



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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December 27, 2022

MEMORANDUM

TO: The Honorable Janet Howell
Co-Chairwoman, Senate Finance and Appropriations Committee

The Honorable George L. Barker
Co-Chairman, Senate Finance and Appropriations Committee
Chairman, Joint Commission on Health Care

The Honorable Barry D. Knight
Chairman, House Appropriations Committee

FROM: Kathryn A. Hayfield 
Commissioner, Department for Aging and Rehabilitative Services

SUBJECT: Needs Assessment Report: In-Home Services and Home Modifications for Older Adults

As Commissioner of the Virginia Department for Aging and Rehabilitative Services (DARS), I am pleased to present the Needs Assessment Report: In-Home Services and Home Modifications for Older Adults in response to Chapter 2 of the 2022 Acts of Assembly through budget language in Item 331 L. Drafted in follow-up to the Joint Commission on Health Care's 2021 Aging in Place study, the report identifies the unmet need for in-home services and home modifications. The report also provides estimates for increasing state funding to Virginia's area agencies on aging and local departments of social services to expand service capacity. These important services can prove vital to allowing older adults to stay in their homes and communities and maintain their independence.

If you have any questions about the report, please do not hesitate to contact me.

KH/ca

Enclosure

cc: Jeff Lunardi, Executive Director, Joint Commission on Health Care



**NEEDS ASSESSMENT REPORT:
IN-HOME SERVICES AND HOME
MODIFICATIONS FOR OLDER ADULTS**

to the

**Joint Commission on Health Care
Chairman of the House Appropriations Committee
Co-Chairwoman and Co-Chairman of the Senate
Finance and Appropriations Committee**

**Virginia Department for Aging and Rehabilitative
Services**

**Commonwealth of Virginia
Richmond
December 1, 2022**

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Report Mandate

2022 Appropriations Act [Item 331 L](#). Out of this appropriation, \$250,000 the first year from the general fund is provided for the Department for Aging and Rehabilitative Services to determine the potential cost of addressing unmet needs for in-home services and home modifications provided to older adults by area agencies on aging and local departments of social services across the Commonwealth, by region. This information shall be reported to the Joint Commission on Health Care, and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2022.

Executive Summary

According to American Community Survey data, Virginia is home to 1,566,250 adults aged 65 and older, making up roughly 18.5% of Virginia's total population. When reviewing similar figures for Virginians aged 60 and older, it grows to 2,085,580 or 24.6% of the population.¹ Recognizing the current population statistics and the future growth trends, it is no surprise that in 2020, the Joint Commission on Health Care (JCHC) directed staff to examine strategies to support aging Virginians in their communities. In conducting the study, JCHC staff examined in-home services provided by area agencies on aging (AAAs) and the local departments of social services (LDSS) as well as the limited availability of home modification services.

In-home services, a term inclusive of homemaker, personal care, companion, and chore services, assist older adults with completing instrumental activities of daily living (IADLs; such as meal preparation, shopping for personal items, housework, and yard maintenance), and with activities of daily living (ADLs; such as dressing, bathing, walking, and eating). Home modifications include a range of services and projects, such as home repairs, pest control, installation of grab bars or handrails, and installation of ramps or roll-in showers, which are intended to improve the accessibility and livability of the home.

While the JCHC staff reported that there seemed to be a high unmet need for in-home services and home modifications, there was limited data available from the Department for Aging and Rehabilitative Services (DARS), the AAAs, and the LDSS to pinpoint that exact need. At the December 7, 2021 meeting, and with the JCHC Aging in Place report in hand, the JCHC voted to adopt a recommendation to provide funding and direct DARS to complete a needs assessment and provide a report to the JCHC and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees the following year. This recommendation was ultimately achieved through Item 331 L of the 2022 Appropriation Act.

In implementing this needs assessment, DARS used a multi-method approach to determine the unmet need and potential service costs. DARS' process included surveying older adults directly, surveying staff with the AAAs and LDSS, reviewing AAA reporting data and the DARS Adult Protective Service (APS) Annual Report services and financial data, researching national standards regarding poverty, and conducting an environmental scan of existing programs that provide home modification-type services to Virginians.

At a high-level, the following needs were identified:

- Just over half of older adult survey respondents (54%) indicated that they intended to stay in their homes and 21% would move to a new area or new home in their current area. Almost 2 in 10 (or 18%) reported that they wanted to stay in their home but were concerned they would not manage to, and 8% said they wanted to move but did not have the resources.

¹ American Community Survey (ACS) Special Tabulations, 2015-2019, Retrieved from AGID Data Portal: <https://agid.acl.gov/> on August 8, 2022.

- In the same survey, those in lower income brackets were more likely than those with higher incomes to report that they would like to move but don't have the resources to do so, or that they want to stay in their current home but are concerned they won't be able to.
- Of those older Virginians indicating concerns about the ability to age in place in their current homes, financial reasons (52%) and health reasons (44%) were identified as the top concerns in the older adult survey. The third top concern was that the home was not suited for aging in place (27%).
- From the survey, 22% of Virginians aged 65 and older stated they had a major or moderate need for homemaker services, 6% stated they needed personal care services, and 41% stated they needed chore services.
- The older adult survey also found that 37% of Virginians aged 65 and older indicated a major or moderate need for home repairs or home maintenance assistance, 18% needed assistance with maintaining the minimum housing standards, 18% needed minor home modifications, and 16% needed major home modifications.
- In 2021, approximately 10.3% of older adults lived in poverty, an increase from 8.9% in 2020, according to the U.S. Census Bureau.
- In a survey of LDSS across Virginia, staff estimated that an additional 3,468 adults needed LDSS in-home services beyond the 4,415 clients that were served in SFY (State Fiscal Year) 2021.
- In examining the biggest challenges, every Department of Social Service (DSS) region of the state indicated finding in-home service providers in their area was the main problem.
- All LDSS who responded to the survey reported that an increase in the allocation for in-home services is needed for LDSS to be able to serve more adults.

The current provision of in-home services and home modifications for older adults is limited by extensive funding constraints and increasing costs to provide services. In addition, data from the most recent years has been affected by the COVID-19 pandemic and the additional influx of time-limited federal funding to support some aging services.

Despite some report limitations, DARS believes that the final estimates and accompanying policy options provided in this report would result in meaningful increases in the Commonwealth's capacity to serve older adults in their homes and their communities. To this end, DARS notes the following needs as identified as policy options:

- AAA In-Home Services: Provide between \$1.5 million and \$6.2 million in increased state funding for AAA in-home services, which could result in an increase of between 425 and 1,700 older Virginians served.
- LDSS In-Home Services: Provide between \$1.9 million and \$7.8 million in increased state funding for LDSS in-home services, which could result in an increase of between 1,000 to 4,400 older adults and adults with disabilities served.
- AAA Home Modifications: Provide between \$500,000 and \$5 million annually in new state general funds for AAA home modifications, which could result in home modification services for between 100 and 1,000 older Virginians.

Background on the Aging in Place Study

In 2020, the Joint Commission on Health Care (JCHC) directed staff to examine strategies to support aging Virginians in their communities.

The study resolution specifically directed staff to:

- identify the necessary continuum of services to support older adults,
- understand the extent to which services vary across Virginia and ways services could be better coordinated, and
- identify effective programs or strategies that could be implemented to better support older Virginians to “age in place.”

Supporting older adults to age in place is a broad topic that covers many types of individuals with different needs and could include a broad array of services. For the study, JCHC staff focused specifically on older adults with functional needs, those who need assistance with instrumental activities of daily living (IADLs; such as meal preparation, shopping for personal items, housework, and yard maintenance), and with activities of daily living (ADLs; such as dressing, bathing, walking, and eating), rather than on adults with intellectual or developmental disabilities, dementia, and other conditions that require additional supports.

The JCHC staff completed the report in the fall of 2021. As noted in the report, in conducting the study, JCHC staff surveyed staff with area agencies on aging (AAAs) and the local departments of social services (LDSS). The JCHC found:

- Older Virginians most commonly request home care services, with 76% of local staff indicating this was either the greatest or second greatest need in their communities.
- Within the broader category of home care, 54% cited companion and homemaker services as the top need. These are services that include help with groceries, meal preparation, and other household needs.
- Personal care services were cited by 34% of local staff as the greatest home care needs in their communities.
- Forty-three percent estimate that the typical individual in need of home care services waits at least 30 days to receive services after their initial request.
- More than 60% of local AAA and LDSS staff ranked housing as one of the top two areas of greatest need in their community, and more than 20% ranked it as the highest priority.
- Fifty-eight percent indicated that affordable housing is the greatest housing-related need in their community, and 25% cited modifications to an individual’s current home as the greatest need.²

² Joint Commission on Health Care, *Strategies to Support Aging Virginians in their Communities*, 2021, found via: <http://jchc.virginia.gov/Strategies%20to%20Support%20Aging%20Virginians%20in%20their%20Communities%20Final%20Report-4.pdf>.

While the JCHC staff reported that there seemed to be a high unmet need for in-home services and home modifications, there was limited data available from DARS, the AAAs, and the LDSS to pinpoint that exact need. Specifically, the JCHC reported:

“Providing additional funds to address the unmet home care and home modification needs across Virginia would directly target the highest priorities for older Virginians. The mechanisms already exist to administer these programs, and additional funding would enable AAAs and LDSS offices to provide these needed services to more individuals. Data does not currently exist to estimate how much additional funding is required to address the current unmet needs... Future consideration should be given to allocate resources to DARS to conduct a robust statewide needs assessment for older adults which should include services provided by LDSS. DARS can use this needs assessment to estimate how much additional funding would be required to address the unmet needs for home care and home modifications across the state” (pages 18-19).

At the December 7, 2021 meeting, and with the JCHC Aging in Place report in hand, the JCHC voted to adopt a recommendation to provide funding and direct DARS to complete a needs assessment and provide a report to the JCHC and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees the following year. This recommendation was ultimately achieved through Item 331 L of the 2022 Appropriation Act.

Current In-Home and Home Modification Services

This section provides a summary of the existing programs that provide in-home services or home modifications to older adults through AAAs and LDSS.³ The impact of the Covid-19 pandemic upon service delivery, funding, and data tracking will also be discussed.

Data Limitations

In-home services and home modifications usage has been impacted by several factors in recent years including the COVID-19 pandemic, lack of available staff and providers, and the increased cost of providing services.

During the last few years, in some instances, older adults have requested a pause in receiving in-home services due to the potential risk of contracting COVID-19 from staff or providers. In other instances, AAAs and LDSS have struggled to find staff or providers willing to provide in-home services at all or at the rates available, or when increased rates were utilized, there were fewer services or hours that could be offered to clients. These issues have adversely impacted the available data on in-home services.

Home modifications provided by AAAs have been affected by supply chain delays or issues, increases in material and labor costs, and limited number of available contractors to do the work. In addition, until recently, Virginia's AAAs were limited to spending \$150 per client on minor home modifications by federal Older Americans Act regulations ([45 CFR § 1321.3](#)). On October 5, 2021, Virginia received a waiver from the federal Administration for Community Living (ACL), allowing Virginia's AAAs to increase spending to \$500 per client with Older Americans Act funds plus the additional ability for DARS to approve spending for up to \$1,000 per client on a case-by-case basis.

Lastly, one final limitation specific to the AAAs relates to the federal response to the COVID-19 pandemic. Since the pandemic started, Virginia has received over \$56 million in increased federal funding for meals and other AAA services that was beyond the regular, ongoing federal appropriations provided under the Older Americans Act.⁴ This unprecedented increase in federal funding is time-limited and not a sustainable ongoing investment; Virginia should not expect this funding to continue beyond Federal Fiscal Year (FFY) 2024. In addition, under the federal Major Disaster Declaration stemming from the COVID-19 pandemic, ACL has permitted wide flexibility to states and AAAs for the types of Older Americans Act (OAA) services provided or

³ Not included in this report but discussed in more detail in the JCHC Aging in Place study, are in-home services and home modifications that are available through Medicaid for individuals who qualify for Medicaid Home and Community-Based Services (HCBS) Waivers. Not all older adults qualify for Medicaid HCBS Waivers, which could be because they do not meet the Medicaid functional or financial criteria. This needs assessment report focuses on those in-home services and home modifications that may be available to support non-Medicaid eligible or enrolled older adults through the AAAs and LDSS.

⁴ This total includes funding provided to Virginia for aging services under the: 1) Coronavirus Aid, Relief, and Economic Security Act, 2) Families First Coronavirus Response Act, and 3) the American Rescue Plan Act.

offered as compared to the standard OAA service categories that are usually required. With that flexibility, tracking data for the provision of AAA in-home services and home modifications creates limitations.

In-Home Services

In-home services are available, with limitations, through AAAs and LDSS. The offering of in-home services through AAAs varies slightly from those that are offered through LDSS.

Area Agencies on Aging In-Home Services

While not required OAA services, many AAAs provide some degree of in-home services as defined below in Table 1.

Table 1: AAA In-Home Service Definitions

AAA In-Home Service Type	Definition ⁵
Homemaker Services	Providing assistance to persons with the inability to perform one or more of the following IADLs: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.
Personal Care Services	Providing personal assistance, stand-by-assistance, supervision, or cues for persons with the inability to perform one or more ADLs: eating, dressing, bathing, toileting, grooming, transferring in and out of bed/chair or walking.
Chore Services	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

AAAs have discretion in deciding which AAA in-home services to offer or provide. Funding for AAA in-home services is provided through the OAA, state general funds, and as available, local funds.⁶ As stated earlier, funding is limited.

In FFY 2022 (October 1, 2021 to September 30, 2022), AAAs provided in-home services to 1,656 unduplicated clients at a total cost of \$6,285,309. A breakdown of clients served and expenditures by AAA in-home service type for FFY 2022 is found in Table 2.

⁵ For more information on aging services definitions and criteria, visit: <https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6495>.

⁶ Recent funding has also included time-limited COVID-19 federal funding, but this is not expected to continue beyond FFY2024.

Table 2: FFY 2022 AAA In-Home Services Statistics

AAA In-Home Services	Clients Served⁷	Hours of Services Provided	Total Expenditures
Homemaker	881	96,768	\$3,603,442
Personal Care	587	115,641	\$2,485,812
Chore	232	4,159	\$196,055
Total	1,656	216,568	\$6,285,309

Local Department of Social Services In-Home Services

Each LDSS is mandated to offer at least one in-home service to eligible adults⁸ to the extent that federal and state matching funds are available. LDSS may recruit and approve in-home service providers using uniform provider standards or contract with licensed home health and other service delivery agencies. LDSS in-home service types are defined below in Table 3.

Table 3: LDSS In-Home Service Definitions

LDSS In-Home Service Type	Definition⁹
Chore Services	Non-routine, heavy home maintenance tasks for adult clients unable to perform such tasks for themselves. This includes minor repair work on furniture and appliances in the adult's home; carrying coal, wood, and water; chopping wood; removing snow; yard maintenance; and painting.
Homemaker Services	Providing instruction in or, where appropriate, performing activities such as personal care, home management, household maintenance, nutrition, consumer, or hygiene education. "Personal care services" means the provision of nonskilled services including assistance in the activities of daily living and may include instrumental activities of daily living related to the needs of the adult client, to maintain the adult client's health and safety in their home.
Companion Services	Assisting adult clients unable to care for themselves without assistance and where there is no one available to provide the needed services without cost in activities such as light housekeeping, companionship, shopping, meal preparation, transportation, household management and ADLs.

Funding for LDSS in-home services is through the federal Social Service Block Grant (SSBG), which is distributed among many other state human services programs. Approximately \$5 million in state funding for LDSS in-home services was eliminated in 2010 response to the Great Recession (2007-2009) and was never restored.¹⁰ The Virginia General Assembly currently

⁷ The variation from the total unduplicated clients served stems from some clients receiving multiple AAA in-home services as reflected in the breakdown for each service type.

⁸ Please note that this includes adults 18+ and is not limited to older adults.

⁹For more information on LDSS in-home services definitions and criteria, see 22VAC30-120, which can be found via: <https://law.lis.virginia.gov/admincodefull/title22/agency30/chapter120/>

¹⁰ See Chapter 874 of the 2010 Acts of Assembly.

directs just over \$4 million of SSBG funding for LDSS in-home services. This funding covers the state portion (80%), and localities are responsible for a 20% match. While some localities are able to supplement this funding with other local dollars, all localities struggle with the need to increase providers' wages, the inability to locate willing providers, and a growing number of individuals who request in-home services. Frequently, localities must reduce service hours for clients in order to stretch the limited funding or LDSS seek out other options for long-term care services for clients.

A breakdown of clients served and expenditures by LDSS in-home service type for SFY 2021 is found in Table 4.

Table 4: SFY 2021 LDSS In-Home Services Statistics

LDSS In-Home Service Type	Clients Served	Federal and State Expenditures (\$)	Local Expenditures (\$)	Non-Reimbursed Local Expenditures (\$)	Total Expenditures¹¹ (\$)
Chore	68	\$3,350	\$837	\$12,501	\$16,689
Homemaker	518	\$13,205	\$3,301	\$0	\$16,507
Companion	3,829	\$3,658,261	\$914,565	\$3,248,403	\$7,821,229
Total	4,415	\$3,674,816	\$918,703	\$3,260,904	\$7,854,425

Area Agency on Aging Home Modifications

Home modification-type services are available, with limitations, through AAAs. While not a required OAA service, some AAAs provide home modifications.¹² While the OAA refers to this category of services as “residential repair and renovation,” for the purposes of the report, DARS will refer to them as “home modifications.” These services are provided to persons 60 years of age and older, and include weatherization, assistances in maintaining older adults’ homes in conformity with minimum housing standards, and assistance with adapting homes to meet the older adults’ needs.

AAAs have discretion in deciding whether to offer home modifications or not. Funding for AAA home modifications is provided through the OAA, state general funds, and as available, local funds. As stated earlier, funding is limited, especially by the OAA regulatory cap and the ACL waiver granted to DARS.

In FFY 2022, AAAs provided home modifications for 370 older adult homes at a total cost of \$320,954.

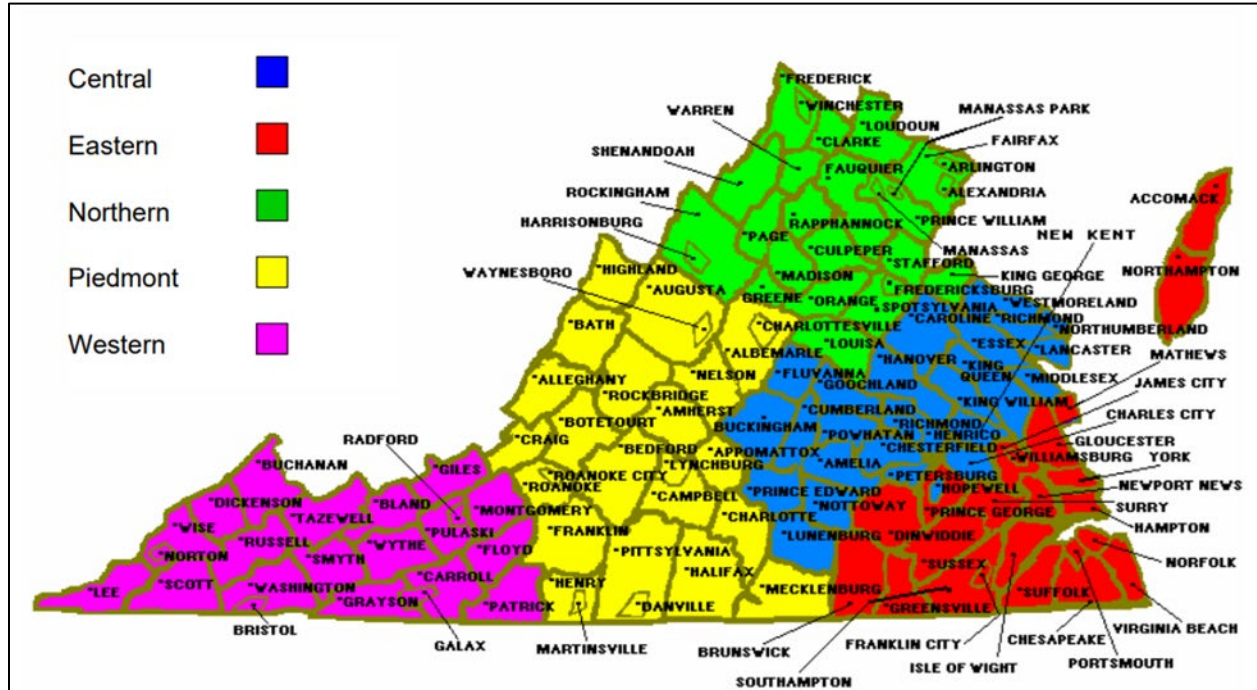
¹¹ Slight differences in totals reflect rounding amounts to the nearest dollar.

¹² For more information on aging services definitions and criteria, visit: <https://townhall.virginia.gov/L/ViewGDoc.cfm?gdid=6495>.

Needs Assessment Process

The Virginia Department of Social Services recognizes five service regions of the state (“DSS regions”). In developing a process for the needs assessment, DARS used the DSS regions to conduct the analysis and provide the unmet needs results. Figure 1 below provides a map of the DSS regions.

Figure 1: Map of Virginia Indicating the DSS Regions



In developing this needs assessment, DARS used a multi-method approach to develop a methodology for determining the unmet need and a methodology for determining service costs.

Methodology for Determining Unmet Needs

Surveying Older Adults

In analyzing the potential unmet need, DARS was able to align a parallel effort that was underway for the development of the next Virginia State Plan for Aging Services (October 1, 2023 to September 30, 2027). The State Plan for Aging Services is required by the OAA (specifically [42 U.S.C. § 3027](#)), and state law (specifically [§ 51.5-136](#) of the Code of Virginia). Virginia’s State Plan for Aging Services includes statewide program objectives, details the funding allocation process for the AAAs, serves as the Virginia Strategic Plan for Aging, and involves significant stakeholder engagement and solicitation of public comment during its development. As it relates to this report, ACL requires states to include a summary of needs

assessment activities undertaken (including methods and data), how the states solicited input in the development of the State Aging Plan, and the findings of the needs assessment in State Aging Plans.

To coordinate the JCHC's requested needs assessment with that of the State Plan for Aging Services, the Department contracted with Polco, which offers a trademarked Community Assessment Survey for Older Adults (CASOA™) that has been used across state and local governments, including Colorado, Indiana, and Montana most recently.

Through the implementation of the CASOA™, DARS was able to expediently solicit input and hear directly from older Virginians about their needs through a representative, validated, and reliable multi-mode survey methodology that spanned the entire Commonwealth.

In working with the contractor to implement the CASOA™, for the purposes of this needs assessment, DARS was able to add one page of questions to the standard survey. The additional questions focus on digging deeper into in-home services and home modifications needs. The questions can be found in the Appendix.

The CASOA™ implementation followed the following two-step process:

- Phase One: Random representative sampling via mail, and
- Phase Two: Open sampling via web link.

In Phase One, the survey was mailed in September 2022 to a sample of 86,940 households that were likely to contain an adult 60 years or older. Chosen households were mailed a post card invitation to an online survey, followed by a mailed paper survey with a self-addressed and postage-paid envelope to return the survey. The online survey was available in several languages, including Spanish, Arabic, Traditional Chinese, Korean and Vietnamese.

For Phase Two, older Virginians who did not receive a direct mailing request for the survey had an opportunity to complete the survey when it was opened to all older adults in Virginia. The open participation phase of the survey process occurred over a two-week period. In sharing the survey, DARS prepared a promotional toolkit for partners to help encourage survey participation and distribute the open participation survey link.

A total of 1,705 addresses were found to be vacant, and a total of 8,843 completed surveys were obtained, providing an overall response rate of 10% and a margin of error of plus or minus one percentage (1%) point. Results were statistically weighted to reflect the proper demographic composition of each DSS region and the state overall.

Surveying Area Agency on Aging Staff & Examining Area Agency on Aging Data

In the fall 2022, DARS surveyed AAAs that provide in-home services. Specifically, DARS sought to inquire about the average and highest costs for providing these services. In addition,

DARS was able to examine AAA reporting of in-home services and home modifications that have been provided in recent years. The results from the engagement with the AAAs and data analysis have been integrated into this report.

Surveying Local Department of Social Services Staff

In July 2022, DARS asked LDSS adult services workers to complete a 14-question survey to gather information about in-home services provided by the LDSS to adults. The survey gathered information about in-home services and challenges LDSS face in providing this type of assistance. Ninety percent of the 120 LDSS completed the survey. The results from this survey have been integrated into this report.

General Needs Assessment Findings

The tables below provide a few key takeaways regarding general aging in place concerns from the following two questions included in the needs assessment survey of older Virginians.

Table 5: Custom Survey Question 1

Q1: Thinking about the next 5 years or so, which of the following most closely applies to you? (multiple choice)	
<input type="checkbox"/> I plan to move to a new area (closer to family, warmer climate, different scenery, etc.)	
<input type="checkbox"/> I plan to move to a new place near where I live now (change size, location, amenities, etc.)	
<input type="checkbox"/> I would like to move, but I don't have the resources to do so	
<input type="checkbox"/> My home suits me well and I will stay	
<input type="checkbox"/> I want to stay in my current home, but I am concerned I won't be able to	

Just over half of respondents (54%) indicated that they intended to stay in their homes and 21% would move to a new area or new home in their current area. Almost 2 in 10 (or 18%) said they wanted to stay in their home but were concerned they would not manage to, and 8% said they wanted to move but did not have the resources.

Older adults aged 75+ were more likely to be concerned that they will not be able to stay in their homes than younger age groups (under 65 and 65-74).

Homeowners, renters, and those in single and multi-family dwellings were found to have similar levels of concerns about ability to stay in their homes.

Older adults in lower income brackets were more likely than those with higher incomes to say that would like to move but don't have the resources to do so, or that they want to stay in their current home but are concerned they won't be able to.

Compared to other regions, those in the Northern region were more likely to report they plan to move, and those in the Piedmont and Western regions were slightly more likely to indicate they were concerned they would not be able to stay in their homes.

Table 6: Custom Survey Question 2

Q2: If you are concerned, why? Please check all that apply.	
<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Home is not safe
<input type="checkbox"/> Health reasons	<input type="checkbox"/> Neighborhood is not safe
<input type="checkbox"/> Social isolation	<input type="checkbox"/> No community services are available
<input type="checkbox"/> Home is not suited for me to age in place	<input type="checkbox"/> Lack of transportation options
<input type="checkbox"/> Other:	

Of those older Virginians indicating concerns about the ability to age in place in their current homes, financial reasons (52%) and health reasons (44%) were identified as the top concerns. The third top concern was that the home was not suited for aging in place (27%).

Those in the higher age brackets (75+) were more likely than their younger counterparts to say they had health concerns. On the other hand, they were less likely than their younger counterparts to cite financial concerns or indicate that they were concerned about social isolation or that the home is not suited or not safe.

Retirees were more likely to be concerned about health, transportation, and community services than those still working.

Renters and those in multi-family dwellings were more concerned than others about finances and safety in their homes and neighborhoods.

As would be expected, lower income households had the most concerns about finances, but they also indicated concerns about health, safety, and the availability of community services.

Looking at the interface of the two questions, respondents who reported that they would like to move but were concerned about resources (Q1) were more likely than other respondents to also report they were concerned about finances (Q2). However, those respondents who said they wanted to stay but were not sure they could (Q1) were most likely to be concerned about their health (Q2). Lastly, those respondents who planned to move nearby (Q1) were concerned, more often than others, that their home was not suited for aging in place (Q2).

Needs Assessment Considerations for Estimating Unmet Need and Costs

Area Agency on Aging In-Home Services

In-home services through AAAs are offered in varying degrees, and service offerings are often dependent on the availability of funds and providers to provide services. DARS surveyed those AAAs that provide homemaker, personal care or chore services and examined existing AAA reporting data to gather information about payment structures and rates, and layered on likely client service need intensities. A high-level overview of those efforts is provided in Table 7.

Table 7: Reported AAA In-Home Service Rates and Expected Needs

AAA In-Home Service Types	Reasonable or Expected Pay Rate	Highest Pay	Service Need Low-End Estimate	Service Need High-End Estimate
Homemaker Services	\$25.00/hour	\$35.00/hour	8 hours/week	12 hours/week
Personal Care Services	\$25.00/hour	\$35.00/hour	12 hours/week	20 hours/week
Chore Services	\$200/job	--	1 job/year	2 jobs/year

In the information from AAAs and the AAA reporting data, DARS concluded in FFY 2022, the AAA in-home service provided to the most clients was homemaker services (881 clients or 52%), followed by personal care services (581 clients or 34%) and then chore services (232 clients or 14%).

Local Department of Social Services In-Home Services

In-home services through LDSS are offered upon availability of funds and when appropriate providers are available to provide services. Data gathered from the survey LDSS yielded information on the payment structures, rates, and intensity of service needs.

From an examination of reporting data, DARS notes that companion services were the most common provided LDSS in-home services. In SFY 2021, LDSS provided companion services to 3,829 clients at a total overall cost of \$7,821,229, representing 86.7% of LDSS in-home services clients and 99.6% of LDSS in-home service expenditures.

This was comparably reflected in the LDSS survey results. The most common service offered was companion services. Some LDSS offer homemaker, companion, and chore services; some offer only homemaker; and some offer homemaker and companion services. Yet, 12% of LDSS offer no in-home services due to the limited funding they received. The complete breakdown can be found in Table 8.

Table 8: Survey Results for Most Common LDSS In-Home Service Types

Service Type/Combination	Percentage (%) of LDSS
Companion Only	84
Homemaker, Companion, and Chore	10
Homemaker Only	4
Homemaker and Companion	3
No Services	12

In delivering in-home services, LDSS work with both locally-approved providers and providers that are licensed by another agency (e.g., the Virginia Department of Health) to provide in-home services (“licensed care providers”). The survey revealed that of those LDSS who provide in-home services, 49% use only locally-approved providers while 29% use both locally-approved and licensed care providers. Locally-approved providers make slightly more than minimum wage for providing in-home services. Table 9 provides a statewide summary of the average and highest pay by in-home service type as gleaned from the survey. From the responses, DARS determined the average hourly rate of pay for companion service providers across the state was \$14.21/hour.

Table 9: LDSS In-Home Service Average and Highest Pay and Service Needs

LDSS In-Home Service Type	Average Pay	Highest Pay	Service Need Low-End Estimate	Service Need High-End Estimate
Homemaker	\$15.00/hour	\$29.38/hour	12 hours/week	16 hours/week
Companion	\$14.21/hour	\$28.00/hour	12 hours/week	16 hours/week
Chore	\$13.00/hour	\$18.00/hour	12 hours/week	16 hours/week

For the survey, LDSS were also asked to provide an average number of hours for adults receiving in-home services. Hours reported varied significantly between LDSS; some reported a yearly average, some reported monthly averages, and some reported weekly averages. For the purposes of this report, DARS’ analysis identified a conservative estimate of an average of 12-16 hours/week of in-home services provided per client, which is also reflected in Table 9.

Home Modifications Programs

The types of services included under the term “home modification” can vary widely and can include anything from the installation of grab bars and a handheld shower head all the way to an entire bathroom remodel or installation of ramps or stair lifts. In addition, costs for home modifications can vary based on the geography, among different contractors, and with fluctuations in material and labor costs. To gather information on the general expected costs associated with several types of home modifications, DARS examined existing programs and sought the advice of experts in the field.

In completing the environmental scan of existing programs, DARS identified that most existing home modification-related programs have maximum thresholds or caps for coverage of home modification projects. DARS identified the following breakdown in Table 10. These generally fall between a \$5,000 per project cap (for the Livable Home Tax Credit, Virginia Medicaid, and U.S. Department of Housing and Urban Development Older Adult Home Modification Program) to \$8,000 per project cap (for the Rental Unit Accessibility and Granting Freedom programs).

Table 10: Existing Home Modification Programs and Coverage Amounts

Organization	Program	Maximum Coverage/Cap
AAAs	Residential Repair and Renovation/Home Modification	\$500 ¹³
Virginia Housing	Rental Unit Accessibility Modification Program	\$8,000
Virginia Housing	Granting Freedom Program	\$8,000
Department of Housing and Community Development (DHCD)	Livable Home Tax Credit	\$5,000
DHCD	Weatherization	Varies
Virginia Department of Medical Assistance Services (DMAS)	Medicaid HCBS Waivers (CCC Plus Waiver and Developmental Disability Waivers)	\$5,000
U.S. Department of Housing and Urban Development (HUD)	Older Adult Home Modification Program	\$5,000 (with exceptions permitted)
Various Community and Non-Profit Organizations	Varies	Varies

In reviewing these programs, DARS also noted that programs vary in terms of how individuals can access the funds for home modifications. For some programs, individuals are required to pay for the cost of the home modification up-front and then the organization reimburses them after the work has been completed. For other programs, individuals apply or express interest in home modifications and, if approved, are responsible for hiring a contractor to complete the work and the contractor is then paid directly by the organization. Lastly, some organizations handle the implementation from start-to-finish by arranging for the work to be done with staff from organization or through the organization’s contract with a contractor; in these instances, no money is directly provided to the qualifying individual.

¹³ Please note: The standard cap for this service is \$500 per client, however, on a case-by-case basis and with approval from DARS, that cap could be increased to \$1,000 per client.

Recognizing this wide variability in costs for home modifications, and after speaking with experts in state government and beyond, DARS was not able to determine a specific cost estimate for the breadth of services that would be considered home modifications. It was frequently noted, however, that in many cases major home modifications well exceed the maximum coverage or caps identified in the existing programs noted above.

Financial Need for Services

In determining the extent of those older adults who need in-home services or home modifications and who have limited financial resources, DARS has taken a two-fold approach for this needs assessment.

First, on the high-end of the scope of need, DARS will provide the estimate of all older adults statewide who likely need these services, regardless of finances or resources. This estimate will provide a statewide proportion of total need based on the results of the needs assessment survey.

Second, on the low-end of the scope of need, DARS will narrow the estimate of older adults statewide who need these services to only those older adults who are also likely meet the criteria for poverty. According to a 2021 estimate from the U.S. Census Bureau, 10.3% of older adults are experiencing poverty.¹⁴ In estimating need in this regard, DARS will provide an estimate based on 10.3% of those older adult survey respondents who indicated a need for in-home services or home modifications.

DARS notes that true likely need falls somewhere between these two figures. Not all individuals who indicate a need for in-home services or home modifications also need public assistance in obtaining them. Yet even those older adults whose resources exceed the threshold for poverty often cannot afford to obtain these expensive services.

Duration or Extent of Need for Services

It is widely recognized that in-home services and home modifications enable older adults to remain in their own homes instead of having to transition to a more costly congregate care setting, such as an assisted living or a nursing facility.

Anecdotally, it is known that the duration in-home services are provided to clients varies from situation to situation, with some clients receiving a few hours of a chore services, like chopping wood, to a few months or even longer for companion, homemaker, or personal care services.

¹⁴ Of note, this is increase from 8.9% in 2020. National Council on Aging, *Latest Census Bureau Data Shows Americans 65+ Only Group to Experience Increases in Poverty*, September 13, 2022, found via: <https://ncoa.org/article/latest-census-bureau-data-shows-americans-65-only-group-to-experience-increase-in-poverty>.

Therefore, DARS notes that these in-home services typically have a consistent churn of clients rolling onto services and those rotating off services within a year or from year to the next year.

Due to the OAA regulatory cap and the ACL waiver granted to DARS as well as limited funding for home modifications, reporting data indicates that AAAs spend an average of \$867 per project (FFY 2022 expenditures at \$320,954 divided by 370 projects) with the current funding. For obvious reasons, \$867/project is not sufficient to cover most major home modification needs. While some older adults may not need the full \$5,000 for the home modifications that is permitted in existing programs, others will have single home modification projects that could exceed \$5,000 to complete. Likewise, while some will only need one home modification in their lifetime, other older adults could require multiple different home modifications in their lifetime. For the purposes of this needs assessment, DARS did not consider a limit on home modifications beyond the estimation methodology's built-in consideration that would permit one home modification service capped at \$5,000 per older adult per year.

Needs Assessment Analysis for Area Agency on Aging In-Home Services

This section summarizes the results of the examination into unmet needs for AAA in-home services.

Needs Assessment Findings

Based on a review of the survey responses from older Virginians, DARS found that:

- For homemaker services, 22% of older Virginians reported a major or moderate need.
- For personal care services, six percent (6%) of older Virginians reported a major or moderate need.
- For chore services, 41% of older Virginians reported a major or moderate need.

The full breakdown of these results by region and in-home service type is reflected in Table 11.

Table 11: Survey Results for Major or Moderate Need for AAA In-Home Services

AAA In-Home Services – Major or Moderate Need	Central Region (%)	Eastern Region (%)	Northern Region (%)	Piedmont Region (%)	Western Region (%)	Statewide (%)
Homemaker Services	23	20	23	20	25	22
Personal Care Services	5	6	6	6	8	6
Chore Services	46	35	40	43	48	41

DARS' analysis concluded that there was no statistically significant difference in in-home service needs by region.

Scope of Statewide Unmet Needs

As was indicated earlier in the report, there are an estimated 1,566,250 Virginians aged 65 and older. DARS concludes the scope of major or moderate unmet needs for AAA in-home services statewide on a high-end and on a low-end is as follows in Table 12.

Table 12: Scope of Statewide Need for AAA In-Home Services; High-End and Low-End

AAA In-Home Service Type – Major or Moderate Need	Proportion of Older Virginians with a Need (%)	Total Number of Virginia’s Older Adult Population with a Need (High-End)	Total Number of Virginia’s Older Adult Population in Poverty with a Need (Low-End**)
Homemaker Services	22	344,575	34,491
Personal Care Services	6	93,975	9,679
Chore Services	41	642,163	66,143

The High-End figure in Table 12 represents the proportion of older Virginians with a need. In this case, 22% for homemaker services, which equates to 344,575 older Virginians, 6% for personal care services, which equates to 93,975 older Virginians, and 41% for chore services, which equates to 642,163 older Virginians.

The Low-End figure in Table 12 represents an estimate of those older Virginians with a need (High-End figure) but narrows it down to the estimated 10.3% who are also in poverty. This translates to 34,491 in need of homemaker services, 9,679 in need of personal care services, and 66,143 in need of chore services.

Unmet Need Cost Estimates

Recognizing that the funding structure between AAA homemaker and personal care services differs from that of chore services, DARS decided to provide a cost estimate for AAA homemaker and personal care services together and a cost estimate for chore services separately.

Homemaker and Personal Care Services

In reviewing total expenditures, DARS found that the average cost to provide AAA homemaker and personal care services to a client was \$4,148 (FFY 2022 AAA homemaker and personal care services total expenditures at \$6,089,254 divided by 1,468 clients).

Given the vast amount of unmet need indicated in the older adult survey results (i.e., on the high-end an estimated need of 438,550 and on the low-end an estimated need of 44,170 older Virginians in need of AAA homemaker or personal care services), DARS notes the following methods to increase current capacity and help meet the unmet need in Table 13.

Table 13: Options to Increase AAA Homemaker and Personal Care Service Capacity

Increase in AAA Homemaker and Personal Care Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$6,089,254	\$1,522,314	\$7,611,568	1,468	367	1,835
Option 2: 50% Increase	\$6,089,254	\$3,044,627	\$9,133,881	1,468	734	2,202
Option 3: 100% Increase	\$6,089,254	\$6,089,254	\$12,178,508	1,468	1,468	2,936

Chore Services

In reviewing total expenditures, DARS found that the average cost to provide AAA chore services to a client was \$845 (FFY 2022 AAA chore services total expenditures at \$196,055 divided by 232 clients).

Given the vast amount of unmet need indicated in the older adult survey results (i.e., on the high-end an estimated need of 642,163 and on the low-end an estimated need of 66,143 older Virginians in need of chore services), DARS notes the following methods to increase current capacity and help meet the unmet need in Table 14.

Table 14: Options to Increase AAA Chore Service Capacity

Increase in AAA Chore Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$196,055	\$49,014	\$245,069	232	58	290
Option 2: 50% Increase	\$196,055	\$98,028	\$294,083	232	116	348
Option 3: 100% Increase	\$196,055	\$196,055	\$392,110	232	232	464

Summary of AAA In-Home Services Unmet Need Cost Estimates

In looking at the overall options for AAA in-home services, DARS notes the following methods to increase current capacity and help meet the unmet need by combining Tables 13 and 14 into Table 15.

Table 15: Options to Increase AAA In-Home Service Capacity

Increase in AAA In-Home Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)¹⁵	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$6,285,309	\$1,571,327	\$7,856,636	1,700	425	2,125
Option 2: 50% Increase	\$6,285,309	\$3,145,655	\$9,430,964	1,700	850	2,550
Option 3: 100% Increase	\$6,285,309	\$6,285,309	\$12,570,618	1,700	1,700	3,400

¹⁵ During FFY 2022, AAAs served 1,656 unduplicated clients because some clients received multiple types of in-home services. This total reflects the number of clients served in each in-home service combined.

Needs Assessment Analysis for Local Department of Social Services In-Home Services

This section summarizes the results of the examination into unmet needs for LDSS in-home services.

Needs Assessment Findings and Scope of Statewide Unmet Needs

In reviewing the LDSS survey results, DARS found that 56% of LDSS reported they had a waitlist for in-home services in SFY 2022. For those LDSS that had a waitlist, the average waitlist was 19 individuals and the highest reported waitlist was 127 individuals. Looking at some of the DSS regions:

- The Piedmont Region had the highest percentage of LDSS with a region that had a wait list for in-home services at 81%. The average number of adults in the Piedmont Region on a wait list for in-home services during SFY 2022 was 12, with a range of one to 99 adults on a wait list at some point during the year.
- The Northern Region reported the highest number of LDSS without a wait list (77% did not have a wait list for in-home services). However, of those LDSS in the Northern Region who did have a waitlist, they had the highest average number of adults waiting across the state; the Northern Region reported an average of 34 adults on a wait list with a range of two to 127 on a wait list at some point during the year.

The DARS LDSS survey also asked each LDSS to estimate the number of adults in the community who are not currently receiving those services but who need in-home services to remain independent in their homes. The highest estimate of adults needing services provided by the Eastern and Piedmont regions was 500. The highest estimate provided by an LDSS in the Western Region was 200 adults, the Northern Region was 175 adults, and the Central Region was 75 adults.

Looking at the overall regional and statewide need, DARS also compiled the survey results to identify the estimated number of adults who need LDSS in-home services to remain independent in their homes but are not currently receiving such services. For example, on the high-end, LDSS in the Piedmont region reported an overall need of 1,119, while on the low-end, LDSS in the Central region reported a total of 250 adults in need of services and not currently receiving them. These figures are reflected in Table 16.

Table 16: LDSS Reported Need for In-Home Services by Region and Statewide

DSS Region	Highest Reported Need by LDSS	Total Region Reported Need
Central	75	250
Eastern	500	1,051
Northern	175	573
Piedmont	500	1,119
Western	200	475
Statewide	--	3,468

Essentially, in comparing the current service capacity and the potential scope of unmet need for LDSS in-home services, DARS notes that in SFY 2021, LDSS served 4,415 in-home services clients. Yet, the LDSS survey results indicate that LDSS across Virginia reported an overall total need at 7,883 adults (current capacity of 4,415 with the addition of reported need at 3,468).

For context regarding the difficulty of meeting the unmet need, the survey asked LDSS what challenges they have in providing in-home services. In examining the biggest challenges by DSS region, every DSS region of the state indicated finding in-home service providers in their area was the main problem. The second highest ranked challenges by DSS region were:

- For the Piedmont and Western Regions: LDSS have utilized all the money allocated for in-home services and cannot offer any more in-home services.
- For the Northern Region: Adults have difficulty meeting financial eligibility requirements.
- For the Eastern Region: While there are in-home providers, the providers need more hours than what the LDSS can offer and, therefore, do not take those jobs.
- For the Central Region: The allocation received is not sufficient to provide in-home services and adults in need of in-home services have difficulty meeting financial eligibility requirements.

Statewide, the identified survey responses are listed below with the most common responses at the top.

- Lack of care providers in our locality. (66%)
- All the money allocated to my locality for services is being utilized and we cannot add more clients. (33%)
- The allocation my locality receives is not sufficient to provide in-home services. (28%)
- Adults receive in-home services from other programs such as Medicaid or the local area agency on aging. (27%)
- The providers in our locality need more hours than are being offered. (26%)
- Adults in need of in-home services have difficulty meeting financial eligibility requirements. (22%)
- State minimum wage increases reduced the number of adults we could serve. (20%)
- LDSS staff turnover/insufficient staff (i.e., no staff to operate the program). (18%)

- The providers in our locality charge an hourly rate that we are unable to pay. (13%)

Unmet Need Cost Estimates

As noted earlier, LDSS can decide how to provide in-home services based on funding, need and provider availability within the communities they serve. In reviewing total expenditures, DARS found that the average cost to provide LDSS in-home services to a client was \$1,779 (SFY 2021 LDSS in-home services total expenditures at \$7,854,425 divided by 4,415 clients).

Of important note is an acknowledgment that the current “non-reimbursed local” expenditures are a further reflection of unmet need at a state level that is being absorbed, to the degree feasible, at the local level. Non-reimbursed local expenditures reflect those limited jurisdictions (11 localities in SFY 2021) that can and do fund state-funding shortfalls with local-only dollars.¹⁶ Non-reimbursed local funds currently account for \$3,260,904 or 41.5% of the total LDSS in-home expenditures. Yet, most LDSS do not have the resources to supplement state funding to support in-home services in their localities.

Given the vast amount of unmet need indicated in the survey results (i.e., in SFY 2021 LDSS served 4,415 clients with in-home services, but the LDSS survey indicated 3,468 *additional* adults need LDSS in-home services), DARS notes the following methods to increase current capacity and help meet the unmet need in Table 17.

Table 17: Options to Increase LDSS In-Home Service Capacity

Increase in LDSS In-Home Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$7,854,425	\$1,963,606	\$9,818,031	4,415	1,104	5,519
Option 2: 50% Increase	\$7,854,425	\$3,927,213	\$11,781,638	4,415	2,208	6,623
Option 3: 100% Increase	\$7,854,425	\$7,854,425	\$15,708,850	4,415	4,415	8,830

¹⁶ The 11 jurisdictions that contributed non-reimbursed local funds included Alexandria, Arlington, Bedford, Dinwiddie, Fairfax, Goochland, Loudoun, Montgomery, Prince William, Surry, and Virginia Beach.

Needs Assessment Analysis for Area Agency on Aging Home Modifications

This section summarizes the results of the examination into unmet needs for AAA home modifications.

Needs Assessment Findings

Based on a review of the survey responses from older Virginians, DARS found that:

- For home repairs or home maintenance assistance, 37% of older Virginians reported a major or moderate need.
- For assistance with maintaining the minimum housing standards, 18% of older Virginians reported a major or moderate need.
- For minor home modifications, 18% of older Virginians reported a major or moderate need.
- For major home modifications, 16% of older Virginians reported a major or moderate need.

The full breakdown of these results by region and home modification service type is reflected in Tables 18.

Table 18: Survey Results for Major or Moderate Need for AAA Home Modifications

AAA Home Modifications - Major or Moderate Need	Central Region (%)	Eastern Region (%)	Northern Region (%)	Piedmont Region (%)	Western Region (%)	Statewide (%)
Home repairs or home maintenance assistance	43	36	33	36	41	37
Assistance maintaining the minimum housing standards	20	20	14	18	20	18
Minor home modifications	18	17	18	17	20	18
Major home modifications	18	17	16	15	18	16

DARS' analysis concluded that there was no statistically significant difference in home modification needs by region.

Scope of Statewide Unmet Needs

As was indicated earlier in the report, there are an estimated 1,566,250 Virginians aged 65 and older. DARS concludes the scope of major or moderate unmet needs for home modifications statewide on a high-end and on a low-end is as follows in Table 19.

Table 19: Scope of Statewide Need for AAA In-Home Services; High-End and Low-End

AAA Home Modification Service Type – Major or Moderate Need	Proportion of Older Virginians with a Need (%)	Total Number of Virginia’s Older Adult Population with a Need (High-End)	Total Number of Virginia’s Older Adult Population in Poverty with a Need (Low-End)
Home repairs or home maintenance assistance	37	579,513	59,690
Assistance maintaining the minimum housing standards	18	281,925	29,038
Minor home modifications	18	281,925	29,038
Major home modifications	16	250,600	25,812

The High-End figure in Table 19 represents the proportion of older Virginians with a need. In this case, 37% with a need for home repairs or home maintenance assistance, which equates to 579,513 older adults, 18% with a need for assistance maintaining the minimum housing standards, which equates to 281,925 older adults, 18% with a need for minor home modifications, which equates to 281,925 older adults, and 16% with a need for major home modifications, which equates to 250,600 older adults.

The Low-End figure in Table 19 represents an estimate of those older Virginians with a need (High-End figure) but narrows it down to the estimated 10.3% who are also in poverty. This translates to 59,690 with a need for home repairs or home maintenance assistance, 29,038 with a need for assistance maintaining the minimum housing standards, 29,038 with a need for minor home modifications, and 25,812 with a need for major home modifications.

Unmet Need Cost Estimates

As mentioned in the previous section on cost methodology, the types of services included under the term “home modification” can vary widely and can include anything from the installation of grab bars and a handheld shower head all the way to an entire bathroom remodel or installation of ramps or stair lifts. In addition, costs for home modifications can vary based on the geography, among contractors, and with fluctuations in material and labor costs.

Given the vast amount of unmet need indicated in the older Virginian survey results identified in Table 19 above, DARS notes the funding options identified in Table 20 would start to meet the

unmet need. In estimating the cost of home modifications, DARS assumes a program cap at \$5,000 per person per year. DARS also assumes a split percentage of administrative expenses between DARS and AAAs to support the implementation of home modification services.

Table 20: Options to Provide State Funding for AAA Home Modifications

AAA Home Modification State General Funding Options	Direct Service Funding Per Client	Total Direct Service Funding (# Clients x \$5,00/Client) (A)	DARS and AAA Administrative Percentage Need	Total DARS and AAA Administrative Funding (B)	Total State Funding Need Annually (A + B)
Option 1: Serve 100 Clients	\$5,000	\$500,000	10%	\$50,000	\$550,00
Option 3: Serve 250 Clients	\$5,000	\$1,250,000	10%	\$125,000	\$1,375,000
Option 3: Serve 500 Clients	\$5,000	\$2,500,000	10%	\$250,000	\$2,750,000
Option 4: Serve 1,000 Clients	\$5,000	\$5,000,000	10%	\$500,000	\$5,500,000

Summary of Potential Options

With the unmet need and financial estimates established, DARS has attempted to identify some policy options that could be implemented to provide older Virginians with increased access to in-home services and home modifications, and thus increase the potential to age in place and avoid unnecessary institutionalization.

Area Agency on Aging In-Home Services

To address the unmet need for services, the needs assessment indicated:

- For AAA homemaker and personal care services: On the high-end an estimated need of 438,550 and on the low-end an estimated need of 44,170 older Virginians in need.
- For AAA chore services: On the high-end an estimated need of 642,163 and on the low-end an estimated need of 66,143 older Virginians in need.

In helping to meet the unmet needs for AAA in-home services, the General Assembly could consider the options identified in Table 21 or some variation thereof.

Table 21: Options to Increase AAA In-Home Service Capacity

Increase in AAA In-Home Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)¹⁷	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$6,285,309	\$1,571,327	\$7,856,636	1,700	425	2,125
Option 2: 50% Increase	\$6,285,309	\$3,145,655	\$9,430,964	1,700	850	2,550
Option 3: 100% Increase	\$6,285,309	\$6,285,309	\$12,570,618	1,700	1,700	3,400

In reviewing the cost estimates, overall, there is the option to provide between \$1.5 million and \$6.2 million in increased state funding for AAA in-home services, which could result in an increase of between 425 and 1,700 older Virginians served. Like current funding structures, this funding could be directed to the AAAs using the current allocation formula for federal and state AAA funding. This funding would allow AAAs to: 1) increase the number of clients who are able to be served, 2) increase the available pool and rates for in-home services providers, and 3) account for a reasonable amount of churn in clients coming into and rotating off AAA in-home services throughout the year.

¹⁷ During FFY 2022, AAAs served 1,656 unduplicated clients because some clients received multiple types of in-home services. This total reflects the number of clients served in each in-home service combined.

Local Department of Social Services In-Home Services

In the survey, LDSS were asked what actions are needed in order to offer or increase in-home services. All 100% of the LDSS who responded to the survey reported that an increase in the allocation for in-home services is needed for LDSS to be able to serve more adults. Many LDSS also reported that if additional funds are available, it would help LDSS to improve recruitment of in-home providers (51%) and to hire more workers to determine eligibility and manage cases (35%).

The needs assessment indicated that the unmet need for LDSS in-home services was 3,468 additional adults for an overall need of 7,883 adults.

In helping to meet the unmet needs for LDSS in-home services, the General Assembly could consider the options identified in Tables 22 or some variation thereof.

Table 22: Options to Increase LDSS In-Home Service Capacity

Increase in LDSS In-Home Services State General Funding	Current Expenditures (A)	Increase in State Funding Annually (B)	Total New Expenditures (A + B)	Current Client Capacity (C)	Number of New Clients Served (D)	Total New Client Capacity (C + D)
Option 1: 25% Increase	\$7,854,425	\$1,963,606	\$9,818,031	4,415	1,104	5,519
Option 2: 50% Increase	\$7,854,425	\$3,927,213	\$11,781,638	4,415	2,208	6,623
Option 3: 100% Increase	\$7,854,425	\$7,854,425	\$15,708,850	4,415	4,415	8,830

In reviewing the cost estimates, overall, there is the option to provide between \$1.9 million and \$7.8 million in increased state funding for LDSS in-home services, which could result in an increase of between 1,000 to 4,400 clients served. This funding would allow LDSS to: 1) increase the number of clients who are able to be served, 2) increase the available pool and rates for in-home services providers, and 3) account for a reasonable amount of churn in clients coming into and rotating off LDSS in-home services throughout the year.

Area Agency on Aging Home Modifications

To address the unmet need for home modifications, the needs assessment indicated:

- For AAA home repairs or home maintenance assistance: On the high-end an estimated need of 579,513 and on the low-end an estimated need of 59,690 older Virginians in need.
- For AAA assistance maintaining the minimum housing standards: On the high-end an estimated need of 281,925 and on the low-end an estimated need of 29,038 older Virginians in need.
- For AAA minor home modifications: On the high-end an estimated need of 281,925 and on the low-end an estimated need of 29,038 older Virginians in need.
- For AAA major home modifications: On the high-end an estimated need of 250,600 and on the low-end an estimated need of 25,812 older Virginians in need.

In helping to meet the unmet needs for AAA in-home services, the General Assembly could consider the options identified in Table 23 or some variation thereof.

Table 23: Options to Provide State Funding for AAA Home Modifications

AAA Home Modification State General Funding Options	Direct Service Funding Per Client	Total Direct Service Funding (# Clients x \$5,00/Client) (A)	DARS and AAA Administrative Percentage Need	Total DARS and AAA Administrative Funding (B)	Total State Funding Annually (A + B)
Option 1: Serve 100 Clients	\$5,000	\$500,000	10%	\$50,000	\$550,000
Option 3: Serve 250 Clients	\$5,000	\$1,250,000	10%	\$125,000	\$1,375,000
Option 3: Serve 500 Clients	\$5,000	\$2,500,000	10%	\$250,000	\$2,750,000
Option 4: Serve 1,000 Clients	\$5,000	\$5,000,000	10%	\$500,000	\$5,500,000

In reviewing the cost estimates, overall, there is the option to provide between \$500,000 and \$5 million annually in new state general funds for AAA home modifications, which could result in home modification services for between 100 and 1,000 older Virginians. This funding could be allocated by DARS in consultation with the AAAs to reflect those AAAs interested, able and willing to provide additional home modification services to older Virginians in their areas.

Appendix: Needs Assessment Targeted Survey Questions

The following questions were added to the CASOA™:

Q1: Thinking about the next 5 years or so, which of the following most closely applies to you? (multiple choice)
<input type="checkbox"/> I plan to move to a new area (closer to family, warmer climate, different scenery, etc.)
<input type="checkbox"/> I plan to move to a new place near where I live now (change size, location, amenities, etc.)
<input type="checkbox"/> I would like to move, but I don't have the resources to do so
<input type="checkbox"/> My home suits me well and I will stay
<input type="checkbox"/> I want to stay in my current home, but I am concerned I won't be able to

Q2: If you are concerned, why? Please check all that apply.	
<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Home is not safe
<input type="checkbox"/> Health reasons	<input type="checkbox"/> Neighborhood is not safe
<input type="checkbox"/> Social isolation	<input type="checkbox"/> No community services are available
<input type="checkbox"/> Home is not suited for me to age in place	<input type="checkbox"/> Lack of transportation options
<input type="checkbox"/> Other:	

Q3: To what extent would the following home services help you remain in your home? (Rating scale)					
	Major need	Moderate need	Slight need	No need	Don't know
Light housework (such as cleaning the house, laundry, cooking meals or shopping for personal items)	1	2	3	4	5
Heavy housework (such as cleaning windows, yard work, chopping wood, or removing snow)	1	2	3	4	5
Personal care (such as assistance with walking, getting dressed, bathing or eating)	1	2	3	4	5

Q4: To what extent do you need the following home services to help you remain in your home? (Rating scale)					
	Major need	Moderate need	Slight need	No need	Don't know
Home repairs or home maintenance (such as door or window repairs, minor plumbing or electrical repairs, home weatherization or pest control)	1	2	3	4	5
Assistance in maintaining the minimum housing standards	1	2	3	4	5
Minor home modifications (such as installation of grab bars or handrails, elevated toilets, handheld shower heads or bed or chair raisers)	1	2	3	4	5
Major home modifications (such as ramp or stair lift installation, widening doors, roll-in shower installation or lowering kitchen or bathroom counters)	1	2	3	4	5