We believe...

As more people choose to age in place, and as people with disabilities face challenges functioning independently in their homes, impediments to living safely in our communities must be removed. People with multiple sclerosis (MS), older adults and others with disabilities need the resources and funding necessary to increase the accessibility of their homes or the opportunity to purchase a home that is fully accessible in order to increase the safety and accessibility of their homes and remain independent, active members of their community.

Due to symptoms of living with multiple sclerosis (MS) and/or the progression of the disease, people with MS may find that their daily lives would be improved with modifications to their home. Using the World Health Organization’s Quality of Life framework (WHOQOL), the Multiple Sclerosis International Federation developed *Principles to Promote the Quality of Life for People with Multiple Sclerosis*. Housing is its own principle, but is strongly associated with six of the other principles outlined, including Independence and Empowerment, Medical Care, Continuing (Long-Term or Social) Care, Health Promotion and Disease Prevention, Support for Family Caregivers and Employment and Volunteer Activities.

In 1999, the Supreme Court’s *Olmstead* ruling found that unjustified institutionalization of people with disabilities was illegal, prompting focus on community-based living. In order for people with disabilities to live full, independent lives in the community, there must be sufficient accessible housing options.

In addition to the *Olmstead* decision, the Americans with Disabilities Act (ADA) protects people with disabilities from various forms of discrimination. This landmark legislation, for example, requires that public spaces be accessible. The intent of the ADA was to fully integrate people with disabilities into our communities. The ADA and *Olmstead* decision, coupled with an increased aging population, have highlighted the need for more and better accessible housing.

**What is Accessible Housing?**

Accessible housing includes any home modifications made to adapt living spaces to meet the needs of people with physical limitations so that they can continue to live independently and safely. People with MS have very unique, personalized needs and home modifications range greatly to meet those diverse needs. Modifications can be simple such as installing a grab bar in the shower and have minimal costs associated; involve assistive technology coming at moderate expense; or can require much costlier structural changes to the home such as widening doorways or building a ramp or an accessible bathroom. According to the Center for Universal Design, home modifications can range in price from $100 to $50,000.
For individuals with disabilities, including people with MS, to appreciate and experience the protections of the ADA and Olmstead, they must have the minimum modifications necessary to live in and move in and out of their homes safely. Having stable, affordable and accessible housing not only increases quality of life and promotes independence for people living with disabilities, it allows them to remain actively engaged in the community--benefitting the entire community.

**Benefits of Home Modifications for People with MS**

MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. MS can impair cognition, muscle strength, muscle tone, sensation, fatigue, balance, coordination and gait. Most people are diagnosed between the ages of 20-50, although MS can occur in children and significantly older adults.

For individuals with MS, an accessible home with the necessary modifications can help them cope with many of their symptoms and maintain independence and a high quality of life. Modifications can help conserve energy to manage fatigue—a common MS symptom. For example, installing a roll in shower or grab bars can help conserve energy. Balance, issues with gait and coordination, muscle tone and strength can also be mitigated by having the appropriate modifications. Installation of a ramp means someone using a wheelchair or scooter has easy entry to and exit from their home, allowing them to maintain employment, avoid isolation and engage in community activities.

**Home Modifications Help Prevent Falls**

Studies consistently report that due to MS symptoms such as balance and issues with gait and coordination, over 50% of people with MS fall in a three- to six-month period and around 30 to 50% fall multiple times. People with MS also suffer various sequelae (or side effects) of falls, with over 50% having been injured by a fall. Falls are also associated with loss of confidence and independence, social isolation, curtailment of activities, increased risk for more falls and increased use and cost of healthcare services. Given the high prevalence and serious consequences of falls on people with MS, interventions such as home modifications that prevent falls are essential.

In 2011, the MS Society developed the “Free from Falls” (FFF) curriculum. This eight-week program was developed with guidance from the Centers for Disease Control and Prevention (CDC) program materials and adapted from The OASIS Institute’s Free from Falls program. Some goals of the program are:

- Identify strategies to prevent falls and develop a fall prevention action plan (including making modifications to the home when needed for increased safety and mobility);
- Increase fall prevention and management confidence; and
- Identify additional community resources related to fall prevention.

The program was piloted with 134 participants. Analysis of data collected before and after the curriculum, and in the six months following, indicated an overall reduction in falls as well as improvements in confidence, balance and mobility. Findings from the program included:

- Decrease in Falls: 12% increase in reporting of zero falls in previous 6 months
- 91% are more conscious of hazards & environmental risks
- 65% are engaged in regular exercise program
44% made modifications to their homes & 39% are using mobility device more regularly/effectively
Positive qualitative statements regarding program usage across physiological, behavioral & environmental domains

While complete elimination of falls is unrealistic, the FFF program participants benefited from significant improvements in fall-related outcomes via positive impacts on their physical and mental health. The program is now offered by the MS Society across the country.

In the older adult population, one in three adults (aged 65 or older) falls each year. Among older adults, falls are the leading cause of both fatal and non-fatal injuries. In 2011, the Centers for Disease Control and Prevention estimated 22,900 older adults died from unintentional fall injuries. The cost of these accidents is significant. According to the CDC, in 2012, 2.4 million non-fatal fall injuries were treated in emergency departments and more than 722,000 of these patients were hospitalized. In older adults, fall-related injuries may result in nursing home admission and injuries that require extensive rehabilitation (e.g. hip fractures and traumatic brain injuries). The direct medical cost of these falls was $30 billion in 2010. And, as in people with MS, many older people who fall subsequently develop a fear of falling which causes them to curtail their activities. This may lead to social isolation and reduced fitness and mobility, which could increase their risk of future falls.

**National MS Society and Funding Home Modifications**

The MS Society provides direct financial support for home modifications with the goal of helping people with MS remain in their homes and maintain their daily activities and independence. In 2013, the Society provided:
- $440,203 in financial assistance to 400 people to fund structural modifications such as ramps and roll-in showers.
- $625,720 to 1,275 people for durable medical equipment needs, including mobility devices and portable ramps.
- $36,845 to 229 people to fund assistive technology to improve safety and independence (e.g., reachers, bathing aids, etc.).

While the MS Society is able to provide some financial support for these costly improvements, the actual need is much greater—both in terms of more people desiring home modification financial support and the amount needed per person.

**Tax Credits and Who Benefits**

According to the U.S. Census Bureau, the median household income in the United States in 2013 was $51,939. We know that among people with MS, the median income is similar to the average median income in the United States.

In addition to the physical challenges multiple sclerosis presents, the disease may also impose financial challenges. It is estimated that the cost of living with MS is upward of $70,000 per year per person. Tax credits provide much needed financial relief for those individuals and families living with multiple sclerosis who are often unable to access other programs that offer assistance for home modifications due to income guidelines.
Positive Economic Implications of Home Modifications

Home modifications benefit not just the individual living with MS and their family, but also result in savings for our healthcare system and the economy at large. Beyond the obvious cost savings for healthcare related to reduced rates of falls, livable homes can yield several other forms of cost savings for society. A study by Bishop et al. in the *Journal of Rehabilitation* for example documented that housing accessibility variables directly impact a person’s employment status, income and contribution to society.

Home Modification versus New Home Construction

As stated above, home modifications can range in price from $100 to $50,000—placing great financial burden on people and families affected by disabilities in order to maintain independence and mobility. In some cases, homeowners are the ones who seek out and benefit from a home modification tax credit, as it will help to reimburse a portion of the cost of making their home accessible, thus making modification more affordable.

In other cases, it is the home builder and/or the new homeowner that will receive and benefit from a tax credit because they have built a home that is accessible. In some states, home builders are eligible for a tax credit when they build new accessible housing. For example, in Virginia, home builders are eligible to receive up to $5,000 for constructing an accessible home. Individuals can also receive a credit for purchasing a new accessible home.

Some argue that building a home with universal design features can be more efficient and cost effective than renovating an older home. Truly, it depends on the type of accessible features that are needed to improve the quality of life for the individual.

State Landscape

Some states have implemented tax credits and grant programs, or are in the process of proposing legislation to address home modifications needs. It is important to note that states’ approaches vary greatly in the amount of financial assistance provided and the qualifications necessary to receive assistance. Below is a summary of existing statutes and pending legislation.

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| Virginia | • Virginia’s [Livable Home Tax Credit](#) provides state tax credits for the purchase of new units or the retrofitting of existing housing units. Tax credits are available for up to $5,000 for the purchase/construction of a new accessible residence and up to 50 percent for the cost of retrofitting existing units, not to exceed $5,000. The tax credit amount can be carried over into subsequent years if the initial tax burden is not met the first year. The program has a fund cap of $1 million for the state.  
• The original bill passed in 1999. Subsequent bills have sought to increase the amount of the credit as well as the cap. Most recently, a bill to increase the fund’s cap to $2 million failed in 2014.  
• No disability or income criterion is set.  
• Builders can apply for this grant, as well as homeowners.  
• For more information, visit Virginia’s [Program Guidelines Page](#) |
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| Ohio   | • Introduced in 2013, [House Bill 84](#) (Livable Homes Tax Credit, not yet passed) offers a renovation credit to taxpayers who make their homes more accessible. The credit would be equal to 50% of the cost of the renovation up to $5000. For the purchase of new homes, the credit would equal the purchase price of the new home up to $5000. The state fund’s cap is $200,000 for renovations and $100,000 for new construction.  
• No disability or income criterion is set. |
| Kansas | • [House Bill 2575](#), introduced and passed in 2014 (to reinstate a previously lapsed credit), provides a state tax credit for any resident individual taxpayer who makes expenditures for the purpose of making all or any portion of an existing facility accessible to individuals with a disability. The credit is equal to the applicable percentage of such expenditures or a maximum of $9,000, whichever is less. Qualified Health Plans (QHPs) must contract with or provide enrollees with sufficient and appropriate resources to meet anticipated needs for health services and implement guidelines to assess the capacity of each network to provide timely access to care.  
• The credit amount will be determined by income level. |
| Missouri | • Created in 2008, Missouri’s [Residential Dwelling Accessibility (DAT) Tax Credit](#) provides a tax credit for making a taxpayer’s principal residential dwelling accessible for individuals with disabilities. The disabled individual must be a permanent resident of the dwelling. Eligible costs for the credit include constructing entrance or exit ramps, widening exterior or interior doorways, widening hallways, installing handrails or grab bars, moving electrical outlets and switches, installing stairway lifts, installing or modifying fire alarms, smoke detectors, and other alerting systems, modifying hardware of doors and modifying bathrooms.  
• The credit for the individual is up to $2,500. If taxpayer incurred costs in more than one calendar year, they may combine the expenses and file one tax credit claim. The cap of the fund for the state is $100,000 per calendar year.  
• Income and disability criteria apply. |
| Illinois | • Created in 1999, [Illinois’s Accessible Housing Demonstration Grant Program](#) encourages the building of accessible homes. The Illinois Housing Authority provides grants to builders that create houses that have a zero step entrance, 36 inch wide entrance doors, interior doors with at least 32 inches of clearance space, accessible placement of outlets and light switches and bathrooms that would allow for installation of grab bars. The grants are capped at $5000.  
• No disability or income criterion is set. |
| Pennsylvania | • The Pennsylvania Accessibility Grant Program is a county-level program to provide grants for modifications using Community Development Block Grant funding and county level matching funds. One of the best examples of the program’s success is the [Allegheny County Accessibility Program](#) which makes free accessibility modifications to the homes of people with permanent physical disabilities who meet specific requirements including income. The program has a statewide maximum of $300,000.  
• The program was initially created through the use of discretionary funding in 2001, but was severely cut in 2008 and a dollar for dollar county match instituted. |
| Georgia | • Created in 2001, the [Disabled Person Home Purchase or Retrofit Credit](#) provides the lesser of $500 per residence or the taxpayer’s income tax liability for the purchase of a newly constructed accessible home. It also provides the lesser of the cost or $125 to retrofit an existing home.  
• To qualify, the person must be permanently disabled and been issued a disabled parking placard. |
Key Issues for Consideration

When engaging in advocacy activities on this topic, chapters should address the following questions:

- What is the political landscape of the state?
- Does your state have an income tax?
- What is your state’s general tendency/position on tax credits?
- Does your state have an existing home modification tax credit for other populations?
- Has legislation on this topic ever been introduced before?
- If so, what groups and organizations worked on that legislation?
- What standards exist or are already clarified in rules to determine accessibility standards?
- Will the tax credit be good for more than one year or may it carry over into subsequent years if the initial tax burden is not met the first year?
- Will disability requirements or income criterion be attached to the legislation?
- What income level cap is appropriate for the tax credit to be considered truly useful?
- What amount of assistance is necessary for a tax credit to be considered truly useful?
- Will home builders as well as home owners be allowed to apply? Will business owners be allowed to apply?
- Will the same amount of tax credit be available for new builds verses modification to existing homes?

Where to Begin Advocacy Efforts

- Find out how much your chapter has provided in home modification financial assistance.
- Promote client survey to gauge the usefulness of such tax credits.
- Story collection: Encourage people living with MS to document ways in which their quality of life could be or has been improved by accessible home modifications.
- Research current state policies, programs and standards for accessibility/visitability. Do rules exist that determine accessible standards in homes?
- Seek out opportunities for collaboration with other patient and consumer advocates. Consider Independent Living Centers, AARP and Home Builder associations as possible allies.
- Seek out a Champion Legislator(s) to carry the issue and related legislation.
- Explore possible funding sources and implications for the state budgets.

Resources

1. National Multiple Sclerosis Society’s Access to Care Principles, Principle 6: People with MS have access to high-quality long-term supports and services (including assistive technology) in settings that best meet their needs and prevent financial hardship for the individual and family.