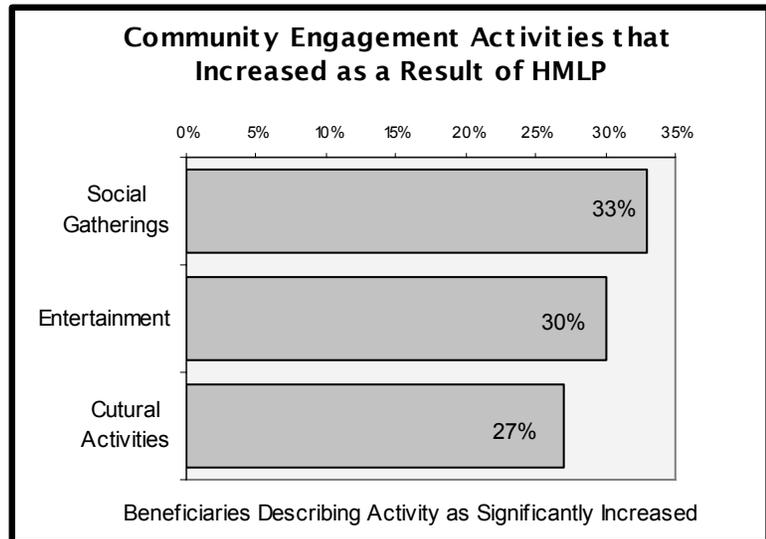
Beneficiaries vs. Household Members: Health and Safety Significant Improvements		
	Beneficiaries	Household Members
Reduced Injury	78	55
Better Hygiene	57	
More Rapid Fire Egress	49	
Better Attendance at Medical Appointments	36	22
Better Nutrition	27	
Increased Exercise	22	22
Weight Control	15	

Community Integration

The HMLP has positive impacts on the community integration of its beneficiaries. A majority of beneficiaries (71%) reported that they are more likely to participate in activities outside the home as a direct result of the HMLP. In addition, all HMLP beneficiaries were asked whether they participate more frequently in community activities as a direct result of the HMLP. Over half (59%) of beneficiaries in the sample reported this was the case.

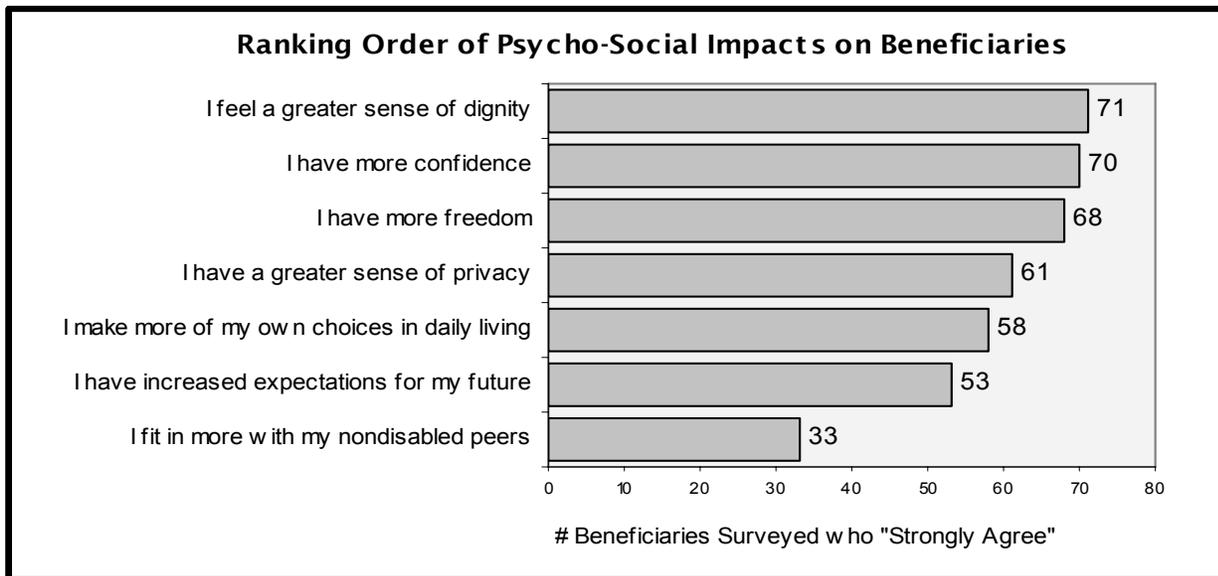


Of those who increased involvement in community activity, participation in social gatherings had the most significant increase (33%). Participation in entertainment had the second greatest significant increase (30%). Participation in cultural activities had the third greatest significant increase (27%).



Social-emotional Impacts

The sample of beneficiaries were asked to respond to a series of self-statements designed to measure psycho-social impacts resulting directly from HMLP financed home modifications.

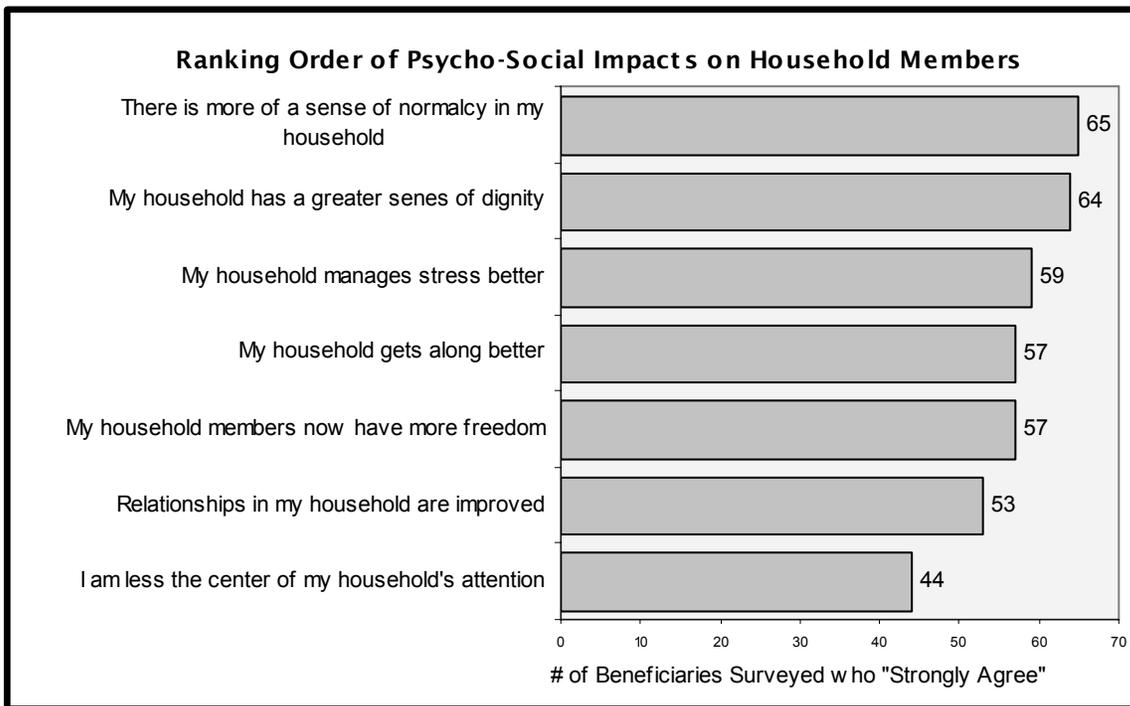


Overall, the sample of 101 beneficiaries strongly agreed with the majority of these statements. Those describing greater senses of personal dignity (71) and confidence (70) were the statements with which more of the sample strongly agreed. Those pertaining to freedom (68), privacy (61), and more choices (58) were also strongly agreed on by more than half the sample. The statement least likely to be strongly agreed upon pertained to fitting in more with peers (33).

Beneficiaries who Agreed with Self-Statements on Personal Social-Emotional Wellbeing			
	Strongly Agreed	Somewhat Agreed	Total
I make more of my own choices in daily living	58	23	81
I have more confidence	70	22	92
I have a greater sense of privacy	61	19	80
I feel a greater sense of dignity	71	20	91
I have more freedom	68	19	87
I have increased expectations for my future	53	19	72
I fit in more with my nondisabled peers	33	12	45

Social-emotional Impacts on Household

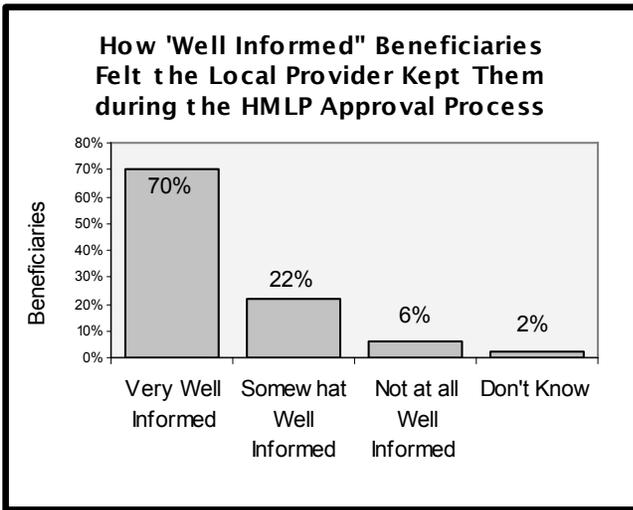
The sample of beneficiaries were asked to respond to a series of self-statements measuring the psycho-social benefits to household members that result directly from HMLP financed home modifications.



In general, agreement with impacts on household members was less pronounced than agreements on impacts to the beneficiaries themselves. Nevertheless, the sample of 101 beneficiaries strongly agreed with the majority of the household related statements. Those statements describing a greater sense of normalcy (65) and better stress management (64) were the statements with which more of the sample strongly agreed. Those pertaining to stress management (59), getting along better (57), freedom (58), and improved relationships (53) were also strongly agreed on by more than half the sample. The statement that was least likely to be strongly agreed upon pertained to the borrower being less the center of household's attention (44).

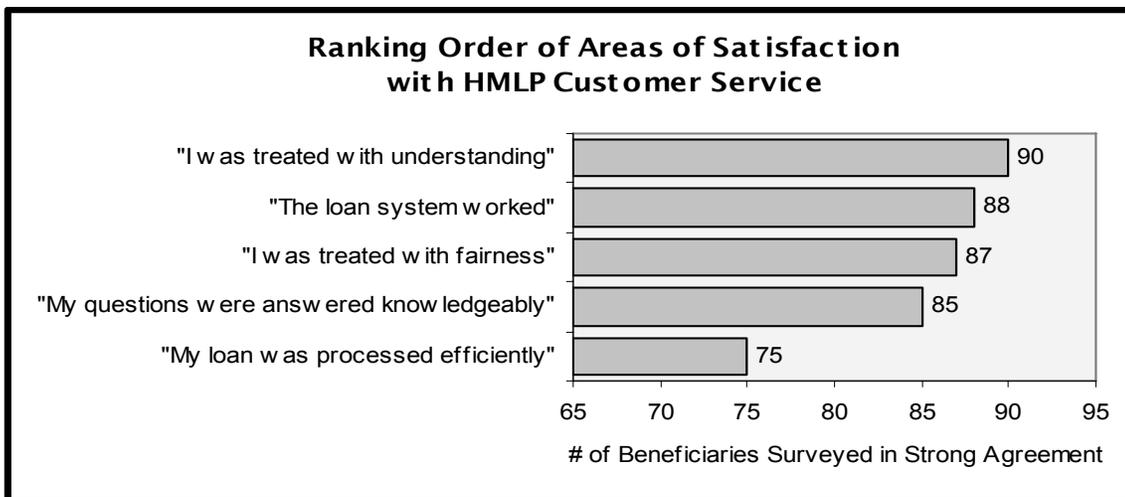
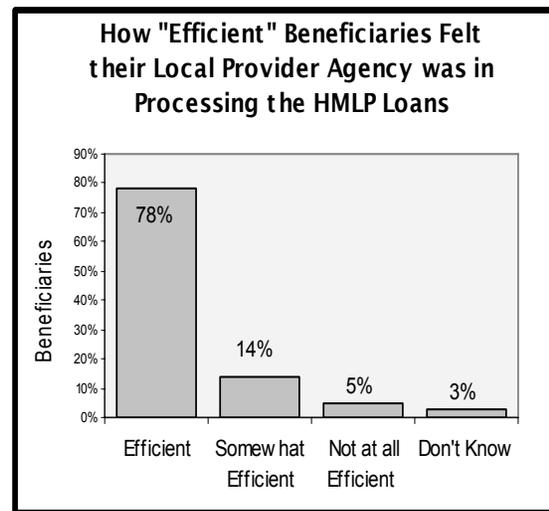
Beneficiaries who Agreed with Self-Statements on their Household's Social-Emotional Wellbeing			
	Strongly Agreed	Somewhat Agreed	Total
Relationships in my household are improved	53	19	72
My household manages stress better	59	24	83
My household has a greater sense of dignity	64	22	86
There is more of a sense of normalcy in my household	65	19	84
My household gets along better	57	20	77
I am less the center of my household's attention	44	25	69
My household members now have more freedom	57	21	78

Customer Satisfaction



Beneficiaries were asked to respond to a series of statements designed to measure their sense of customer satisfaction with the process of applying for and being qualified for a HMLP loan. The majority (70%) of the sample felt that the local provider agency with whom they worked kept them “very well informed.” In addition, the majority of the sample (78%) felt that their local provider agency was “efficient” in processing their HMLP loan.

Beneficiaries in the sample were also asked to respond to a series of self-statements pertaining to aspects of their general satisfaction with the customer service provided by their individual local provider. Their responses indicated that the most appreciated aspect of customer service was the “sense of understanding” conveyed by the provider to them (90). There were also particularly high rates of agreement with a statements indicating that “the loan system worked” (88) and that it extended “fair treatment” (87) to its beneficiaries. In general, the majority of beneficiaries agreed with all five of the statements affirming the quality of the HMLP’s customer service.



VI. Qualitative Findings

Qualitative Questions

The Consumer Structured Survey included two qualitative, open-ended questions – one pertaining to the quality of the HMLP’s customer service and another inquiring about how the borrower’s household would have managed without having had access to the HMLP. Beneficiaries were asked to respond to these questions in their own words and were encouraged to provide detail and examples. These qualitative questions were used to unearth a more nuanced understanding of the borrower’s experiences with the HMLP which could be used to inform the program’s future practice.

In addition, at the conclusion of the structured survey, beneficiaries were asked to reflect on the overall quality of the HMLP and make recommendations for how it might be improved. Their answers pointed out characteristics of the program’s customer service delivery that are most important from the beneficiaries’ point of view. The results of all of these collective qualitative questions are summarized in this section of the report.

Quality of HMLP Services

“One Very Good” HMLP Contact

A portion of the beneficiaries singled out the specific local provider agency in their community for compliment. Individual HMLP local providers were described as “great” and “very professional.” Among those beneficiaries who acknowledged specific providers, some mentioned particularly positive experiences with individual contact people within the HMLP provider agency. These staff members were commended for making the experience of participating in the HMLP all the more satisfactory. It seems that, in several cases, the “helpfulness”, “kindness” and “problem solving” of provider staff provided needed support that was much appreciated. From these comments, we learn that one very good contact at the provider agency can engender positive feelings about the HMLP in general.

Provider Stories:

A Nursing Home Avoided

“We have a woman with Multiple Sclerosis who could no longer go to the second floor to use the bathroom because of her declining condition. The first time I went to the house it was like I was intruding on someone's privacy. The living room had been transformed into a bedroom/bathroom, and a commode was next to the hospital bed separated only by a curtain. She was so embarrassed, feeling so defeated and really afraid that she would need to move into a nursing home. A few weeks ago when the project was done and I visited her, what a difference! She was smiling and so proud to show me the new bathroom and how easy it was to get in and out. And now she can also go outside the house to the garden and to the kitchen. And she could not stop smiling and being thankful that we could help her with the loan. The HMLP has changed her outlook in life!”

On the other side of this same issue were a few comments from beneficiaries who encountered HMLP provider staff that were perceived as less than fully competent in the technical aspects of HMLP and its procedures. The dissatisfaction of these beneficiaries seems to relate to the fact that they started their loan application with one contact person and were later assisted by someone with lesser knowledge or who was less likely to follow-up. “It is important that they keep the employees that know what they are doing,” recommended one borrower. Another shared the need for more “dedicated” individuals to staff the program. These comments seem to underscore the learning curve that is encountered by new staff assuming the direct interface role within the provider agency. It also suggests that beneficiaries who switch from one HMLP staff contact to another may experience frustration. Overall, these comments point to the challenge presented by staff turnover for this particular program and the need to reduce that pattern if and when possible.

The HMLP Timeframe

When asked what could be changed about the HMLP, the biggest concern voiced by the beneficiaries was the length of time it took to move through the multiple steps of the HMLP application process. Many beneficiaries found it too slow and several complained that the extended wait caused logistical problems. These included hold ups related to the contractors’ work and timing a borrower’s return home from a chronic care hospital when construction work may not yet completed. One borrower made the point that “it was not the provider organization’s fault” implying that the timing issue was inherent to the HMLP administration or its procedures.

Some beneficiaries with complaints about the program’s timeline estimated the process took between four months to a year. It is hard to know whether speeding up the HMLP process would improve on satisfaction in this area as it seems some beneficiaries may find it too long regardless of a shortened timeframe. Relative to financial loans made in the private banking market, these time estimates by the beneficiaries suggest that the HMLP may not be keeping up with that industry’s standard. One borrower recommended that the HMLP simply do a better job of “informing us how long we need to wait.” Better managing beneficiaries expectations along these lines may be the most feasible means of addressing the perceived inefficiency of the HMLP application process.

Communications

Communications with borrowers originate from multiple parties including the seven HMLP local provider agencies and, at times, CEDAC and MRC itself. With this array of players, it seems inevitable that a certain amount of problems in communications will arise between the program and its customers. Beneficiaries' comments from this study suggest that there are two areas where communication with beneficiaries can be compromised. First is communicating beneficiaries’ obligations to repay the loans and penalties associated with default. The survey question on customer service captured comments from beneficiaries who felt their obligations were never fully explained to them and, in one case, who actually still did not “understand how the loan worked.”

The second area of concern about communications pertains to educating beneficiaries on the specific steps and the timing of the loan application and approval process. One borrower complained of the need to “keep supplying more and more documents”, and another felt she

needed to “keep calling” her HMLP provider to move the process along. For these beneficiaries and others with similar issues, there was a lack of organized communication to help them anticipate the step by step process of the HMLP and have confidence in it. These concerns suggest that new efforts to improve and supplement the existing HMLP printed materials and timelines provided to beneficiaries may be indicated.¹¹

Outreach

There is consensus among many of the beneficiaries who responded to the survey that the HMLP should be more widely utilized across the disability community in Massachusetts and that there are many other people with disabilities who would benefit from hearing about the program. Many beneficiaries expressed concern that the HMLP is not known in many circles and should be more extensively advertised. There were numerous suggestions for more “advertising”, “outreach”, and “publicity.” A few beneficiaries suggested specifically outreaching more to elderly people.

A beneficiary recommended increasing the amount of money made available to individual households. It was noted that the cost of home modifications has been “going up” and that the maximum loan amount allowed should increase proportionally. Another borrower indicated that the loan amount limits of the HMLP forced her to leave certain needed features out of her home renovation. Other beneficiaries argued for more money in the HMLP simply to make it more available to a larger number of people in need - in particular those “now residing in nursing homes who could move home with their loved ones” if their homes were modified.

Isolated Issues

Significant negative experiences with HMLP appear to be isolated to individual cases in the sample that are not part of an overall pattern of poor customer service. One borrower, for example, shared a significant complaint

Provider Stories:

A Return to Community Living

“Here in Framingham I have an elderly borrower that has come back home because now he has a bathroom on the first floor and no longer needs to live at Oak Knoll Nursing Home. He has prostate cancer and no longer can go up the stairs. His elderly wife could not carry him upstairs so he moved to the nursing home. His oldest son contacted me and we worked together to get that project accomplished. I visited my borrower at Oak Knoll to sign papers and told him that I was representing SMOC and we would do all we could to help him come back home. Since he returned home, his health has improved so much, and he told me that nothing is better than home sweet home.”

¹¹ Since the data gathering period for this report, the HMLP has responded to concerns raised by this evaluation by developing new program guidelines, updating its Frequently Asked Questions, application and website. In addition, an outreach plan was drafted, brochures were translated into various languages and alternative formats and flyers targeting specific populations have been distributed.

concerning the HMLP provider agency in her community. The provider agency apparently “lost track of the HMLP loan note” and contacted her to recreate the paperwork after the loan had been completed. No other similar comments were made by other beneficiaries. According to this borrower, this mistake was ultimately rectified. As no other borrower mentioned any similar events, it would appear that this problem was an isolated issue that was resolved and not part of any larger pattern of significant complaints.

Quality Improvement

In the future, results of this part of the analysis will be used to guide these provider agencies towards ongoing improvements to the quality of service delivered. As with the other portions of the evaluation, MRC will continue to collect data on these customer satisfaction variables for a continuous assessment of the HMLP’s quality and impact.

Despite high marks, there are service areas identified in need of improvement. For example, beneficiaries would value more regular communication, detailed updates, and clear information from the provider agencies. Their primary complaint is that the loan process takes too long. A quarter of beneficiaries would like to see greater efficiency to the processing of loans.

Impacts

Value and Efficiency

The strongest theme that emerges from the qualitative questions in the survey is the prevalence of an overall sense of satisfaction with the HMLP both in its delivery of the loans and in the ultimate value these loans are now having in the beneficiaries’ lives. Many described their overall experience moving through the loan application and approval process as, variously, “free of problems”, “smooth”, and “positive.”

In keeping with this appreciation for a generally trouble free process was recognition for how a good process led to an effective outcome. The results of the program were described by one as “fabulous”, by another as “extremely helpful”, and by several others as “great.” Beneficiaries shared their sense of being “very satisfied” with the work done on their homes. One also noted how timely the HMLP loan was in making a difference in the life of her family. Another shared such appreciation for the program in a letter to the Governor’s Office. Even when asked only to comment on the quality of the HMLP’s customer service, many beneficiaries seemed to go out of their way to affirm the program for its inherent merits as a tool for improving their quality of life.

The Gift of Normalcy

Beneficiaries were asked to speculate about how their lives would be different without having had access to the HMLP. Beneficiaries' responses underscored dramatic direct and indirect impacts. "Normalcy" is a term used by multiple beneficiaries in describing the ultimate benefit provided by the HMLP. Without the loan, asserted one family, "we could not live a normal life." Another concurs that the modifications made via the HMLP are what allow them to "function normally." Such normalcy comes in different terms for each household. In one, it means the mother can now get upstairs to "kiss the children goodnight." In many others, an adult can finally be assured the personal dignity of using the bathroom independently and privately. For the HMLP beneficiaries, these details represent admittance into a way of life they describe with elegant simplicity: "normal." Some beneficiaries described an end to the sense of "struggle" that was formerly a hallmark of their home life. Simply put by one borrower, before their home modification, it was "just very hard to do everything." Together, the increased sense of normalcy and diminished sense of struggle are appreciated in terms that suggest they have much more than practical value. In fact, for the HMLP beneficiaries who made these comments, they seem to have the power of life changing events.

Provider Stories:

New Bathroom for Child with Cerebral Palsy

"The first project we had in Wayland was for a 17 year old child with Cerebral Palsy. A child severely disabled, with the sweetest smile I have ever seen! His mother's biggest concerns were that she knew it was painful for him to be moved into the existing tub and that one day she was going to drop him on the floor since she is getting older. So they needed a new bathroom with a raised tub! When the work was done and I went to visit them that woman's happiness was contagious. For the first time in years she didn't have back pain, her son was transferred safely into the tub and could really enjoy it."

Guarantee of Community-living

Many HMLP beneficiaries have disabilities that challenge their ability to live outside of nursing homes, hospitals, and other medical institutions. Many such beneficiaries attributed the fact that they have avoided such institutionalization directly to the HMLP. They asserted that, without the HMLP, the disabled member of the household would be living permanently in an assisted living facility, a nursing home, an institution, or a hospital. Others indicated that they would have been "forced to move" to a new home. Extraordinary value is equated with this opportunity to live at home, together with family members, in a real neighborhood, and as part of their natural community.

Freedom from Confinement

According to many of the beneficiaries, prior to accessing the HMLP, the freedom to live in their own community-based homes did not, in itself, entirely ensure their day to day freedoms. Without the home modifications made possible by the HMLP, many were once confined to the first floor and/or a limited set of rooms in their home. Some struggled to use the kitchen and bathroom. One parent remembers how her daughter “had very limited use of our home with where she could go and what she could do.” Many simply never used the second floor. In these households, modifications brought about by the HMLP put an end to this sense of confinement and being trapped into but a few spaces and, consequently, limited domestic activities.

End to Being Housebound

Another dimension of the basic freedoms made possible by the HMLP is the simple ability to exit and enter the home. Prior to participating in the HMLP, many beneficiaries describe great difficulty associated with the simple process of coming and going through the door without considerable assistance. In the words of one borrower, the improvements to the egress brought about through the HMLP mean she is no longer “trapped” in her home.

Relief for Parents

Many HMLP beneficiaries used their loans to modify homes for children with physical disabilities who were reaching latency age. When such children were younger, their parents often physically carried them in and out of rooms and the home itself - often multiple times in one day. Beneficiaries alluded to the fact that, as these children have grown, the physical demands of carrying them became increasingly hard and detrimental on all family members. According to many beneficiaries, the HMLP prevented many parents from suffering “broken backs.” Typical was a comment from one family with a 12 year old daughter. The parents were grateful that this 70 pound child could finally move smoothly from room to room, and particularly into the bathroom and bedroom, without being carried.

Lynchpin on the Financing Deal

Most beneficiaries explain that the HMLP was the essential financial resource used for their project and, without it, the family would have had to do without the improvements. For a small minority of others, it seems that they may have carried out the home modifications even without access to the HMLP by finding other financial resources or curtailing their project. One borrower from this group notes that the construction process would have been prolonged without the HMLP to supplement other funds available to the family. In all cases, beneficiaries implied that the HMLP was the essential lynchpin in the financial deal struck with the contractors, vendors, and other lenders that played a role in their home modification project. Without it, the project would have been longer, harder, less feasible, and, in most cases, unaffordable.

VII. Survey Instrument

MA Home Modification Loan Program Impact Evaluation Consumer Structured Survey

Identification Block

Loan Beneficiary's Name: _____

Provider Name: _____

Date of Interview: _____

Interviewer Name: _____

I am calling from the Mass Rehab Commission. Our state agency funds and oversees the Massachusetts Home Modification Loan Program from which you took out a loan some time ago. I am calling to ask you to participate in a survey about your satisfaction specifically with the loan program.

The purpose of this survey is to understand the impact the program's loans are having in the lives of beneficiaries in order to provide accurate information to state officials and funders. This information will inform them of the benefits of the loan program to people with disabilities.

This survey will take approximately 20 minutes. If I ask a question you do not want to answer, we will just skip it. If you are not the loan program's direct beneficiary but will be responding for that person, I ask that you answer all questions in reference to the beneficiary. Do you have any questions? Would you like to participate?

Thank you for agreeing to participate in this survey!

Interviewer's initials indicating respondent agreed to participate: _____

Demographic Questions Block

Q1-1. What is your age range?

- 1 65 or older
- 2 Between 20 and 64
- 3 Under 20 years

Q1-2. Is English your first language?

- 1 Yes
- 2 No

Q1-3. What is your zip code? _____

Project Specifications Block

Q2-1. For what type of project(s) did you use your loan? Indicate ALL that apply.

- 1 Ramp
- 2 Widening doorway(s)
- 3 Bathroom feature(s)
- 4 Bed/bath addition
- 5 Lift
- 6 Kitchen feature(s)
- 6 Door hardware
- 7 Other: _____

Q2-2. What percent of your entire modification did your loan from this program cover?

- 1 100 %
- 2 50% to 100%
- 3 < 50%
- 98 *Don't know*

Q2-3. Did you have other options for filling the gap in financing that this loan filled?

- 1 Yes – **Q2-3b.** What other ONE source of financing would you most likely have substituted?
 - 1 Private bank loan
 - 2 Personal savings
 - 3 Loan from friend/ relative
 - 4 Money raised by a fundraiser
 - 5 Other: _____
 - 98 *Don't know*
- 2 No
- 3 *Don't know*

Q2-4. Without this loan, could you have gone ahead with your planned project?

1 Yes

2 No – **Q2-4b.** What would have been the consequence of not carrying out the project?

Overall Impact Block

From hereon in, all of my questions will apply to your entire home modification project – that is, not just the piece paid for out of your loan from this program.

Q3-1. Of all the benefits your project brought you, which TWO are most significant to you?

- 1. Increased Independence
- 2. Improved Health
- 3. Heightened Safety
- 4. Improved Emotional Wellbeing
- 5. Decreased Financial Burden
- 6. Greater Income
- 7. Avoidance of Institutional Living
- 8. Don't Know

Mobility/ Independence Block

Q4-1. Has your project decreased physical assistance needed from others?

- 1 Very much
- 2 Somewhat
- 3 Not at all
- 98 *Don't Know*

Q4-2. To what extent did your project improve your mobility with the following:

	Improved Significantly	Improved Somewhat	Improved Slightly	Not Applicable
Accessing the bathroom	1	2	3	4
Accessing bathroom's facilities	1	2	3	4
Accessing the kitchen	1	2	3	4
Accessing the kitchen's facilities	1	2	3	4
Getting to a second story	1	2	3	4

Q4-3. Did your project improve egress in and out of your home?

- 1 Yes
- 2 No **(Skip to Q5-1)**
- 98 *Don't Know (Skip to Q5-1)*

Q4-4. Has your project increased how quickly you get in and out of your home?

- 1 Very much
- 2 Somewhat
- 3 Not at all
- 98 *Don't Know*

Q4-5. Has your project made you more likely to go out of the house during the day?

- 1 Yes
- 2 No
- 98 *Don't Know*

Q4-6. Has your project allowed you to participate in more activities outside your home?

- 1 Yes
- 2 No
- 98 *Don't Know*

Social/ Emotional Block

Q5-1. Tell me the extent to which the following statements about the project's impact on **your** emotional well being are true?

	Strongly Agree	Somewhat Agree	Disagree	Not Applicable
I make more of my own choices in daily living	1	2	3	4
I feel a greater sense of dignity	1	2	3	4
I have more confidence	1	2	3	4
I have a greater sense of privacy	1	2	3	4
Relationships within my household are improved	1	2	3	4
I have more freedom	1	2	3	4
I have increased expectations for my future	1	2	3	4
I fit in more with my non-disabled peers	1	2	3	4

Q5-2. Tell me the extent to which the following statements about the project’s impact on your household’s emotional wellbeing are true?

	Strongly Agree	Somewhat Agree	Disagree	Not Applicable
My household has a greater sense of dignity	1	2	3	4
My household manages stress better	1	2	3	4
There is more of a sense of normalcy in my household	1	2	3	4
My household gets along better	1	2	3	4
I am less the center of my household’s attention	1	2	3	4
My household members now have more freedom	1	2	3	4

Community Integration Block

Q6-1. Has your home modification freed up your time and energy to take part in more interests outside of your home?

- 1 Yes
 2 No **(Skip to Q7-1)**
 98 *Don’t Know (Skip to Q7-1)*

Q6-2. Tell me the extent to which your project increased your involvement in the following activities outside your home:

	Significantly Increased	Somewhat Increased	Slightly Increased	Not Applicable
Social gatherings	1	2	3	4
Entertainment	1	2	3	4
Cultural activities	1	2	3	4

Income Block

Q7-1. Did your project free up time or energy for you or members of your household to increase education or job participation?

- 1 Yes
 2 No **(Skip to Q8-1)**
 98 *Don’t Know (Skip to Q8-1)*

Q7-2. Has your household income increased as a result of your project?

- 1 Yes
 2 No
 98 *Don’t Know*

Q7-3. Tell me to what extent your project increased **your** participation in:

	Significantly Increased	Somewhat Increased	Slightly Increased	Not Applicable
School/ college	1	2	3	4
Job training	1	2	3	4
Employment	1	2	3	4

Q7-4. Tell me to what extent your project increased your **household member(s)**' participation in:

	Significantly Increased	Somewhat Increased	Slightly Increased	Not Applicable
School/ college	1	2	3	4
Job training	1	2	3	4
Employment	1	2	3	4

Medicaid Block

Q8-1. Did modifying your home allow you to move home from a medical institution?

- 1 Yes
- 2 No (**Q8-3**)
- 3 *Don't Know*

Q8-2. Which ONE of the following best describes the institution where you resided?

- 1 Skilled nursing facility
- 2 Acute care hospital
- 3 Rehabilitation hospital
- 4 Specialty care facility
- 5 Other: _____
- 98 *Don't Know*

Q8-3. Did modifying your home allow you to avoid entering a medical institution?

- 1 Yes
- 2 No (**Skip to Q8-5**)
- 98 *Don't Know*

Q8-4. Which ONE of the following best describes the institution you avoided?

- 1 Skilled nursing facility
- 2 Acute care hospital
- 3 Rehabilitation hospital
- 4 Specialty care facility
- 5 Other: _____
- 6 I did not avoid entering a medical institution
- 98 *Don't Know*

Q8-5. Prior to your project, did you receive any of the following personal assistance services? Indicate ALL that apply.

- 1 Personal Care Attendant
- 2 Home Health Aide
- 3 Homemaker
- 5 None **(Skip to Q9-1)**
- 98 *Don't Know* **(Skip to Q9-1)**

Q8-6. Were you able to reduce or eliminate your use of these services as a direct result of your project?

- 1 Yes
- 2 No
- 98 *Don't Know*

Q8-7. Were any of these services paid for in full or in part by Medicaid?

- 1 Yes
- 2 No
- 98 *Don't Know*

Health/Safety Block

Q9-1. To what extent was your health and safety improved in the following?

	Significantly Improved	Somewhat Improved	Slightly Improved	Not Applicable
Protecting myself from injury	1	2	3	4
Hygiene	1	2	3	4
Cooking	1	2	3	4
Controlling weight	1	2	3	4
Exercising	1	2	3	4
Attending appointments with health care providers	1	2	3	4
Getting out of my house in the event of a fire	1	2	3	4

Q9-2. To what extent was your **household's** health and safety improved in the following?

	Has Significantly Improved	Has Somewhat Improved	Has Slightly Improved	Not Applicable
Protecting themselves from injury	1	2	3	4
Exercising	1	2	3	4
Attending appointments with their health care providers	1	2	3	4

Q9-3. In general, how much did your overall health and safety improve after your project?

- 1 Very much
- 2 Somewhat
- 3 Not at all

Customer Satisfaction Block

Lastly, I am going to ask about how satisfied you were with the services you received from the organization that processed the loan with you directly – that is the people who sent out your paperwork and talked with you on the phone. These questions do not pertain in any way to the contractors who did the actual construction work on your home.

Q10-1. To what extent do you agree with the following statements?

		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1	I was treated with fairness	1	2	3	4
2	My loan was processed efficiently	1	2	3	4
3	My questions were answered knowledgeably	1	2	3	4
4	I was treated with understanding	1	2	3	4
5	The loan system worked	1	2	3	4

Q10-2. How well were you informed of the status of your loan throughout the approval process?

- 1 () Very well
- 2 () Somewhat well
- 3 () Not at all well
- 98 () *Don't Know*

Q10-3. In general, how efficient were those who processed your loan with their specific responsibilities?

- 1 () Very
- 2 () Somewhat
- 3 () Not at all
- 98 () *Don't Know*

Q10-4. If there were one thing you could recommend the loan program improve upon in the way it does business, what would it be?
