



**ONTARIO LA MARCHE
MARCH DES DIX SOUS
OF DIMES DE L'ONTARIO**

**2009 Pre-Budget Submission
Achieving the Do-Able in
Uncertain Economic Times**

**Presented to:
Honourable Dwight Duncan, MPP
Minister of Finance and Revenue and
Chair
Treasury Board/Management Board of Cabinet**

**c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, ON M7A 1Z1**

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General Inquiries regarding this Submission should be directed to:
Steven Christianson, Manager, Government Relations & Advocacy

Tel: 416-425-3463, 7326

Email: schristianson@marchofdimes.ca

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www.marchofdimes.ca

Printed copies are available from:

Ontario March of Dimes

10 Overlea Boulevard

Toronto, ON M4H 1A4

Tel: 416-425-3463

Fax: 416-425-1920

**Preserve and Enhance Social Services in Uncertain Economic
Times**

When the economy is challenging or uncertain, how can the government address the real and growing needs of Ontarians with disabilities, seniors, caregivers and their families without cutting funding, programs or services in other areas?

This question is particularly critical in light of one of the strongest programs in Ontario that creates accessibility and enhances independence for Ontarians with disabilities, seniors and in fact anyone with a physical/mobility limitation: the **Home and Vehicle Modification Program (HVMP)**.

Yet, for the past few years, HVMP demand has continued to escalate, and the challenge of meeting this demand for Ontario's most vulnerable has prompted many of us to ask, "is there a new or better way of delivering our services, helping improve the welfare of seniors and people with physical disabilities in Ontario while ultimately reducing the costs to the provincial treasury?"

Are there ways for Ontario's government to build upon its current stock of policy studies and recommendations (both internal and external), and re-work funding models for critical social programs to simultaneously keep spending at its current level, increase service to those in need, and ultimately save money?

The answer is an unequivocal YES.

Creating the Conditions to Allow People to Remain at Home and Age at Home

Aging and disability (be it acquired or born) can have, and in many cases do have, several things in common: the need for caregivers and personal support, the need for modified homes and devices, the need for financial assistance, the need for independence, the need for a more accessible world, and the need to be close to and among family, friends and community.

The role of the Government of Ontario in the lives of seniors and Ontarians with disabilities is critical.

The challenge of meeting the needs of an aging society coupled with a significant population of Ontarians with disabilities might seem insurmountable. The reality is that there are very simple ways to achieve the do-able by working with, and building upon, the very good stock of existing government programs and services for seniors and people with disabilities.

Ontario March of Dimes is advocating strategic investment which benefits Ontarians while decreasing the financial pressures on Ontario's health system.

We recommend a re-allocation of existing monies into more needed, more effective areas of investment, which will ultimately yield considerable savings.

First, let's consider what is needed and what works.

Home and Vehicle Modifications

The Home and Vehicle Modification Program (HVMP) was established by the Ministry of Community and Social Services in 1999, and has been administered by Ontario March of Dimes since its inception. The HVMP provides funding for basic home and/or vehicle modifications. By reducing or eliminating life safety risks, these modifications enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

HVMP provides grant funding of up to \$15,000 for both home and vehicle modifications. The program currently delivers \$9.2 million in grants each fiscal year to meet the needs of people with physical limitations in Ontario. Since its inception, this program has provided \$55 million in grants to approximately 5,000 consumers.

Statistics Related to Program Applicants 61 and Older

Applications for home modifications received by HVMP from adults 61 years of age and older represent an anticipated \$14.5 million in requests over a full year. We estimate that one-third of this group require the modification to leave hospital or chronic care, or are at risk of having to move to chronic care if the modification is not done – both of which are considerably more costly. The cost of modification for this group is roughly \$4.5 million each year – compared to the cost of chronic care or hospitalization at roughly \$120,000,000 per year or even \$15 to \$20 million in other forms of assisted living.

We conservatively estimate that these modifications will **save the Ministry of Health and Long-Term Care at least \$15 million** in chronic care and hospitalization costs each year (based on 400 consumers. Savings multiply if the average consumer is able to remain in his/her home for an additional 2-3 years because of the modification.

In a similar vein, the Canada Mortgage and Housing Corporation (CMHC) estimates that such modifications through their Residential Rehabilitation Assistance Program can help people stay out of more costly institutions for an average of 3 additional years – that's for a one-time outlay of not more than \$15,000. Over 3 years, chronic care for one individual will cost the Ontario government at least \$150,000.

The Program works, and, in fact, so well that demand far exceeds supply. In 2008 – 2009, we anticipate demand by people financially and physically eligible for the program to exceed the \$42 million, to compete for the existing \$9 million in grant funding.

So how do we keep up? How do we at least meet the need?

We can increase the program funding to better accommodate the need without increasing the government's expenditures. How?

Aging At Home Strategy

This strategy focuses on community living options for seniors by providing a wider range of home care and community support services available to enable people to continue leading healthy and independent lives in their own homes. More than \$700 million in funding over three years is committed through the province's 14 Local Health Integration Networks (LHINs).

The Aging at Home Strategy is an excellent basis for delivering support services to those in need, and allowing people to remain in their communities.

But why limit this strategy to seniors?

By removing the age limitations of the Aging at Home Strategy, we expand the initiative to anyone choosing to remain at home. By extending modification eligibility through the Aging at Home Strategy, hundreds of Ontarians each year can avoid the more costly options of institutionalization.

At a maximum of \$10,000 to \$15,000 per modification (and most do not reach this maximum), we could see 400 Ontarians with physical and/or mobility restrictions remain in their homes and in their communities at an annual cost of \$4.5 million – a fraction of the total commitment for the Aging at Home Strategy.

Our focus in this Submission rests less on where to increase spending or where to cut dollars. The recommendation herein is to increase investment through existing dollars, in consultation with the LHINs, Ministry of Health and Long-Term Care and the Ministry of Community and Social Services. The establishment of the Local Health Integration Networks and the introduction of their legislative authority marks Ontario's first phase of decentralization.

While this approach requires inter-ministerial agreement, and is somewhat creative in its application, this is the type of action required in uncertain economic times. Moreover, any attempt to spend dollars more effectively while simultaneously keeping abreast of the need to reduce poverty and allow Ontarians to remain in their communities with their families requires policy solutions defined by creativity and ingenuity.

March of Dimes: A Model of Excellence in Providing Policy Solutions?

We successfully administer the Home and Vehicle Modification Program, which has the potential to be merged in partnership with hospital discharge planning departments (utilizing March of Dimes as an “early discharge coordinator”) to facilitate faster hospital discharge back to the family home, thereby enhancing the capacity to remain at home rather than moving to chronic care.

In essence, March of Dimes represents the “one-stop shopping” model that we see the Government of Ontario utilizing for the Service Ontario model, and one that ultimately could provide more cost efficient front-line broad case management to get people back into the community.

As a point to demonstrate further ingenuity in the organization, March of Dimes is also exploring a policy and service delivery model that would undertake to sell used assistive devices. This model would recycle the many assistive devices that government currently stipulates must be purchased new. By offering the consumer the choice of a used device, such as wheelchair, and recycling the equipment back into the community, the government can save \$10 million to \$15 million each year.

Since 1951 March of Dimes also has been renowned for superior capacity in service delivery in areas ranging from independent living and attendant care, to supportive housing and overall caregiving support – comprehensive solutions that aim to improve the lives and livelihoods of people with physical disabilities and seniors in Ontario.

We celebrate our achievements of working with the Government of Ontario thus far, and look forward to further improvements, both in process and in funding, enabling the Home and Vehicle Modification Program to develop into a proactive, demand-meeting model, and mitigate the loss of independence that might otherwise occur resulting in greater costs to government services.

Appendices

Appendix A:

Ontario March of Dimes. "Reducing Poverty and Stimulating Growth: Pre-Budget Submission. January 2008.

Appendix B:

Ontario March of Dimes. "Final Home and Vehicle Modification Program Data Review". 2005-2008.

**Appendix A:
Ontario March of Dimes. “Reducing Poverty & Stimulating
Growth – Pre-Budget Submission”. January 2008**



Pre-Budget Submission

Reducing Poverty & Stimulating Growth

**Presented to:
Honourable Dwight Duncan, MPP
Minister of Finance**

**c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, ON M7A 1Z1**

January 2008

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General Inquiries regarding this Submission should be directed to:

Steven Christianson, Manager, Government Relations & Advocacy

Tel: 416-425-3463, ext. 7326

Email: schristianson@dimes.on.ca

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Printed copies are available from:

Ontario March of Dimes

10 Overlea Boulevard

Toronto, ON M4H 1A4

Tel: 416-425-3463

Fax: 416-425-1920

Ontario March of Dimes

Ontario March of Dimes welcomes the opportunity to participate in and contribute to the 2008 Pre-Budget Consultations with the Minister of Finance, Honourable Dwight Duncan.

Ontario March of Dimes is one of the largest rehabilitation organizations serving people with physical disabilities in Canada, providing assistance to nearly 30,000 consumers throughout the province of Ontario annually.

What campaign priorities should be emphasized?

First priorities from the Campaign Platform must include the following:

- Continuing to build the Poverty Reduction Strategy is critical, by both assisting individuals and families in low-income brackets and getting people employment that works for both the employee and employer.
- Uploading the full cost of both the Ontario Disability Support Program and the Ontario Drug Benefit over 4 years, relieving over \$900 million per year in pressure from local property taxes.
- Support Ontario seniors who want to stay in their own homes, and provide financial support for those caring for elderly and other vulnerable family members.
- Help families with the cost of caring for an aging parent or relative at home.

What can the Ontario government do to continue to foster economic growth and job creation in the province?

There is still a need to raise Ontario Disability Support Program and Ontario Works rates, to consider setting such rates to the real cost of living, and to identify and remove barriers to both the employer and the recipient. The more effective we make ODSP and OW in reducing poverty as well as ending the welfare cycle, the more we foster economic growth.

Immediate implementation of the Ontario Child Benefit would begin helping low-income families, as would an end to the clawback of the National Child Benefit Supplement.

In the realm of program funding and our role as a transfer payment agency of the Ontario government, we will address several proposals.

Funding to Recognize the Needs of Ontarians with Disabilities and their Caregivers

Ontario March of Dimes references a commitment outlined in the 2007 Speech from the Throne, which stated that the Government of Ontario would “improve and expand accessibility throughout the Province.”

As a provider of programs and services to upwards of 30,000 consumers throughout Ontario, and as a transfer payment agency of the Ontario government for more than 40 years, Ontario March of Dimes has the “know-how” to continue working with the Government of Ontario to advance its commitments related to accessibility.

Accessibility encompasses so many facets of life for people with disabilities and integrates them with friends and family, colleagues and neighbours. It’s all about inclusion and independence.

There have been many positive strides made by the Government of Ontario. For example, the recently announced Strategy on Aging at Home significantly helps advance the recognition and funding of caregivers by expanding home and community care.

Yet there is still a gap and a need to create a more cohesive Caregiver Strategy for Ontario. We suggest immediate steps be taken to increase supports for caregiving, home modifications to allow individuals to live in their community with dignity and independence, and more funding for caregiver relief/respite.

Home and Vehicle Modification Program

This program, funded by the Ministry of Community and Social Services, was established in 1999 to provide grants to adults with physical disabilities to modify their homes or vehicles to accommodate a disability.

This program filled a large gap, one that was immediately apparent when the program grant fund was fully spent within the first week of operation.

Subsequently, additional funding was added on a one-time basis, and the budget’s base funding grew over the next few years as demand remained high. Following a large infusion of funds in 2004 by the current government, the program began to address the real level of demand. However, as the program had expanded to serve children, by 2007, demand again began to exceed funding, with \$15 million dollars in grant applications and \$9 million in grant funding to allocate. While an additional one time grant of \$2 million helped to reduce the backlog, the funding has reverted to \$9 million and mechanisms, such as self screening tools added to constrain demand to funding levels.

We believe that the Home and Vehicle Modification Program, and others such as the Federal Government's RRAP-D, help people with disabilities and the frail elderly to remain in their own homes longer and lessen the cost of chronic care. This is substantiated by research initiated by CMHC that estimated such home modifications, at a one-time cost of \$10,000-15,000, can help people stay out of institutions for an average of 3 additional years. This results in considerable savings to the government and the health care system, relieves caregiver burden, improves health and safety for the consumer and caregiver, as well as improving the quality of life for seniors and people with disability.

We are recommending an expansion of the grant funding by \$2 million annually, which will help an additional 200-to-250 families to safely remain in their own home and better access the community.

In addition, on the advice of the Minister of Community and Social Services, we suggest that this program be expanded through the LHINs funding vehicle as a component of the Ministry of Health's Strategy on Aging at Home for the frail elderly. Such funding would significantly address the needs of the frail elderly while keeping people in their communities and possibly addressing poverty.

We are making application to all LHINs to encourage that they merge such a program with our existing delivery system, in partnership with hospital discharge planning departments, to facilitate faster hospital discharge back to the family home and the capacity to remain at home rather than moving to chronic care.

The Home and Vehicle Modification Program is truly one of the hidden gems and success stories of the Government of Ontario on the accessibility front. Well prior to passage of the AODA, this program has been advancing accessibility for Ontarians with disabilities, in their homes and in their vehicles, thereby enhancing independence and inclusion.

We celebrate our achievements thus far, and look forward to further improvements, both in process and in funding, enabling the Home and Vehicle Modification Program to increase and mitigate the loss of independence that might otherwise occur and greater costs to government services.

Supportive Housing with Attendant Care

There needs to be funding for supportive and non-profit housing. In fact, Ontario March of Dimes would suggest that there is a desperate need for the provincial government to take the lead in bringing the three levels of government to the table to develop more proactive and effective approaches to meeting the basic shelter and shelter needs of people with disabilities.

It's one thing to commit to increased affordable housing. But for many people with disabilities, there needs to be "supportive" housing - with accompanying funding for attendant care service.

Ontario March of Dimes provides non-medical assistance to people with disabilities and acquired brain injuries within their own homes. The majority of these services are funded by the Ministry of Health and Long-Term Care. Ontario March of Dimes is one of Ontario's largest providers of such attendant care services.

Existing funding, however, is not meeting people's needs. An increase in base funding is needed to maintain existing services. New housekeeping and homemaking funding is also needed to match the new Aging at Home strategy.

As the Campaign commitment of program uploading from the municipalities proceeds, we encourage the Government of Ontario to review the administration of supportive housing programs under the Ministry of Health and Long-Term Care and the Ministry of Community & Social Services to consider ways to improve the coordination and levels of funding, the inter-ministerial administration of supportive housing, and the efficacy and/or relevance of the policy model currently in use. There are still three to four different policy models that are not integrated.

Over the past 10 years, the development of social housing all but ceased with funding curtailed by all levels of government. Over the past few years, we have seen some return to development to meet an extensive backlog for assisted housing that developed over the decade of inactivity.

While more affordable housing is needed by the community, people with disabilities require housing with attendant care.

One of the barriers to the development of such housing is the disconnect between the approval process for housing dollars and those for service dollars.

Due to the lead time and high capital investment required to design, finance and construct housing, we require a system which links housing approval with guaranteed service dollars to ensure that both components are available to enable people with disabilities to live independently.

Such a system was put in place under the previous governments.

However, the responsibilities for approving housing and service dollars have transitioned to the community and we encourage the provincial government to play an active role in facilitating the development of a coordinated application and approval process.

Improving Quality of Life

The province provides financial support to people with disabilities through the Ontario Disability Support Program (ODSP). For a number of individuals in receipt of ODSP benefits, employment services are available to place them in competitive employment.

The government has recently made changes to benefits to reduce some of the disincentives to individuals deciding whether to remain on benefits or to seek employment.

The government is also changing the system that provides the employment services.

Historically, organizations such as Ontario March of Dimes were grant funded to deliver a range of services including vocational assessment, work preparation, skill training, case management and placement services. Over the past decade, this system changed into a fee-based service with funding based on case-load and services provided. In April 2008, this system will again change to a performance based model where funding is solely contingent on successful job placement and retention.

Ontario March of Dimes supports the move to a performance-based model.

However, we believe that all of the risk has been shifted to the service provider, who can provide a quality service, including placement, but has limited control regarding employment retention. In addition, some consumers will require significant additional training, case management and support to obtain competitive employment.

In addition, some consumers will require additional training, counseling and support to be successful. However, the system provides no funding provision for these additional costs.

We believe that this will result in fewer people served as service providers will be unwilling to take on the extra costs and risks required. The models of performance based funding that are in operation in the US and other jurisdictions are generally less restrictive than the Ontario model, providing funding for services required along the way, and funding based on more frequent milestones. In the Ontario model, service that results in a 12-week placement will generate no funding to the provider. We believe that many providers will find this risk to great and withdraw from this service.

For those individuals on ODSP who do not seek employment, or for whom competitive employment is not a viable option, few alternatives exist to improve their quality of life and develop skills for personal development and self-management. For people with developmental disabilities, the Ontario Government operates the Passport program which funds access to services providing literacy, numeracy, social interaction and community participation. For people with physical disabilities, no similar funding and programming options exist.

We encourage the Ontario government to invest in programs that build skills, address literacy, wellness and activation for this significant portion of the population.

Concluding Remarks

In this Submission we address the topic of funding levels for certain programs of the Ontario government; but we recognize that funding is only part of the overall solution to enhance the lives and livelihoods of Ontarians with disabilities. With this in mind we also address issues more of an administrative and structural nature; a larger consideration of the structural relationships among Ministries in certain policy areas will help yield more sustainable and creative policy solutions that address the emerging needs of Ontario's growing population of adults and children with disabilities.

**Appendix B:
Ontario March of Dimes. “Final Home and Vehicle Modification
Program Data Review”. 2005-2008.**

Final Home and Vehicle Modification Program Data Review 2005 - 2008

HOME AND VEHICLE MODIFICATION PROGRAM DESCRIPTION

The Home and Vehicle Modification Program (HVMP) was established by the Ministry of Community and Social Services in 1999 and is administered by March of Dimes. The HVMP provides funding for basic home and/or vehicle modifications. By reducing or eliminating life safety risks, these modifications enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

Consumers who meet Program criteria can apply for grant funding of up to \$15,000 for both home and vehicle modifications. The HVMP delivers approximately \$9.2 to \$11.6 million dollars per fiscal year to meet the needs of people with physical limitations in Ontario.

APPLICATION PROCESS

As identified in our annualized reports, the application process for this program changed in October 2007. Prior to that time, applications were received in our original format.

The key differences were as follows:

- Prior to the implementation of the form and process changes, application forms were in the HVMP's original format and were accompanied by all required validation documentation such as income tax information. They included all information required to determine and validate eligibility and priority, and contained basic information to complete the granting process. Subsequent to October 2007, new forms and processes were implemented. Applicant Assessment forms were introduced. These did not require supporting validation documentation at the initial stage of the request.
- Prior to the change, staff worked with consumers to complete the application based on information received. Consumers did not independently complete their modification proposals. Subsequent to October 2007 consumers were responsible for completion of their own modification proposals.
- Originally, applicants submitted separate forms for home applications and vehicle applications. Once the process changed in October 2007, only one application was needed, even in cases where the individual required both a home and a vehicle application.
- Priority determination changed when the new forms and systems were introduced.

The HVMP's earlier application process required the submission of a substantial amount of validation documentation when the application was submitted. This resulted in a lower volume of applications received and limited overall applications for the year.

As a service to consumers, applications were also held in an incomplete state as consumers worked to send information that had been missed. As the process changed, many of these files were closed.

Once the forms and process were changed, validation documentation was not required for the initial application. Application forms could also be completed and submitted online. This greatly enhanced the ease of application and the Program experienced a substantial increase in applications.

HVMP DATA REVIEW

The Ministry of Health and Long Term Care and the Ministry of Community and Social Services have requested multi-year HVMP information. The data contained in this document reflects data on an annualized basis from our 2005-2006 fiscal year through to our 2008-2009 fiscal year.

Information had to be obtained in different ways depending on how it had been stored, as well as the availability of other databases. All data was collected, reviewed, and entered into a database designed by HVMP Program staff.

Data for each year was collected in the following manner:

2005-2006

Data was collected using the database developed for the Trillium Study (a copy of the study report has been forwarded for review). The Trillium database had been developed through a review of 700 consumer files. Modifications had been provided for each of those consumers. Detailed application information for that year was therefore not available.

	Total	Fiscal Funding Amount
Number of Applications	2122	
Number of Consumers	Not available	11,600,000.00
Number of Approved Applications	1724	

2006-2007

All consumer files for this fiscal year had been closed and microfilmed. Review of all files for the year would not have been possible within the given timeframe due to microfilm-related equipment limitations. For this reason it was determined that a sample of 298 consumers would provide 95% confidence of results. Data for this year was therefore based on review of this volume of files.

	Total	Fiscal Funding Amount
Number of Applications	1794	
Number of Consumers	1428	11,400,000.00
Number of Approved Applications	1012	

2007-2008

All consumer files for this fiscal year were available in hard copy. All files were reviewed and the data entered into the database for this study.

	Total	Fiscal Funding Amount
Number of Applications	3183	
Number of Consumers	2883	9,200,000.00
Number of Approved Applications	997	

2008-2009

All consumer files for this fiscal year were available in hard copy. All files were reviewed and the data entered into the database for this study. Consumer files for this year represented applicants and modification recipients served from April 1, 2008 – Sept. 30, 2008. The proportion of applicants to modification recipients is different than for a full year; consumers may have applied but may not have completed Modification Proposals or received modification funding due to the time it took for them to complete that portion of the process.

	Total	Fiscal Funding Amount
Number of Applications	3183	
A Number of Consumers	2883	9,200,000.00
Number of Approved Applications	997	

Applications to the Home and Vehicle Modification Program can be submitted at any time by people of any age. Each applicant completes an income screen, thereby insuring that all those served by the Program are in financial need. As part of this study, information was collected to

identify the age ranges of seniors applying for service. This information was collected by Local Health Integration Network (LHIN) regions and is detailed below.

Data Request:

The number of home modification applications submitted for each fiscal year sorted by 9 separate age ranges (50 to 54; 55 to 59; 60 to 64; 65 to 69; 70 to 74; 75 to 79; 80 to 84; 85 to 89; 90 and older) and by region.

Table 1 details the number of applications received, consumer age groups and the LHIN Areas in which consumers reside. Data in this table does not reflect applications for the 2005-2006 fiscal year, as that information had not been captured in the Trillium database.

**Table 1:
Number of Applications Received by Age and Region**

		50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	Total (LHIN)
LHIN 1	Erie St. Clair	10	31	30	21	35	23	21	15	4	190
LHIN 2	South West	39	33	42	37	17	36	34	19	4	261
LHIN 3	Waterloo Wellington	6	22	8	11	16	11	8	6	1	89
LHIN 4	Hamilton Niagara Haldimand Brant	43	48	59	61	51	49	48	31	15	405
LHIN 5	Central West	7	15	16	14	8	16	7	10	6	99
LHIN 6	Mississauga Halton	17	17	12	17	25	45	28	31	16	208
LHIN 7	Toronto Central	28	25	29	31	37	61	74	44	21	350
LHIN 8	Central	17	23	38	22	51	54	62	44	21	332
LHIN 9	Central East	32	38	40	24	41	40	39	45	13	312
LHIN 10	South East	9	10	15	15	17	29	6	3	2	106
LHIN 11	Champlain	30	35	46	29	31	37	25	22	9	264
LHIN 12	North Simcoe Muskoka	10	21	27	23	36	15	24	10	5	171
LHIN 13	North East	18	51	32	32	32	33	27	9	6	240
LHIN 14	North West	0	4	7	3	1	2	6	0	0	23
Total (Age Group)		266	373	401	340	398	451	409	289	123	3050

The largest number of applications are submitted by people 75 – 79 years. The ranges of 70 – 84 years old make up 41% of applicants.

APPLICATIONS APPROVED

As identified above, the Home and Vehicle Modification Program receives applications on an ongoing basis. At the end of each month, all are listed in order of service priority. Based on the amount of funding available, as many high-priority applicants as possible are moved forward into the granting process. This has occurred either through the original supported process, or currently through invitations to complete full Modification Proposals.

Data Request:

Of the above home modification applications, the number of applications approved by type of modification, age range and region.

Table 2 denotes the number of applications funded by age group and modification type. It is of interest that the greatest number of modifications went to those in the 60 – 64 age group. Older applicants requiring more complex modifications may have had some difficulty or may have lacked needed supports in working through the application/proposal and construction process.

Entry modifications, bathroom modifications, and grade level changes make up the bulk of modifications funded. Kitchen, bedroom, and laundry modifications are funded less often. This was consistent for all years studied.

Table 2.

Modification Type	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	Total (Modification)
Entry Modification	75	108	133	112	126	132	122	68	43	919
Bathroom Modification	69	97	97	96	107	91	85	50	31	723
Grade/Level Change	49	66	87	62	74	96	94	65	19	612
Circulation Space	27	37	47	49	48	33	32	17	8	298
Other	6	18	18	11	19	21	13	9	9	124
Electronic Aids	24	25	12	15	12	4	5	2	0	99
Bedroom	0	1	3	5	1	1	2	1	0	14
Laundry	1	0	2	2	0	2	2	1	0	10
Kitchen	2	7	3	3	2	1	2	0	0	20
Total (Age Group)	253	359	402	355	389	381	357	213	110	2819

Table 3

Modification Type	LHIN 1	LHIN 2	LHIN 3	LHIN 4	LHIN 5	LHIN 6	LHIN 7	LHIN 8	LHIN 9	LHIN 10	LHIN 11	LHIN 12	LHIN 13	LHIN 14	Total (Modification)
	Erie St. Clair	South West	Waterloo Wellington	Hamilton Niagara Haldimand Brant	Central West	Mississauga Halton	Toronto Central	Central	Central East	South East	Champlain	North Simcoe Muskoka	North East	North West	
Entry Modificaton	76	79	31	115	18	43	105	81	108	37	65	63	89	9	919
Bathroom Modification	49	62	19	84	19	35	68	83	78	36	65	50	69	7	724
Grade/Level Change	33	47	21	85	31	42	77	89	66	10	39	23	45	3	611
Circulation Space	17	27	13	33	6	9	24	22	26	17	36	25	36	6	297
Other	7	7	4	12	6	10	20	18	10	2	8	11	10	0	125
Electronic Aid	4	9	4	12	1	8	19	10	10	0	9	7	6	0	99
Bedroom	2	1	0	0	0	1	5	1	2	0	0	0	2	0	14
Laundry	0	1	1	0	0	0	3	2	1	0	0	0	2	0	10
Kitchen	3	3	0	4	0	0	1	2	0	0	2	2	3	0	20
Total (LHIN)	191	236	93	345	81	148	322	308	301	102	224	181	262	25	2819

General Population Data

LHIN Population	645,200	724,100	655,400	1,352,500	720,300	1,040,800	1,542,900	1,459,800	1,459,800	442,500	1,176,600	416,900	567,900	242,500
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Table 3, above, breaks out the type of modification further - by LHIN region. The number of applications approved by LHIN region generally corresponds to the population breakdown by LHIN. There are, however, some anomalies. For instance, LHIN 3 Waterloo Wellington and LHIN area 5 Central West have proportionally fewer applicants compared to the stated Statistics Canada population numbers from LHIN websites. More applications may be coming from areas with active teaching hospitals or in the catchment area for those hospitals.

**Table 4:
Number of Applications Approved by Age and Region**

		50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	Total (LHIN)
LHIN 1	Erie St. Clair	7	21	15	11	17	6	10	7	4	98
LHIN 2	South West	18	17	27	17	10	15	12	8	3	127
LHIN 3	Waterloo Wellington	4	7	1	6	10	9	7	2	0	46
LHIN 4	Hamilton Niagara Haldimand Brant	15	25	27	35	24	25	25	14	6	196
LHIN 5	Central West	1	11	9	8	5	6	4	6	3	53
LHIN 6	Mississauga Halton	9	7	13	7	9	11	15	11	3	85
LHIN 7	Toronto Central	13	11	16	20	19	27	34	20	16	176
LHIN 8	Central	9	14	15	11	26	36	31	14	10	166
LHIN 9	Central East	11	24	18	13	14	25	21	23	5	154
LHIN 10	South East	3	4	14	9	5	8	5	0	1	49
LHIN 11	Champlain	13	19	23	6	15	14	10	6	2	108
LHIN 12	North Simcoe Muskoka	8	8	11	12	17	8	11	9	5	89
LHIN 13	North East	15	22	17	14	23	15	14	4	0	124
LHIN 14	North West	2	1	1	1	1	0	3	0	0	9
Total (Age Group)		128	191	207	170	195	205	202	124	58	1480

	LHIN 1 Erie St. Clair	LHIN 2 South West	LHIN 3 Waterloo Wellington	LHIN 4 Hamilton Niagara Haldimand Brant	LHIN 5 Central West	LHIN 6 Mississauga Halton	LHIN 7 Toronto Central	LHIN 8 Central	LHIN 9 Central East	LHIN 10 South East	LHIN 11 Champlain	LHIN 12 North Simcoe Muskoka	LHIN 13 North East	LHIN 14 North West	Total (Age Group)
50-54	14	34	12	22	0	16	28	15	22	10	26	16	33	5	253
55-59	32	41	15	44	17	16	20	24	46	6	34	15	46	3	359
60-64	32	44	1	42	18	21	25	33	35	30	57	29	32	3	402
65-69	25	44	10	63	17	15	47	23	25	24	11	23	24	4	355
70-74	40	17	16	44	7	16	27	61	31	11	27	39	50	3	389
75-79	11	26	23	46	6	16	45	61	57	12	27	17	35	0	382
80-84	14	16	12	46	6	27	60	48	44	6	19	21	31	7	357
85-89	15	9	4	24	6	17	33	28	34	0	16	15	11	0	212
90+	8	5	0	14	4	5	37	15	7	3	6	6	0	0	110
	191	236	93	345	81	149	322	308	301	102	223	181	262	25	2819

Table 4B identifies the number of modifications by age group and LHIN area. If one compares information from charts 2, 3, and 4B it is notable that in most cases the number of modifications funded is approximately twice the number of applicants funded. This indicates that on a statistical basis, each consumer received approximately 2 modifications. It is not unusual for someone who requires an entry modification such as a porch lift to also require bathroom modifications.

COST OF HOME MODIFICATION

In conjunction with each Application Form or Modification Proposal, applicants must submit 2 comparable quotations from reliable contractors. This process allows staff to insure that all modifications funded are completed in a cost-effective manner. These quotations are not routinely split into materials vs. installation costs. Therefore it is not possible to provide that portion of the information requested. Generally, the lowest quotation reflects the dollar value granted on the request.

Data Request:

The average cost of the home modification approved each fiscal year, by type of modification.

The average cost of installation associated with the approved home modifications by type of modification.

Through the Trillium Project 2005 - 2006, combined costs for labor and materials were established through survey and discussion methodologies. Results of that study have been forwarded previously for review. These values have been updated by similar methodologies and are available in the chart below for review. Elevator installations are on average the most expensive and would generally require additional funding from other sources in order to complete the modification. The HVMP provides a maximum of \$15,000. Generally grants range between \$8,600 and \$10,200.

Modification Type	Types of Modifications	*Average Cost \$\$
Entry Modifications	Access Route	2,000.00
	Ramp	4,500.00
	Decking	1,600.00
	Main Entrance	5,000.00
	Porch Lift	6,000.00
Bathroom Modifications	Bathroom	8,500.00
	Grab bars	200.00
Grade/Level Changes	Stair Railings	250.00
	Elevator	18,000.00
	Ceiling Track Lift	3,500.00
	Stair Lift	5,000.00
Circulation Space	Door Widening	850.00
	Flooring	1,500.00
Other	Electrical Work	300.00
	Permit	200.00
Electronic Aids	Environmental Control	3,000.00
Bedroom	Bedroom	3,000.00
Laundry	Laundry Area	2,000.00
Kitchen	Kitchen	3,000.00

*Developed from Trillium Project

HOSPITALIZATION/DISCHARGE

When applicants complete the Application Assessment Form, they provide a description of their personal living situation and support needs which serves to self-prioritize their application for service. Tables 6 and 6B answer the data request below by denoting the number of applications that prevent hospitalization or institutionalization by LHIN region. It also reflects the number of applications that permit discharge from hospital or institution. Of the former group, it appears that most requests are proactive. In 2005-2006 the Trillium database recorded reasons for requesting service in a slightly different format than the rest of this study. Both formats have been provided below. The 2005-2006 information is provided in Table 6B. Data from all other years studied is represented in Table 6.

Data Request:

The number of home applications made where the applicant indicated he or she would not have to move to a hospital/institution/long-term care if home modifications were made; of these applicants, the number who also required vehicle modifications.

The number of home modification applications where the applicant indicates he or she would be able to return home from a hospital/institution/long-term care if home modifications were made; of these applicants, the number who also require vehicle modifications.

Final Home and Vehicle Modification Program Data Review 2008-2009

HOME AND VEHICLE MODIFICATION PROGRAM DESCRIPTION

The Home and Vehicle Modification Program (HVMP) was established by the Ministry of Community and Social Services in 1999 and is administered by March of Dimes. HVMP provides funding for basic home and/or vehicle modifications. By reducing or eliminating life safety risks, these modifications enable children and adults with mobility restrictions to continue living in their homes, avoid job loss, and participate in their communities.

Consumers who meet Program criteria can apply for grant funding of up to \$15,000 for both home and vehicle modifications. HVMP will deliver approximately \$9.2 million dollars in this fiscal year to meet the needs of people with physical limitations in Ontario.

APPLICATION PROCESS

People seeking funding from the HVMP may complete an Application Assessment form online at www.marchofdimes.ca or may request one by phone. Submission of an Application Assessment Form initiates the process of applying to the Program. No additional documentation is required at this stage. The process collects fundamental consumer information in order to qualify an applicant for services. Those qualified may be invited to move forward to the next stage of the process, which is completion of the Modification Proposal. People of all ages are served through this program.

The applicant completes the Modification Proposal form and submits all required documentation. This allows Program staff to verify information previously stated and ensure that all requirements and objectives of the Program are met prior to issuing a finalized grant contract.

This revised application process was instituted in 2007-2008 to enhance consumer service by reducing the amount of time and effort required to apply to the Program. Less documentation is now required. Occupational Therapist Assessments are requested only when needed to clarify the applicant's Modification Proposal. Response time has been greatly improved, and detailed information is now required only by those pre-qualified for service. This has led to enhanced consumer satisfaction with the service.

HVMP DATA REVIEW

The Ministry of Health and Long Term Care and the Ministry of Community and Social Services have requested multi-year HVMP information.

The following data was collected from consumer files received by the Program from April 1, 2008 to September 30, 2008 (2008-2009 fiscal year). All data was collected, reviewed, and entered into a database designed by HVMP Program staff.

The entire year's information reflects operation under the new forms and processes which we implemented in 2007-2008. If one were to compare this data to that of a full service year, it would be evident that the number of applications received to date (Application Assessments) are proportionally higher than modifications provided. This is because many consumers who have been invited to submit Modification Proposals are still in the completion process.

To date, in 2008-2009, a total of 2087 applications have been received from 1,227 consumers. It is noteworthy that 1,390 of these applicants have been over the age of 50 and have requested home modifications. Current numbers for this fiscal year reflect approximately 50% of the applications and service that will be provided. Clearly, large numbers of applicants will not have access to funding this year.