REPORT

SERVICE SUPPORTED HOUSING FOR VERMONTERS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

2023 RESEARCH BRIEF

A report created in accordance with Vermont Act 186 and provided to The Department of Disabilities, Aging, and Independent Living

SUBMITTED BY

Vermont Developmental Disabilities Council

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EXECUTIVE SUMMARY

Adults with Intellectual and Developmental Disabilities (I/DD) have historically been segregated from mainstream communities and forced to live in congregate settings with other people with disabilities. Legislation and litigation have affirmed and reaffirmed that adults with disabilities should have choices and the right to live with dignity and independence in the same places as people without disabilities. However, despite the Americans with Disabilities Act (ADA) and the Supreme Court's Olmstead v L.C. decision,[1] which requires states to serve people with disabilities in communities rather than institutions, our society has been slow to increase the availability of community-based, independent housing options for people with I/DD.

In 2014, the Centers for Medicare and Medicaid (CMS), the federal agency that oversees the Home and Community Based Services (HCBS) on which so many people with disabilities rely, released detailed administrative rules defining the necessary characteristics of services delivered by states in community settings. Services are to be based on an individualized plan and corresponding budget that reflect the preferences, goals, and needs of the beneficiary. While some sections of the new HCBS rules were immediately required, CMS gave states an extended transition period to plan for the implementation of requirements that describe what residential settings, including those owned or controlled by HCBS service providers, must look like. That transition period ends March 17, 2023. Known as the CMS Settings Rule, these provisions are designed to ensure that adults receiving HCBS have choices and the same access to the community as non-disabled adults.

[1] See: http://www.bazelon.org/the-olmstead-case/.

SCOPE OF WORK

During the 2022 Legislative Session, the Vermont General Assembly adopted Act 186, which requires: **"The Department of Disabilities, Aging, and Independent Living shall work with the Vermont Developmental Disabilities Council and a statewide self-advocacy group to review housing models in other states for the purpose of informing the pilot planning grants developed pursuant to subsection (b) of this section."**[2] The self-advocacy group references is Green Mountain Self-Advocates (GMSA), an independent non-profit run by and for individuals with developmental disabilities.

GMSA has been nationally recognized for its work supporting self-advocates to speak up for their rights and about their needs.

At the advice of the Developmental Disabilities Council and GMSA, this report expands the scope of work set out in Act 186. Along with describing promising housing models in other states, this study explores the current status of housing for adults with I/DD in Vermont through interviews, focus groups, and surveys with stakeholders.

Organized into five sections, this report:

- Provides a short overview of the research on housing and outcomes for adults with I/DD.
- Describes qualitative data collected from individuals with I/DD, family members, service providers, and housing professionals.
- Estimates the number of adults with I/DD who need housing and can benefit from additional housing options.
- Identifies and describes housing models used in other states.
- Provides a set of recommendations for developing new options and shoring up available ones.

[2] Act 186, Section 5(a), See: https://pdf.live/edit?url=https%3A%2F%2Flegislature.vermont.gov%2FDocuments%2F2022%2FDocs%2FACTS%2FACT186%2FACT186%2520As%2520Enacted.pdf&source=f&installDate=070622

REFLECTIONS FROM STAKEHOLDERS



Adults with I/DD said they were happiest living where they were able to participate in the community, care for their own things, and contribute to the household. They also liked the freedom to go out into the community and do the things they wanted and see the people they wanted to see. These adults also expressed frustration over not getting to choose where they live and not getting to live with whom they wanted. Some felt rules in the place where they live are unfair. Though many of the adults liked living with their shared living provider and had lived there for some time, others reported that they felt they did not have privacy in Shared Living. Some who live with their parents expressed a desire to live independently or with peers.

Adults, family members, and providers all expressed frustration that there are not more housing options available. Providers felt there are not enough of any option to meet the housing needs of adults with I/DD. Many families and caregivers shared that their adult family member lived at home because there aren't suitable alternatives. All stakeholders agreed that staffing and support services are stretched thin, and this lack of support limits the amount and effectiveness of existing housing options. Stakeholders were also aligned about the lack of transportation. They felt that this is a critical component to achieving independence, integration, and employment, but it is not available in the way that is needed. Many adults with I/DD, no matter what their living arrangement, reported relying heavily on parents and family members to drive them because accessible public transportation was too far away or did not take them where they wanted to go.

SCALE OF NEED

Data is critical to understanding exactly how many housing units are necessary to meet the needs of Vermonters with I/DD. Unfortunately, there is not a reliable source of data available to quantify the number of adults with I/DD, much less the number who may be unstably housed. Nationally and in Vermont, there is no decisive data on the number of adults with I/DD. To combat this, several prevalence rates are presented in this report to provide a range of estimates on the full population of adults with I/DD.

Data estimates show that there could be more than 26,000 Vermonters with I/DD, yet the charge in Act 186 is to understand housing needs in the much smaller context of the number of adults receiving Home and Community Based Services (HCBS). What is widely understood from national research, and is confirmed in Vermont's own census data, is that the rate of disability among people of color is disproportionately higher compared to their white counterparts. For example, data shows the rate of disability among Indigenous people is nearly three times that of white Vermonters. Because this study focused on Vermonters who have qualified for HCBS, we are likely to have underestimated the scale of need. Marginalized groups -- including people of color, those experiencing homelessness, and people living in institutions -- have higher rates of disabilities, but they are less likely to be connected to services. It is imperative that future planning efforts look at a broader group of adults with I/DD when determining policy solutions, especially housing solutions.

-- the rate of disability among people of color is disproportionately higher compared to their white counterparts.

The Corporation for Supportive Housing has developed multipliers to estimate the number of adults with I/DD who need supportive housing. These research-based indicators include a 10% rate of need among adults with I/DD living with aging caregivers[3] and a 33% rate of need among people living in

[3] These estimates were used and are documented in Statewide Strategic Framework for Expanding Housing Opportunities for People with Intellectual and Developmental Disabilities (2018).

groups or shared living arrangements with 24-hour support.[4] Based on these estimates, the State of Vermont needs to create 602 new units of supportive housing to meet the needs of adults with I/DD who receive HCBS. It should be noted that given the widespread issue of undercounting people with I/DD, this number is likely an underestimate.

HOUSING MODELS

In commissioning this Research Brief, the Vermont Developmental Disability Council required that "housing models selected must be consistent with the Principles of Service for Vermont Developmental Services and aligned with the Centers for Medicare and Medicaid Services (CMS) Home and Community-based Services Settings Rule as set out in the federal regulation 42 CFR Sec. 441.530."

To meet these requirements, relevant research and evaluation data were identified and prominent housing and disabilities researchers were consulted. The CMS website was used to identify innovative and research-based practices for housing and long-term support for adults with I/DD. Families, self-advocates, and providers were also asked for their thoughts and suggestions on housing models via focus groups and surveys.

Eight housing models were ultimately selected from the following states: California, Connecticut, Illinois, Massachusetts, New Jersey, Virginia, and Wisconsin. Supportive housing, or affordable housing with support services, located within traditional affordable housing is the prominent model among those recommended by CMS and supported by research. There are variations among the projects profiled in this report. Some states like Connecticut, California, and Virginia have been able to create new units for adults with I/DD in modern accessible buildings with shared spaces inside and out. In California, at the Kelsey, they use a model called "disability forward" where all units are designed with special features to meet the needs of adults with I/DD that can be adjusted as tenants age. In this model, they also have developed a unique

[4] See: https://www.csh.org/wp-content/uploads/2019/05/IDD_web.pdf

position called an "Inclusion Concierge" whose primary role is to help people who live in the building to navigate the neighborhood, connect to services and events, and facilitate relationships among all tenants.

Each project profile includes lessons learned and calls out features that align with priorities important to adults with I/DD like community integration, accessibility, and self-determination. Importantly, all models are primarily funded through public resources, principally HUD-funded rental assistance and Low-Income Tax Credits (LIHTC). In all cases, tenants with I/DD receive Home- and Community-Based Services (HCBS) funded by Medicaid.

SECTION I. INTRODUCTION

Like anyone, adults with Intellectual and Developmental Disabilities (I/DD) want to live in settings that they choose and that give them access to the people and activities they enjoy. Many different types of dwellings can be paired with support services, assistive technology, and universal design elements to ensure individuals with I/DD have the same community access as their non-disabled neighbors. However, the choice of setting has been limited in Vermont because services and supports are tightly tied to certain types of residential situations.

Vermont has a proud history as an early adopter of individualized, community-based services for its residents with I/DD. In 1993 – thirty years ago -- Vermont closed its state-run institution for people with developmental disabilities. In 2022, the most recent year with a published annual report, the Developmental Disabilities Services Division (DDS) supported 4663 individuals with I/DD in the community.[5] However, the DDS System of Care faces many current challenges, including a need for more affordable housing and for a wider array of residential service options. New Medicaid rules require that recipients of HCBS have choices in where they live and are supported. Still more importantly, self-advocates, family caregivers, and allies are insisting on new housing models that facilitate authentic community engagement and meaningful activities.

[5] Developmental Disabilities Services State Fiscal Year 2022 Annual Report, pg. 2. See: https://ddsd.vermont.gov/news/developmental-disabilities-services-legislative-report-sfy2022

Research has demonstrated that even people with the highest support needs can benefit from living in a home that allows independence, self-determination, and access to the community.[6,7,8] In fact, those with significant support needs stand to gain the most from inclusive, service-supported settings. However, persistent attitudes, and lack of political will, have kept housing options extremely limited for people with I/DD. Today, in Vermont, adults served by the DDS system largely live at home with their families, in small group settings with other people with disabilities, or in shared living placements with families or individuals who agree to support them. Across the board, stakeholders agree that this menu does not provide enough housing options for this group of HCBS recipients.

The Vermont General Assembly acknowledged this lack of residential options when it passed Act 186 during the 2022 legislative session. Act 186 requires the Department of Disabilities, Aging, and Independent Living (DAIL) to work with the Vermont Developmental Disabilities Council (VTDDC) and a statewide self-advocacy group, specifically Green Mountain Self-Advocates (GMSA), to review housing models in other states "for the purposes of informing pilot planning projects that will test new service-supported housing for Vermonters with disabilities."

Consistent with this Act, VTDDC commissioned this study in collaboration with Green Mountain Self-Advocates (GMSA) and the Developmental Disabilities Services Division (DDSD). This report utilizes input from stakeholders to assess the current state of housing for people with I/DD in Vermont and estimates the scale of housing need using local and national data sources. It profiles eight supportive housing projects for adults with I/DD from around the country that are publicly funded and consistent with Vermont's Principles of Service for People with Developmental Disabilities and relevant

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[6] Young L. Ashman A.F. "Deinstitutionalization for older adults with severe mental retardation: Results from Australia." *Am. J. Mental Retard.* 2004;**109**:397–412. See: https://pubmed.ncbi.nlm.nih.gov/15298522/

[7] McCarron M., Lombard-Vance R., Murphy E., May P., Webb N., Sheaf G., McCallion M.C., Stancliffe R., Norman C., Smith V., et al. "Effect of deinstitutionalization on quality of life for adults with intellectual disabilities: A systematic review." *BMJ Open.* 2019. See: https://pubmed.ncbi.nlm.nih.gov/31028039/

[8] McConkey R., Keogh F., Bunting B., García-Iriarte E. "Changes in the self-rated well-being of people who move from congregated settings to personalized arrangements and group home placements." *J. Intellectual Disability.* 2018. See: https://pubmed.ncbi.nlm.nih.gov/31028039/

federal guidelines. The report concludes with a set of findings and recommendations for implementing housing models and shoring up existing programs.

SCOPE OF THIS WORK

Under Act 186, this research brief is intended to assist DAIL, along with a steering committee of stakeholders, in awarding at least three housing and residential service pilot planning grants. The goal of this brief is therefore to identify and describe models of housing that ensure that Vermonters with I/DD have choices about where and with whom they live, in the environment that best suits their individual needs and preferences. Specifically, this report focuses on effective residential models that are publicly funded and align with the 2014 Medicaid Home & Community Based Services Final Regulations.[9] In addition, this report seeks to answer basic questions regarding the scope and scale of housing needs among adults with I/DD receiving Medicaid-funded HCBS. Although this paper is not intended as a roadmap for creating partnerships between HCBS providers and housing developers, a set of initial strategies and recommendations are included for further exploration by DAIL and relevant advisory committees.

A limitation of this report is the fact that it aligns with how Vermont defines "developmental disability" for the purposes of eligibility for HCBS through the Developmental Disabilities Services (DDS). There are an unknown number of other Vermonters with disabilities that occurred during their developmental years that do not meet this relatively narrow definition. Some of them receive HCBS through the Choices for Care Program and would likely benefit from expanding the choice of residential settings where they can receive these supports. Further study will be needed to quantify and describe this need.

[9] See: https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html

EVIDENCE AND PREVIOUS RESEARCH FINDINGS

In searching for housing models to share in this report, evidence of positive impact was the most important criteria; yet there is not a lot to draw upon in the research literature. A few studies provided some guidance.

A 2021 study from the *Journal on Developmental Disabilities* provides a comprehensive look at the impact of housing on quality of life for people with I/DD. This study is based on a literature review of 44 studies that examined housing options for adults with intellectual and developmental disabilities. Most studies were based in Europe and included housing for people with IDD in large institutions, group homes, and family homes, as well as independent living models. The researchers found some common themes consistent with information collected from stakeholders and presented in this brief, namely: (1) Adults with the highest needs have the least options and often end up in institutions and have the worst outcomes; and (2) "Overall, independent, supported housing showed the most promising results related to positive outcomes…" and that supportive living had "highest rates regard choice and community integration but did lead to some feelings of isolation."[10]

Another 2021 study, "Community Living, Intellectual Disability and Extensive Support Needs: A Rights-Based Approach to Assessment and Intervention" found that an individual's ability to function can be improved with the right supports. Importantly, the authors note the significance of the setting in which supports take place: "Some contexts will be more "facilitating" than others and will contribute more to reducing the intensity of an

[10] Maryann Roebuck, Maryann, *Journal on Developmental Disabilities* Volume 26 Number 2, 2021. "Housing for People with Intellectual Disabilities: A Scoping Review." See: https://oadd.org/wp-content/uploads/2021/07/V26-N2-20-331-Roebuck-v2.pdf

individual's support needs."[11] The report goes on to say how historically people with higher support needs have been thought to be "incapable" of participating in decision-making about their own lives, regardless of the support they receive, especially when they lack verbal capacity or have communication difficulties." The report notes that, "according to several studies, people with intellectual disability and extensive support needs benefited more from the transition to the community than those with I/DD who required less support."[12]

A report by Lankin and Stancliffe, sums up the research and "establishes clearly and consistently that individuals with Intellectual and Developmental Disabilities (IDD) experience greater personal freedom, more participation in social activities, more frequent associations with family and friends when living in the community rather than institutional settings."[13]

In addition to these reports, there are a number of qualitative studies about the kind of housing that people with I/DD prefer. These reports offer similar recurring themes that are consistent with the findings in this report. In general, reports suggest that adults with I/DD want the ability to control where they live and who they live with, they want to live in a place that offers them the freedom to do the things they like to do, and above all, they want community.

The report, "Keeping the Promise,"[14] which was developed by self-advocates, points out that achieving "national commitment to integrated and respected community living for people with developmental disabilities" depends on service providers that have the capacity and commitment to implement it. The report explains that community and the services needed to facilitate it transcends the physical environment. The report created five "dimensions of community and recommended, "…applying these standards broadly to all community-based services and settings, regardless of whether or

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[11] Estaban, Laura, *et. al*., *International Journal of Environmental Research and Public Health,* 2021 Mar; 18(6): 3175. "Community Living, Intellectual Disability and Extensive Support Needs." See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8003461/

[12] Ibid.

[13] Lankin, K. Charlie, and Stancliffe, Roger J., *Mental R---- and Developmental Disabilities Research Reviews* (2007), "Residential supports for persons with intellectual and developmental disabilities." See: https://pubmed.ncbi.nlm.nih.gov/17563892/

[14] See: https://autisticadvocacy.org/policy/briefs/keeping-the-promise-self-advocates-defining-the-meaning-of-community-living/

not the building in which the person lives is owned by an agency, service provider, the person themselves or other third-party entity."

Further, The Arc and the Council on Quality and Leadership (CQL) released a housing report in 2019 that underscores the need for more independent housing options in the community that are accessible and affordable. Another theme echoed by the findings in this research brief is that often parents and family caregivers are looking for more secluded, disability-only living environments, where adults with I/DD are more interested in living in their own homes.[15]

CURRENT LANDSCAPE OF HOUSING OPTIONS FOR ADULTS WITH I/DD IN VERMONT

Home and Community Based Service (HCBS) waivers approved by the Centers for Medicare and Medicaid Services (CMS) allow eligible individuals with developmental disabilities to obtain long-term care services in home and community settings rather than institutional settings.

Many adults with I/DD live with 24-hour paid home support through DDS programs called Shared Living, Staffed Living, and Group Living; others live in their own homes with limited or no paid home support called Supervised living and Independent Living.[16] Many receive services in the home of their family.

[15] Friedman, C. (2019). There's no place like home: A national study of how people with intellectual and/or developmental disabilities and their families choose where to live. Washington, DC and Towson, MD: The Arc of the United States and The Council on Quality and Leadership. See: https://futureplanning.thearc.org/pages/learn/where-to-start/deciding-where-to-live/housing

[16] VT Developmental Disabilities Services Annual Report, State Fiscal Year 2021. See: https://ddsd.vermont.gov/annual-report-dds

Group Living: Support provided in a licensed home setting for three to six people that is staffed full-time by providers. The home is typically owned or rented by the service provider. Group living requires the home to be reviewed and approved ("licensed") by the Division of Licensing and Protection. Group Homes can support between three and six people.

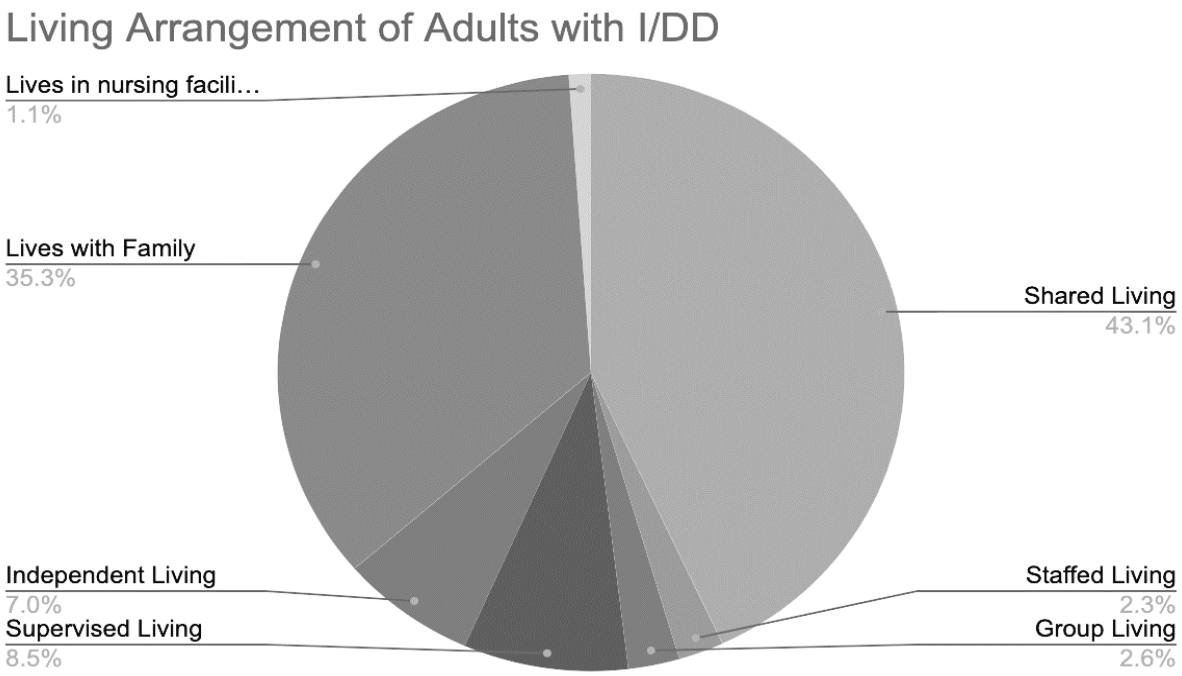
Staffed Living: Supports provided in a home setting for one or two people that is staffed on a full-time basis by providers. The home is typically owned or rented by the service provider. Staffed living cannot support more than two people in the same home. The staffed living model provides around-the-clock support through agency staff.

Shared Living: Support provided to one or two people in the home of a shared living provider. Shared living providers are home providers contracted by DA/SSAs. The home is owned or rented by the shared living provider. Shared Living supports one or two people in the same home.

Supervised Living: Regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her own home. Supports are provided on a less than full-time schedule (that is, not 24 hours/7 days a week). The home is typically owned or rented by the individual. Supervised living, in which a person receives support in a home that they personally own or rent, is the lowest per-person cost for the state, but it is limited by the market's lack of affordable housing options.

Independent Living: Individual lives in their own home, alone or with others, and receives no paid home support. They may be receiving other HCBS such as employment support or case management.

Skilled Nursing Facility: A facility that meets specific regulatory certification requirements and primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.



According to the Vermont Developmental Disabilities Services Annual Report (2021), of the people receiving some level of paid home support, a high percentage (77%) live with a shared living provider. The report notes that this model is more economical than staffed or group living. The report also states that Supervised Living, which is the lowest per-person cost, is often limited by a lack of affordable housing options.

SECTION II. UNDERSTANDING STRENGTHS AND NEEDS OF CURRENT SYSTEM: LEARNING FROM STAKEHOLDERS

Learning from Stakeholders

The goal of talking to stakeholders was to understand the current housing status for adults with I/DD receiving HCBS in Vermont through Developmental Disabilities Services. In particular, we wanted to understand whether or not adults with I/DD could access the kind of housing they prefer. Before looking for alternative models, it made sense to understand the elements of housing that people like and do not like.

Learning from Adults with I/DD

Green Mountain Self Advocates (GMAS) allowed a portion of one of their meetings to serve as a focus group for this report. This group was made up of 19 adults with I/DD. In addition, I interviewed two adults with I/DD, one in the presence of their parents and one in the presence of their shared living provider.

Of the 21 adults who participated in focus groups or interviews, nine live with their parents, five live on their own with a partner or spouse, and seven live in shared living, a group home, or a staffed or supervised apartment.

Living Situation of Participants	Number
Live with parents	9
Live on their own or with a partner or spouse	5
Live in shared living or a group home or apartment program or live with staff	7
Total	21

To get more input from adults with I/DD, Green Mountain Self Advocates also conducted a survey to learn more about housing experiences. Twenty-four people participated in completing this survey. Two people filled out the survey and the rest responded to the survey verbally during a GMSA meeting. Their responses have been incorporated into the feedback below.

HOUSING QUALITIES ADULTS WITH I/DD LIKE

What do you like about where you live? The responses from the adults with disabilities were closely associated with themes identified by The Arc in its research.[17] Many of the adults with I/DD were happiest living where they were able to participate in the community, care for their own things (like pets and gardens) and contribute to the household ("I like helping my shared living provider"). They also liked the freedom to go out into the community and do the things they wanted ("kayaking, camping") and see the people they wanted to see ("my boyfriend, my family").

The majority of the adults with I/DD who shared their experiences reported that they were generally content with where they were currently living. Most reported that they chose where they live, and many had a great deal of stability, which they liked. In fact, some had been living in their current situation for as long as 10, 15, and 20 years.

[17] Friedman, C. (2019), "There's no place like home."

QUALITIES ABOUT HOUSING ADULTS WITH I/DD DO NOT LIKE

Things that made participants unhappy in their living situation included feeling like they did not have the opportunity to choose where they lived (for example, some felt a provider or family member chose for them), moving too many times, wanting a roommate or a companion, and lacking consistent support staff.

About half said they understood the rules where they live, while the other half felt house rules were unfair or did not make sense. One participant talked about frustrating rules around personal property, and another said that he could not have overnight guests for more than 14 days in a year. Both these concerns appear to be inconsistent with new CMS rules that will be in place in March 2023.

Regarding staff, participants said, "Program managers change too much." One individual reported, "I love my team at [my service agency], however, I am getting a new case manager because my old one kept putting me down." Regarding staffing needs, he continued, "I need help getting to my appointments, and I need someone to help me budget and clean my apartment." Another participant said, "I don't want people moving me out when I don't want it."

ADULTS WITH I/DD WANT MORE OPTIONS AND ACCESS TO TRANSPORTATION

When asked what would make their living situation better, adults with I/DD wanted more options of where to live, and more transportation so they can access the community and get to work and the activities they enjoy, like self-advocacy groups and Special Olympics events. One participant said, "I would probably like to live where I could walk to work." Another one said, "right now

where I live, transportation doesn't really come out here, so it's kind of hard to get around." A couple of participants asked specifically for more access to physical activity or a gym.

Participants in interviews and focus groups ideally wanted their own space with the option to socialize with others as well. "[I would like] companionship when I want it and space to be alone when I don't," said one self-advocate. Another said, "I like my housemates, but I also like being alone in my apartment when they are away." Some reported that they wanted their own space but were also scared of getting lonely; or they had experienced being lonely in their own apartment. One participant said that there is nothing in place for people with I/DD who might want a roommate: "There is nothing matching people up." Some participants were clear that they did not want to live in a building where all the other residents have disabilities.

LEARNING FROM FAMILY MEMBERS

Two focus groups were held with parents and other family caregivers of adults with I/DD, one parent was interviewed directly, one family member sent written responses to questions, and two families were interviewed during a regularly scheduled meeting. Together, these engagements included 16 families who shared their experiences in supporting 17 adults with I/DD. Most of the adults that these families support live at home (nine), two live with a shard living provider, one lives in a small group home, two live independently in apartments with support, one lives independently in an apartment without support, and two live in supervised apartments.

Caregivers live in the following areas:

> Montpelier, Shoreham, Worcester, Chittenden County (six), Jericho, Waitsfield, Orange County, and Windham County.

The adults that they support range in age from 21-69 years, and the average age is 32 years.

Current Living Situation of Adults Represented by Family	Count
At Home	9
Independent Apartment with Supports	2
Shared Living Placement	2
Staffed Living	2
Independent Apartment without Support	1
Group Home	1
Total	17

The parents of adults with I/DD who live in their family's home like the stability that this arrangement provides and the assurance that the care their family member receives is from those who love that family member. Caregivers also reported that their family member with a disability benefits from more than one-on-one care: For example, families that self-managed their adult family member's care expressed more confidence in staff and in the training that staff receive than other caregivers. One participant liked when their adult child's move into independence corresponded with the moves of their non-disabled peers. Another family liked that their family member had the privacy of their own home in a unit adjacent to the family's home.

DESIRABLE HOUSING CHARACTERISTICS

Themes of support, independence, and the ability to socialize were among the responses from families when asked to describe qualities of housing that they like. A "sense of community" was a recurring phrase, as was "the opportunity to live with peers." One family caregiver said, "I want my child to have housemates not providers."

One parent talked about wanting "an intentional community that feels like family." One respondent envisioned "a stable community, intentional or not, just more than one resident. It's too easy to become isolated." Another said, "I'd like a high staff-to-resident ratio so that he [the individual with a disability] has some autonomy."

Notably – and consistent with research by The Arc cited above -- families and caregivers reported looking for more secluded, disability-only living environments, while adults with I/DD expressed more interested in living in their own homes.

BARRIERS TO PREFERRED LIVING SITUATIONS FROM FAMILIES

When asked about the barriers to a living in a situation that they would prefer for their family member, caregivers talked about, a lack of appropriate options, fears about safety and isolation, and lack of access to staff and transportation.

LACK OF OPTIONS

Most caregivers reported that their family member with I/DD lived at home for lack of other options. In some cases, the individual with I/DD had lived in other arrangements, like Shared Living or a group home, but they had negative experiences and moved back. "I think my son likes living here with us," one participant said. "There were too many stressors in the group home," she continued. "My son has a lot of sensory issues. The group home was not ideal for him, so he tried Shared Living. But our ongoing question is what is going to happen when we are gone?" Another participant said, "My child was removed from three homes for abuse and neglect. Oversight is needed."

Some participants who characterized their family member with I/DD as having greater support needs talked about the lack of options that they face. They reported that in their opinion, Shared Living and group homes were not designed well for adults with higher support needs. (This sentiment was shared by the Developmental Disability Services providers interviewed). As one participant explained, "My child is at home, and eligible for home support. However, 20 or so shared living providers rejected his application. Two rejected

him after meeting with my wife and learning more about him and his needs. Although we would like him to live somewhere other than home, I know he is getting good care and that I take care of his hygiene probably better than anyone. He is my son."

One family caregiver summarized, "There is only one option – the shared living provider… It is not sustainable… They are not appropriate for higher needs adults with I/DD and the oversight is not adequate... There are 16 group homes, but they have never been intended for high needs."

Parents and caregivers of adults whose disability includes being deaf or non-verbal struggled to find settings where sign language or other preferred modes of communication are offered. The ability to communicate is essential to health and well-being and for making informed decisions. Further, adults can feel isolated and depressed[18] when their ability to communicate is compromised. Communication is also essential to the development of social and cultural networks. However, parents spoke of the lack of ASL- trained support staff and an unwillingness of shared living providers to learn sign language. They expressed a general dissatisfaction with the lack of state resources for deaf and non-verbal adults.

SAFETY AND ISOLATION

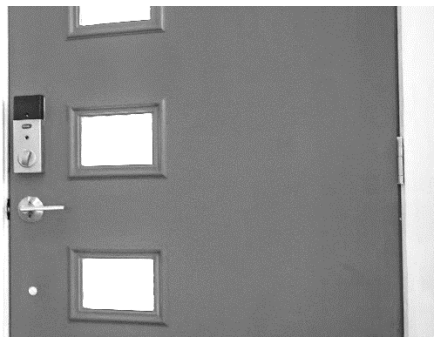
Some participants whose family member with I/DD lives at home, reported that their son or daughter could live in an independent apartment. However, the parent said that they had concerns about isolation and loneliness, was well as a lack of supportive services. One caregiver said, "I want her to have independence but the benefits of family." Another said, "I just want consistent care. I want him to have company, not be isolated."

[18] Barlow JH, Turner AP, Hammond CL, Gailey L. "Living with late deafness: insight from between worlds." *International Journal of Audiology*. 2007;46:442–448. See: https://europepmc.org/article/MED/17654086

Others expressed concerns about the safety and affordability of an independent apartment. "My son was selected for a unit at an affordable housing development but once he figured out how much he would be paying in rent, he was worried he would have no money and was worried about feeling lonely. He also would not be able to walk around at night, which he loves to do and which he can do here…. The apartment was downtown in an urban area so he did not think he would be safe walking around at night in that environment. He needs significant support. I worry about his transition when we are gone. Transportation is also an issue here."

Another caregiver said, "I saw affordable apartments but did not think they were safe or appropriate for my daughter. Big complexes with unknown neighbors, "drug users" outside talking to police, bike path was not safe, too much traffic."

In contrast, another parent had positive things to say about her child's experience with a supervised apartment. "I think my daughter loves where she lives. She has a dog, and she takes him out for walks. She has met a group of people who also have dogs to whom she can talk… Transportation is a need, however. She likes where she is, and she says she likes having her own apartment.



TRANSPORTATION

Transportation came up repeatedly among caregivers, self-advocates, and providers as a barrier to getting into the community and doing things that adults with I/DD enjoy. The goal of community integration is impossible to achieve if there isn't reliable transportation to take people places. Caregivers

talked about living in rural communities and having to drive 30 minutes to a bus stop. One caregiver, whose adult with I/DD is living in a supported apartment that she likes, reported that she often drives 45 minutes to get her daughter to take her places because the bus does not take her daughter where she needs to go. For others, their adult son or daughter did not know how to take the bus "and would need a lot of training" to be able to navigate public transportation. Another caregiver noted that when his family member was living with a shared living provider, the provider would only take him places that they were already going. They would not drive him where he needed to go at a time convenient for him. The caregiver said that he would drive both the shared living provider and his family member. According to a provider, "My clients cannot drive and rely on family and staff to go anywhere… Some clients live far away from community activities… It makes it difficult for them to access." Another provider said that the rural nature of Vermont and the places shared living providers tend to live make it hard for people to access the community. The provider added, "While we have MOOver[19] and taxi services, this can be intimidating to access and because of this, they are under-utilized."

STAFFING

It should be noted that this report was prepared during the most significant workforce crisis that Vermont – and service providers across the nation – have faced since the development of HCBS.

Families felt that staffing was inconsistent and, some reported, unreliable. "At least in Shared Living you know someone will be there. When I had a home aide, they would not show up, and I would have to miss work." Families felt that the system was stretched thin, and many said that they had a budget for support services but could not find any staff to provide them. When it came to the discussion of shared living placements, many families agreed with what one caregiver said: "Our system is too reliant on untrained, unskilled, low-paid staff."

[19] MOOver is southern Vermont's public transportation service.

Disability Service Staff Training Suggestions from Focus Group Participants

When family caregivers were asked about specific training needs for staff, including shared living providers, they said, direct care professionals need training about analyzing behavior and not reacting. They also said that and in residential care settings, staff needed a career ladder and incentives to take on more responsibility. Participants also said that hiring the right people was essential. Participants mentioned the need to hire staff that would have respect for adults with I/DD and have patience, empathy, and a sense of humor. Both family members and self-advocates emphasized the need for good supervisory training and the importance of staff who help adults with I/DD take risks and make decisions for themselves.

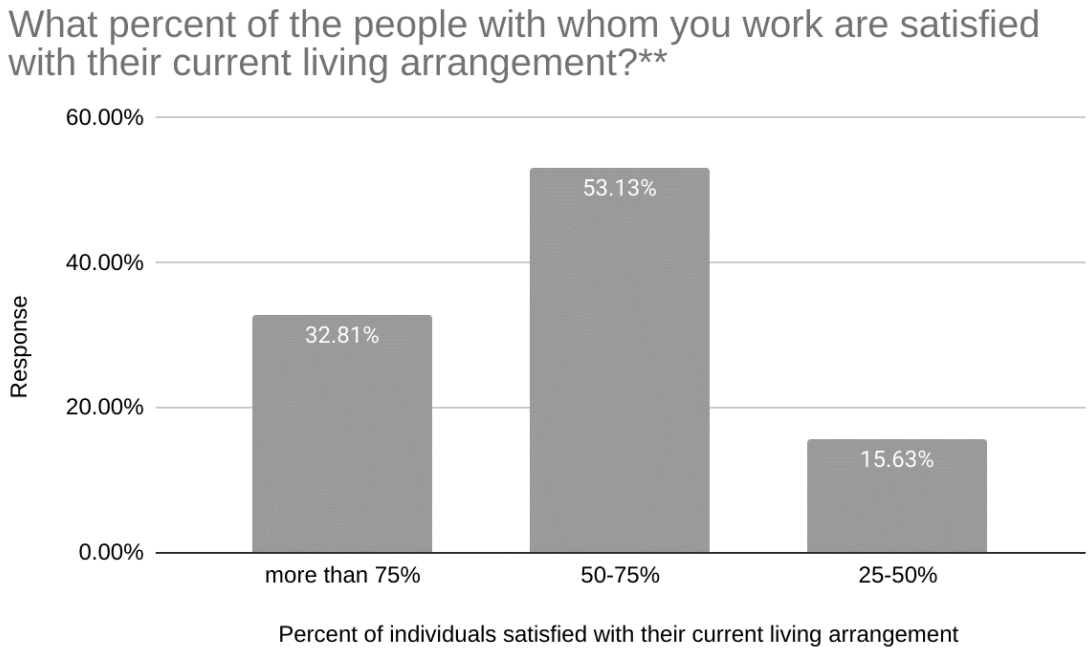
LEARNING FROM DEVELOPMENTAL DISABILITIES SERVICES (DDS) PROVIDERS

One small focus group of Developmental Services Directors (five participants) was conducted for this report. A survey was created based on that discussion and was distributed by Vermont Care Partners to DDS providers at all levels.

There were over 50 responses to the survey. Many of the survey questions were multiple choice and some of them asked providers to check more than one option or all that apply, so many of the response totals are more than 100%.

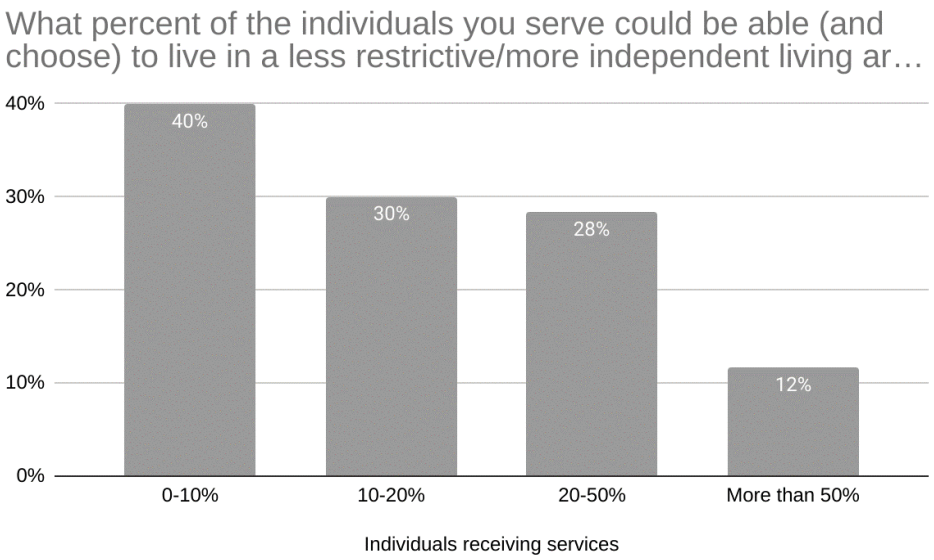
In general providers' comments were similar to those of families and adults with I/DD in that they thought there should be more housing options and that there is not enough housing available to meet the need. Providers echoed families and adults with I/DD regarding staffing challenges and reported that the lack of staff contributes to the shortage of options. They, too, expressed frustration with staff turnover, which they believe reflects both the difficulty of the work and the lack of adequate wages.

Providers offered more context to the question of the scale of housing needs. Providers were asked about the percentage of adults they work with who, in the provider's opinion, are satisfied with their living arrangements. Most respondents (53.3%) believed 50-75% of the people with whom they work are satisfied. One focus group participant said, "Most are satisfied because we are always working with them to fix any problems that arise or move them to a new situation if that is what they want." A little more than 15% said that less than 50% of the adults they worked with are satisfied with their housing.

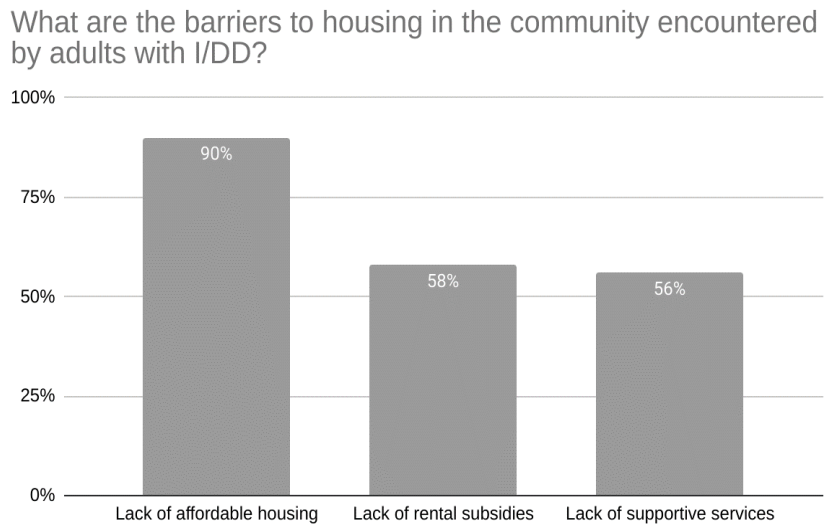


When asked what the barriers are for adults with I/DD to live in the housing option they would prefer, the top three responses were "there are not enough shared living providers," "it is hard to find shared living providers that will take adults with more complex needs," and "there are not enough behavioral support for those who need it."

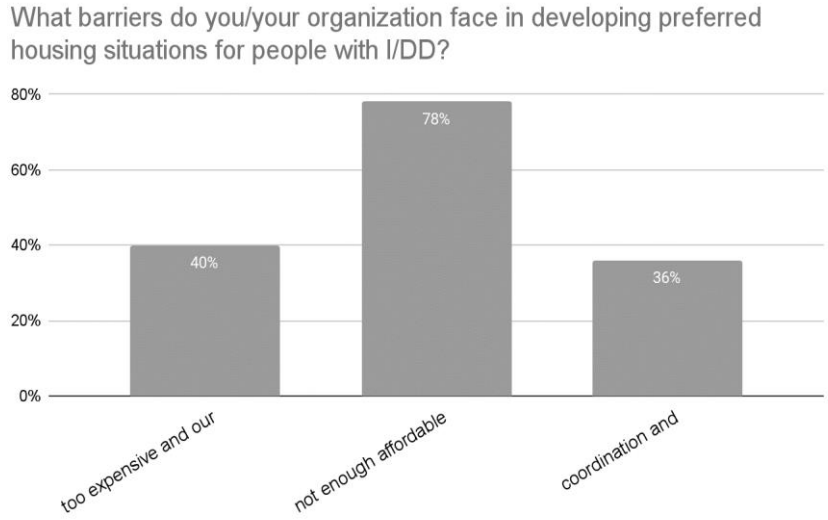
The providers were also asked about whether they thought that the adults they worked with would prefer and would be able to live in a more independent situation if it was available. Most providers thought 20% or less of the adults with whom they work would be able to and choose to live in a more independent setting. However, 28% thought that 20-50% of those they work with would choose a less restrictive living arrangement.



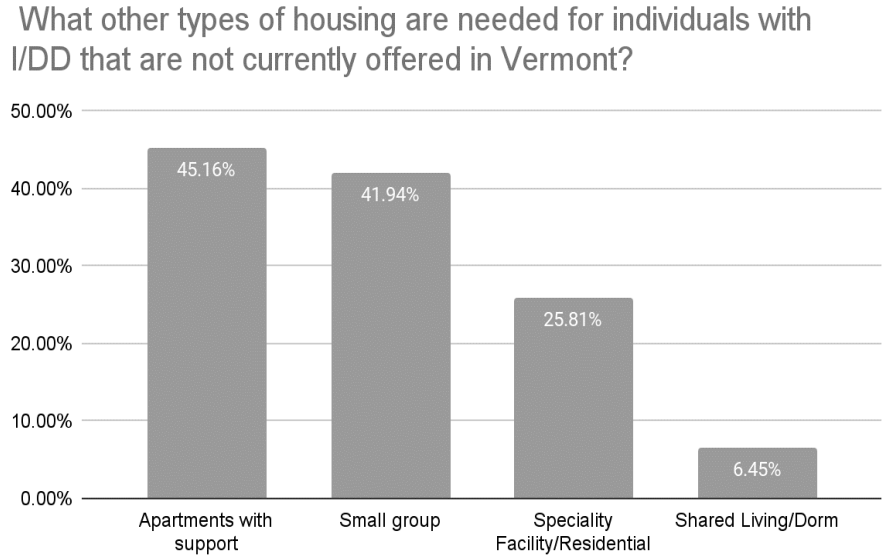
Providers were asked about the barriers that adults with I/DD face in seeking housing in the community. **Ninety percent identified the lack of affordable housing as the key barrier.** Providers also cited lack of rental subsidies and lack of support services as barriers for adults who want to live independently. According to one service provider via survey, "MORE SUPPORT IS NEEDED!!! Folks living in apartments are NOT receiving the support they need and therefore it is impossible to even consider helping others find their own places when (as an employee of the agency), I know they will not receive the proper supports. I know of someone who has ended up in the hospital multiple times this past year because they are receiving approximately 15 of their 70 funded hours." Many also noted that the apartments in their community are older and not accessible to adults with mobility issues.



When asked to name the top two barriers that agencies face to creating the kind of housing options adults with I/DD would prefer, most providers (78%) said "there is not enough affordable housing in the community." Forty percent said, "The options we would like to create are too expensive and our budget is flat." Thirty-six percent of providers also said, "The options we would like to create involve coordination and partnership with groups in the community like housing providers and others we don't have access to or don't have time to work with." Providers said that the affordable housing shortage also contributes to what they see as a shortage of shared living providers.



The survey concluded with an open-ended question about what other types of housing are needed here in Vermont for adults with I/DD. There were over 30 responses that fell into four general categories: Apartments with support or supervision, small group homes, specialty facilities for those whose needs are medically complex or are combined with mental health issues, and shared living with other people with I/DD ("like a dorm").



Shared Concerns Regarding Shared Living Placements

During interviews and focus groups, Shared Living brought up a lot of complex issues for adults with I/DD and for family caregivers. There seems to be a troubling power imbalance between residents and home providers that surfaces in many different ways, particularly when navigating conflicting interests. Most striking was a story where the parents interviewed shared that they felt like they had to take care of their son's shared living provider. "She was fragile, so we had to tread lightly…we always tried to balance the needs of our child with her needs."

The underlying concern here and in other comments, is that if the shared living provider is not happy, he/she will quit and the

family member with a disability will have to move. According to a different participant, "My brother was not treated the best…he gets punished a lot, and then he is not allowed to do certain things." An adult with IDD explained, "If they [the shared living provider] decided that didn't want to have anybody living with them anymore, then they would ask you to leave." This participant went on to say that "this is a problem for a number of people with disabilities…they get settled and then are asked to leave without a lot of notice."

In another example, a parent talked about how their son's shared living provider refused to learn his preferred communication method. Another family member described how shared living provider never learned sign language for a resident who is deaf. As one family member explained, there seems to be a "my house, my rules" sentiment among shared living providers. In another stark example, this family caregiver reported that a resident was not allowed to have sex while living in a shared living placement. A self-advocate who had lived in Shared Living said, "My shared living provider would go into my room when the door was closed to see if I was keeping it clean." Another self-advocate said, "there is no oversight in Shared Living. People need to be told the rules, have leases. There is nothing protecting adults with I/DD in the home of a shared living provider. The provider does not have to follow rules."

It should be noted that with every conversation about shared living providers, there were also positive stories. Interview subjects repeatedly stated that "when they work well, they work well," that shared living "works for some," and that "most are fantastic." The parents interviewed for this report were generally aware of and sympathetic toward the challenges that shared living providers face, particularly the low rate of pay. One caregiver said, "I would never want to do what they do." Still some families characterized the DDS system as "over reliant on shared living because it is cheap."

NOTES FROM THE AFFORDABLE HOUSING COMMUNITY

A very small sample of non-profit affordable housing providers and public housing authorities were surveyed regarding their experience housing adults with I/DD. All of the survey respondents (8) said they were already housing adults with I/DD. All said at least some portion of their units are accessible to those with mobility issues, and many said that they provide some type of support, either directly or through partnerships with providers, to help adults with I/DD. All reported that they help adults with I/DD with the application process, and most provide some level of service coordination to help tenants remain stably housed.

Importantly, half of the respondents (4) reported that they already provide housing "set asides," which is a key strategy used in other states to support the development of supportive housing; and all but one said that they would be willing to do this. In the comments, one respondent said they would be willing to "master lease" affordable units to their local designated agency. In this scenario, the master lease would give the agency control over who rents the units, as well as the responsibility of supporting those tenants.

SECTION III. EXISTING AND PROJECTED HOUSING NEEDS OF PEOPLE WITH I/DD

VERMONTERS WITH A DISABILITY

The American Community Survey (ACS) releases new data every year through a variety of data tables that can be accessed on-line.[20] The data breaks down the population by people with disabilities by race and by age. According to the ACS (2021), 87,986, or 13.8%, of all noninstitutionalized Vermonters have a disability. Of those, 82,151 are adults between the ages of 18-75+.

DISABILITY AND RACE

The ACS data breaks down disability by race and illustrates the disproportionate impact of disability on people in certain racial groups. Notably, Vermonters of color, especially American Indian and Alaska Native alone/Indigenous Vermonters have the highest rates of all Vermonters with any disability at 38.9%, which is almost three times the rate of disability for white Vermonters. Black Vermonters and Vermonters who identify as being two or more races have the second-highest rates at 14.1% and 14.8% respectively.

[20] See: https://www.census.gov/programs-surveys/acs/data.html

Total Civilian, Noninstitutionalized Population of Vermont by Race, Age and Disability, The American Community Survey (ACS) 2021

Total Civilian, Non-institutionalized Population	Total	With a Disability	Percent
	639,228	87,986	13.80%
RACE AND HISPANIC OR LATINO ORIGIN	Total	With a Disability	Percent with a Disability
White alone	582,453	81,028	13.90%
Black or African American alone	6,974	981	14.10%
American Indian and Alaska Native alone	1,234	490	39.70%
Asian alone	11,166	336	3.00%
Native Hawaiian and Other Pacific Islander alone	N	N	N
Some other race alone	4,488	285	6.40%
Two or more races	32,812	4,866	14.80%
White alone, not Hispanic or Latino	579,378	80,319	13.90%
Hispanic or Latino (of any race)	13,018	1,406	10.80%

The ACS data is limited in that it excludes people who are in institutions or unhoused,[21] including those who are incarcerated and/or homeless. This is

[21] As defined by United States Census Bureau, the Civilian Noninstitutionalized Population is the civilian population excluding persons residing in institutions. Such institutions consist primarily of nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities.

unfortunate as we know these groups tend to have high rates of poverty and disability, lack access to services, and need stable housing. However, we know from the 2020 ACS, that nationally an estimated 53% of people living in institutions (2,061,048 people), such as group homes and prisons, have a disability.[22] HUD's 2021 point-in-time count estimates that in 2020, 19% of individuals experiencing homelessness in the United States (110,528 people) were "chronically homeless," which means they have a disability and experience persistent homelessness.[23] Here in Vermont, according to the 2022 Point-In-Time count, there were 449 chronically homeless adults, up from 184 in 2020.[24]

National Estimates of People Living in Institutions and Those Experiencing Homelessness with a Disability in 2020

People living in institutions (including group homes and prisons) with a disability	53%
People experiencing homelessness with a disability	19%

It is understood that the number of people with I/DD is smaller than the number of people with disabilities as more broadly defined. However, because there is currently no precise data on the number of people with I/DD, the information provides useful context as we piece together an accurate count of adults with I/DD in Vermont, and importantly, count those who are generally left out because of their marginalized status.

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[22] Popkin, et. al. "People with Disabilities Living in the US Face Urgent Barriers to Housing." Urban Institute (2022). See: https://www.urban.org/sites/default/files/2022-10/People%20with%20Disabilities%20Living%20in%20the%20US%20Face%20Urgent%20Barriers%20to%20Housing_0.pdf

[23] Ibid.

[24] See: https://helpingtohousevt.org/wp-content/uploads/2022/05/2022-Vermont-Point-in-Time-Report.pdf.

VERMONTERS WITH AN INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITY

The ACS data does not break down the number of adults with disabilities into a subcategory for those with intellectual or developmental disabilities (I/DD). Therefore, the best way to estimate this population is through prevalence rates as applied to an entire population. However, prevalence scores vary widely because the research used to developed them draws on different data sets and definitions.[25] Therefore three prevalence rates have been applied to the total population of Vermont to provide a range of estimates for the number of adults with I/DD in Vermont.

The most commonly used prevalence rate is 8 per 1000 adults. This was developed 20 years ago by Larson and colleagues.[26] It is thought to be outdated and widely known to undercount the population. According to the Larson estimate (using the 2020 Census Bureau for Vermont's total population of 643,077), there are only 5113 Vermonters with I/DD. More recent research from a 2015 study of Medicaid recipients in Ohio determined the prevalence of I/DD to be 41 per 1000 adults.[27] The Ohio rate is considered better than the Larson score but still believed to represent an undercount. Using the Ohio prevalence rate, the number of Vermonters with I/DD is over 26,000.

[25] See: https://www.kunifoundation.org/wp-content/uploads/2020/09/ECONorthwestStudy.pdf

[26] Sheryl Larson, Charlie Lakin, Lynda Lahti Anderson, Nohoon Kwak, Jeoung Hak Lee, and Deborah Anderson," Prevalence of Mental Retardation and Developmental Disabilities: Estimates From the 1994/1995 National Health Interview Survey Disability Supplements," *American Journal of Mental Retardation* 106, no.3 (June 2001)

[27] RTI International, "2015 Ohio Medicaid Assessment Survey: Methodology Report." (Research Triangle Park, NC:RTI International, 2015), 2015 Ohio Medicaid Assessment Survey.

Estimated Number of Adults with I/DD in Vermont, by Prevalence Score		
Prevalence Rate	VT Population	I/DD Estimate
Larson		
0.008	643077	5145
Ohio		
0.041	643,077	26366
Vermont		
0.025	643,077	16077
*VT Population is based on 2020 Census Data		
**Vermont's estimate on 1.5% prevalence rate for intellectual disabilities and 1.0% for Pervasive Developmental Disorders		

The Vermont Department of Aging and Independent Living (DAIL) provides an estimate in its annual report based on a national prevalence rate of 1.5% for intellectual disability and 1.0% for Pervasive Developmental Disorders. Based on this calculation, DAIL estimates that 16,077 Vermonters have a developmental disability.[28] It should be noted that this estimate is constructed to correspond to how Vermont defines "developmental disability" for the purposes of receiving HCBS services through the DDS system. Some conditions that cause physical disabilities and are typically thought of as developmental disabilities – for example, cerebral palsy – are not captured by the estimate used in the DDSD Annual Report. Vermonters with these types of disabilities may receive HCBS but through the Choices for Care program.

Taken together, these assessments make up an imperfect estimate of the number of adults with I/DD in Vermont. Based on existing research, all of the estimates likely undercount the population, and the number of adults with I/DD in Vermont is most likely higher than all three estimates. In general, prevalence rates are insufficient, and additional work should be done to obtain more accurate data on the number of people with I/DD.

[28] Total population of Vermonters used in this calculation is 643,077 and based on 2020 Census Estimates.

ADULTS WITH I/DD RECEIVING HOME AND COMMUNITY-BASED SERVICES (HCBS) WHO ARE UNSTABLY HOUSED OR WOULD OTHERWISE BENEFIT FOR ADDITIONAL HOUSING OPTIONS

Home and Community-Based Services (HCBS) are comprehensive, long-term services and supports designed around the specific needs of a person and based on an individualized budget and person-centered plan. Adults with the most intensive needs are the most likely to be eligible for HCBS, according to DAIL's 2021 Annual Report.

The parameters set out in Act 186 specify that this brief identify housing needs among Vermonters with I/DD receiving HCBS, which is a small subset of all Vermonters with I/DD. Further, as noted above, we have interpreted Act 186 to have intended that this study align with people receiving their HCBS through Developmental Disabilities Services. In 2021, DAIL provided long-term support services to 3232 adults with I/DD. DAIL recognizes that based on their estimate of the population, 71% of Vermonters with developmental disabilities meet clinical eligibility criteria but do not receive services. If Vermont used the prevalence rate from the Ohio study cited above, DAIL would not be serving roughly 87% of the eligible population.

Given the research regarding the inaccuracies in how we count adults with I/DD, the health disparities among adults of color with disabilities, and the lack of access to services that we know exist for people of color,[29] it is highly recommended that going forward, the state reassess the way it estimates adults with I/DD among all Vermonters. Additionally, AHS should look at the housing needs of adults with I/DD who are additionally marginalized because they are people of color, unhoused, and/or incarcerated.

[29] Havercamp, Susan and Scott, Haleigh, "Race and Health Disparities in Adults with Intellectual Disabilities," Intellectual and Developmental Disabilities, 402 (2014). Summarize by Nisonger Center.

HOUSING NEED ESTIMATES BASED ON RESEARCH-BASED INDICATORS

The Corporation for Supportive Housing (CSH) has developed indicators that estimate the number of people with I/DD who could benefit from supportive housing. CSH developed separate indicators or "multipliers" to estimate the level of need among adults with I/DD living in different arrangements.[30]

Like the prevalence estimates, without better, more accurate data, these research-based indicators are the best tool available for understanding the scale of housing needs among adults with I/DD. It is limited in that it does not explain how many individuals may benefit from other types of housing. Specifically, it cannot tell us how many Vermonters would likely benefit from more group homes or from group homes with a specific programmatic focus like the use of American Sign Language. Additionally, it estimates housing needs for a population that varies widely in the types and levels of support services that are appropriate. The qualitative data in Section II of this report was collected to fill in gaps and shed additional light on housing needs.

CSH estimates a 10% need among adults with I/DD living with aging caregivers[31] and a 33% need among people living in groups or shared living arrangements with 24-hour support.[32] These indicators have been applied to data provided by the DAIL DDS Annual Report (2021) below.

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[30] See: https://www.csh.org/supportive-housing-101/data/#Need.

[31] These estimates were used and are documented in 2018, Statewide Strategic Framework for Expanding Housing Opportunities for People with Intellectual and Developmental Disabilities.

[32] https://www.csh.org/wp-content/uploads/2019/05/IDD_web.pdf

People with I/DD Receiving HCBS

Age Group	Lives with Family
Age 1 - 17	37
Age 18 - 21	131
Age 22 - 39	781
Age 40 - 59	173
Age 60+	34
TOTAL	1156

The report indicates that 1156 people receiving services live with family. If we assume that adults in the three oldest age brackets (aged 22-60+) have an aging caregiver and use the CSH housing need an indicator of 10% then roughly 99 people can benefit from supportive housing.

Age Group	Lives with Family	CSH Housing Need Rate Among People with I/DD Living with Aging Caregivers	Estimated Need for Permanent Supportive Housing
Age 22 - 39	781		
Age 40 - 59	173		
Age 60+	34		
Total	988	0.1	98.8
DAIL Annual Report 2021			

To determine the number of adults who could benefit from more independent, supportive housing, the CSH indicator of 33% was applied to the number of individuals reported by DAIL to be living in the following settings: Shared Living, Staffed Living, and Group Homes.

Individuals Living with 24-hour Paid Home Supports (June 30, 2021)			
Living Arrangement	Individuals Served	CSH rate of housing needs among I/DD living in congregate facilities	Estimated need for PSH
Shared Living	1368		
Staffed Living	74		
Group Homes	84		
Total	1526	33%	503.58

Current Living Arrangement	Estimated Housing Need
People living with Aging Caregivers	98.8
People living in Group Settings	503.58
Total Estimated Housing Need Among Individuals receiving HCBS Services	602.38

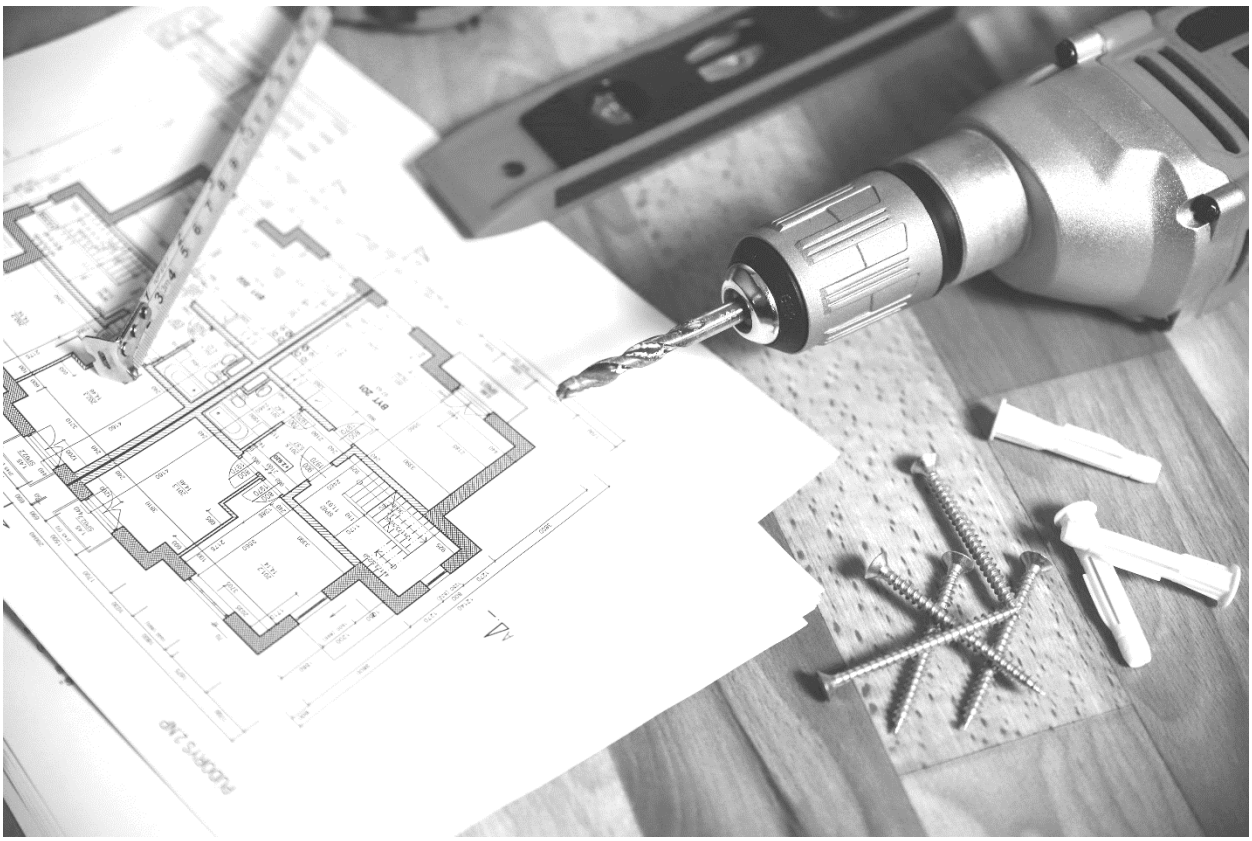
Based on the number of people receiving HCBS services reported by DAIL living in various settings, the CSH indicators estimate that just over 602 adults with IDD could benefit from supported housing.

Given these data are based on estimates of the population and within that, a subset of that population receiving services, it is safe to assume that creating/rehabbing 602 affordable and accessible units of housing will likely be a good start – but not the full answer -- to addressing the housing challenges faced by adults with I/DD.

SECTION IV. SERVICE-SUPPORTED HOUSING MODELS

HOW HOUSING MODELS WERE SELECTED FOR THIS REPORT

The requirement from the Vermont Developmental Disabilities Council described in their Request for Proposals (RFP) was that **"housing models selected for inclusion in the brief must be consistent with the Principles of Service for Vermont Developmental Services"** and that they **"must be consistent with the Home and Community-based Services Settings Rule as set out in the federal regulation 42 CFR Sec. 44.530."**



To meet these requirements, relevant research and evaluation data were sought online utilizing traditional web searches. In addition, prominent housing and disabilities researchers and advocates were asked directly for recommendations and suggestions for research and models. The Centers for Medicare and Medicaid Services (CMS) website was consulted for innovative and research-based practices for housing and long-term support for adults with I/DD. Families, self-advocates, and providers were also asked for their thoughts and suggestions on housing models during focus groups and via online surveys.

In the end, the CMS website provided the most promising resource for models that are consistent with the Principles of Service, the research, the needs and wants of adults with IDD, and the Medicaid Settings Rule. In an effort to advance its focus area of promoting Community Integration Through Long-Term Services and Support, the Medicaid Innovation Accelerator Program (IAP) offers technical assistance to State Medicaid agencies seeking to promote community integration through Medicaid Housing-Related Services Partnerships.[33] The states that were selected for technical assistance led to a number of models included in this report, specifically those from California, Connecticut, New Jersey, and Virginia. A number of strategies identified at the end of the report were also developed as a result of the CMS technical assistance initiative.

Other examples included were derived from material found on the Corporation for Supportive Housing (CSH) website (Wisconsin and Illinois), and from a report by the Urban Institute (California/the Kelsey).[34]

Cape Cod Village was a recommendation by the parent-led Developmental Disabilities Housing Initiative in their Housing Models Report, which was completed in April 2022.

Importantly, models were only included in the report if most of the project funding came from sustainable public sources. In all cases, public sources included state and federal funding via Medicaid HCBS Waiver for support services and state and federal resources for affordable housing,

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[33] See: https://www.medicaid.gov/resources-for-states/innovation-accelerator-program/program-areas/promoting-community-integration-through-long-term-services-and-supports/medicaid-housing-related-services-and-partnerships/index.html

[34] Popkin, et. al.

primarily the Low-Income Tax Credit (LIHTC) program. In some cases, private dollars were also tapped to help with capital expenses.

Finally, it should be noted that the selected models serve people with developmental disabilities as defined in the laws and regulations of the state of that residence. For this reason, some of the settings described serve a population that in the Vermont context would include people drawn from DDS and Choices for Care.

THE MEDICAID SETTINGS RULE

The final rule, which will be enforceable starting March 17, 2023, requires that all home and community-based settings meet certain qualifications. In order to receive Medicaid HCBS funds, services must be provided in a setting that:

- Is integrated in and supports full access to the greater community.
- Is selected by the individual from among setting options.
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit, including lockable doors, choice of roommates, and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.
- The setting is physically accessible.

Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the individual's person-centered service plan.[35]

HOUSING MODELS

Eight housing models are profiled in this section. Each profile includes a project overview, target population, housing description, description of support services, review of financing, lessons learned, and insight into the program's alignment with the CMS Settings Rule.

California	The Kelsey The Avenues Supportive Living Services
Connecticut	Intellectual Disabilities and Autism Spectrum Disorder Housing IDASH Program
Illinois	Illinois Supportive Living Program/Stonebridge
Massachusetts	Cape Cod Village
New Jersey	Project Freedom
Virginia	Virginia Department of Behavioral Health & Developmental Services (DBHDS)/The Arden
Wisconsin	Movin' Out

[35] See https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html.

CALIFORNIA

Name of the Organization and Project

Avenues Supportive Living Services (SLS), Valencia, CA[36]

Target population

Adults with intellectual and developmental disabilities. Over 60% of the people that Avenues SLS supports require 24/7 support due to their identified needs.

Model

Individualized, community-based pre-and post- tenancy supportive living services for adults with I/DD receiving HCBS.

Project Overview

Avenues SLS assists people by coordinating the support they need to live safely in their own homes, develop connections within their community, and choose the people and places they spend their time with. "The "Supported Living Services" that Avenues SLS provides look completely different for each person supported and are individualized based on each person's unique needs, skills, and preferences," according to their website.

Avenues SLS is not a landlord. It does not own any of the property that the people they support lease. Avenues SLS assists people to find and secure their own housing in the community. Avenues SLS does not supplement rent or mortgage payments for the people they serve. Each person is responsible for paying their share of the rent and utilities where they live.

[36] See: https://avenuessls.org/

Housing Description

The Avenues SLS supports people to find and access secure housing in their communities. Everyone is integrated within their communities. Everyone has their own room in the home where they live, and some have housemate/s who split the cost of rent and utilities. Avenues SLS does not provide services in any group/congregate settings or "facilities." The type of housing varies, with people living in apartments, mobile homes, houses, condos, etc.

Currently, Avenues SLS supports people in these living arrangements:

- 11 people live in a home that they own. (In most cases, families helped them to buy their home; in two cases individuals bought the home on their own)
- 1 person rents in a home owned by their roommate.
- 4 people have housing vouchers (1 portable).
- 2 people live in the homes where they grew up.
- 1 person is renting but looking to purchase a home with his roommate.
- 4 people rent apartments in long-term affordable housing.
- 1 person rents in an unsustainable situation in which over 90% of their income (SSI) is spent on rent. SLS is looking for more secure housing options, such as a voucher or other support to assist this individual.

Supportive Services Provided

Avenues SLS is primarily focused on assisting people to find and secure competitive integrated employment opportunities. Other services through Avenues SLS include, but are not limited to:

- budgeting and bill paying.
- building healthy community connections.
- correspondence with official agencies.
- purchasing skills.
- assistance with the recruitment, screening, hiring and supervision of personal attendants.
- community resource awareness.
- self-advocacy.
- positive behavior support.
- mobility training.

- adaptive social skills.
- use of leisure time.
- assistance with home modifications and vehicle modifications.
- assistive technology and communication devices, interpreters.
- marital and sexual relationships.
- parenting skills.
- training in the selection and use of interpersonal communication skills.
- 24-hour emergency assistance services.
- cultivating and maintaining friendships.
- crafting unique technology care and repair of durable equipment.

Avenues SLS also assists people in the coordination of their In-Home-Support-Services (IHSS) such as personal health and hygiene, household care and maintenance, bathing, dressing, grooming, and eating.

Financing

Capital Financing Sources

N/A

Operating Financing Sources

N/A

Services Financing Sources

Services are funded primarily by Medicaid through the California Department of Developmental Disabilities. Avenues SLS also assists each person to apply for generic resources such as In-Home-Support-Services, which most people served by Avenues SLS are eligible to receive as part of their support services.

Lessons Learned

According to Executive Director, Scott Shephard, "Affordable Housing remains a key issue, especially for adults with I/DD in order for them to continue living in the communities they may have grown up in. Unfortunately, in the North Los Angeles area, the LA City and LA County Housing Authorities have provided no access to housing vouchers for over 10 years, except for "emergency vouchers,"

where people must be homeless in order to qualify. Additional Federal monies are needed for housing vouchers (to assist with rent), especially in the greater LA area."

How does this measure up to the CMS Settings Rule?

Avenues SLS is not a provider-owned or operated setting, so this part of the settings rule does not apply. Avenues SLS assists people receiving HCBS to find housing consistent with CMS rules requiring community integration and choice.

CALIFORNIA

Name of Project / Project Developers

The Kelsey, Ayer Station, San Jose, CA and the Civic Center, San Francisco, CA[37]

Target population

Twenty-five percent of the units developed through The Kelsey will be dedicated to people with disabilities who use Medicaid-funded Home and Community-Based Services (HCBS). Tenants for these units will be referred from California's Department of Developmental Services Regional Centers.[38]

Model

Integrated, clustered supportive housing capped at 25% of the project for adults with I/DD receiving HCBS. Includes enhanced on-site services in the form of an Inclusion Concierge™.

Project Overview

The Kelsey is a unique organization with the goal of "Building opportunity through Inclusivity by pioneering disability-forward housing solutions that open doors to homes and opportunities for everyone." The organization is co-led by people with and without disabilities and champions the notion of Disability-forward Design, created in partnership with architects, designers, and self-advocates. The Kelsey operates in some of the most challenging housing markets in the United States and has partnered Mercy Housing,[39] an affordable and supportive housing provider to develop these projects.

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[37] See: https://thekelsey.org/

[38] See: https://www.dds.ca.gov/rc/

[39] See: https://www.mercyhousing.org/

Set to open later in 2023, the Civic Center will be a new building with 112 apartments located in downtown San Francisco. Ayer Station is a similar project located in San Jose, with a groundbreaking scheduled in 2023. Both buildings will be universally designed to be accessible for people with different disabilities, including physical, sensory, and cognitive disabilities. Twenty-five percent of the units will be dedicated to people with disabilities who use HCBS.

Both buildings will provide programming for all residents and neighbors with the goal of fostering a mutually supportive environment rooted in the ethos of interdependence and natural support networks. Two full-time Inclusion Concierges™ will help residents navigate their neighborhood, engage with their city, connect to programs and activities, and build community among residents of all abilities.

Housing Description

Our key informant interview focused primarily on the Kelsey's Civic Center project, which will have studios and 2-bedroom apartments and offer 100+ units of affordable housing. All units will be open to those who qualify at 20% - 80% of the area median income, creating a mixed-income community. The building will be close to public transportation.

The Civic Center will also have:

- Community rooms where people can meet together and participate in activities.
- A garden with plants that feel good to one or more of the five senses: sight, smell, sound, taste, and touch.
- 50 bicycle parking spaces.
- A physical space on the first floor of the building that will be open to the public.
- Two people working at the building who make sure that the building runs well, known as Property Managers.
- Two people working at the building, known as "Inclusion Concierges™".

Supportive Services Provided

Tenants with I/DD receive HCBS services through Medicaid. The building will also provide programming for all residents and neighbors with the goal of fostering a mutually supportive environment.

Before a tenant moves in, an Inclusion Concierge™ will meet with them to understand their needs and make sure they have everything they need for a successful transition, including connection to community-based services and functional supports. The two Inclusion Concierges™ and property management staff are trained in trauma-informed care, de-escalation techniques, and inclusivity. There is a strong alliance between property management staff and Inclusion Concierges™ to ensure tenants remain stably housed.

Tenant support needs

The Kelsey designs every unit and common space to be accessible to all. For instance, hallways are wider, and countertops and light switches are lower to accommodate people in wheelchairs. According to the Program Director, no detail has been overlooked with regard to design. They have created a manual, "Housing Design Standards for Accessibility and Inclusion,"[40] to equip developers, builders, and designers with guidelines and frameworks for disability-forward housing creation.

Financing

Capital Financing Sources

The Kelsey is a $75 million project primarily funded by public sources such as the Low-Income Housing Tax Credit and project-based rental assistance from HUD's 811 Program. The project also received about $2.5 million dollars in "gap" funding from philanthropic sources.

Operating Financing Sources

Tenant-based and project-based federal and state subsidies.

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[40] See: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://thekelsey.org/wp-content/uploads/2022/08/TKHousingDesignStandards_070522.pdf

Services Financing Sources

Tenants with disabilities receive services through California's Medicaid-funded HCBS program. The two full-time Inclusion Concierges™ cost roughly $200,000 per year and the cost is built into the annual operating budget.

Lessons Learned

The Kelsey's projects are still in development.

How does this measure up to the Settings Rule?

This is a mixed setting where people with disabilities live alongside people without disabilities, so it aligns well with the CMS Rule. HCBS and the additional support of the Inclusion Concierges™ should ensure meaningful integration both among the tenants and in the broader community. Since individuals with disabilities lease their own units, provisions for provider-controlled settings do not apply.

CONNECTICUT

Name of the Organization and Projects:

Regan Development Corporation, Bear Woods in Canton, CT and Lavender Fields in Bloomfield, CT.[41]

Target population

Adults receiving HCBS services with varying degrees of support needs. According to a spokesperson at the Connecticut Department of Developmental Services, tenants with higher needs, as well as those with moderate needs, are doing well in their own apartments supported by their service providers and the community in the building.

Model

Integrated, clustered supportive housing capped at 25% of the project for adults with I/DD receiving HCBS. Includes on-site staff member to support tenants with I/DD.

Project Overview

Tenants reside in affordable apartments within a larger building. Twenty-five percent of the units in the building are intentionally rented to individuals with I/DD, creating a community within a traditional apartment building where other tenants without disabilities also live. Efforts are made to place people with I/DD on the same floor if desired.

This is a partnership with the Regan Development Corporation, which uses Low-Income Tax Credits to develop affordable apartment buildings in several states. Tenant rental subsidies are provided by the State of Connecticut.

[41] For a description of Lavender Fields in the *CT Insider*, see "New Bloomfield supportive housing complex could become model to replace group homes in CT (July 30, 2022). See: https://www.ctinsider.com/hartford/article/New-Bloomfield-supportive-housing-complex-could-17340198.php

The CT Department of Disability Services (DDS) commits service funds to create integrated permanent supportive housing. A service provider is on-site in the building to provide services to tenants with I/DD. Tenants receive services specified by their clinical assessment. Services are not static, and the apartments are designed for expected changes to the tenants' support and medical needs. Units are accessible and many are outfitted with assistive technology and remote supports.

Housing Description

Lavender Fields is 38-unit, two story apartment building with nine units set aside for people with disabilities. Accessible apartments are designed to "foster independence for people with IDD, allowing lives in a less restrictive setting than might otherwise be possible." Features include automatic door openers, wider halls, and hard surface LVT plank flooring, as well as wheelchair accessible kitchens and bathrooms. These apartments also contain cutting edge "smart home" technology, including enhanced communications and video, lighting control, and climate control.

Bear Woods is a 40-unit, three-story building with 10 units set aside for people with I/DD and design features similar to its sister project, Lavender Fields. It includes on floor laundry rooms, a community room, and a patio for all residents, as well as enhanced common rooms for educational and vocational programs for residents with IDD. As apartments in affordable housing developments, the units are leased, and the residents have full rights of tenancy. The population includes adults and families with and without disabilities.

Supportive Services Provided

A service provider is on-site in the building to provide services to tenants with I/DD if desired. Tenants also receive services specified by their clinical assessment provided but their regular disability services provider. Services are not static, and the apartments is designed to accommodate changes in the tenant's support and medical needs.

Financing:

Capital Financing

Low-Income Tax Credits, Project-based Rental Assistance.

Operating Financing

Connecticut Rental Assistance Program (RAP)[42]

Services Financing

Connecticut Developmental Disability Services commits service funds through Medicaid HCBS programs. The services are based on the eligible individual's assessed level of need and the associated authorized funding and service unit caps. The average cost per individual is roughly $40,000. In-home supports cost $30,000 and people in this type of setting get a backup that costs an additional $10,000.

Lesson Learned/Creative Funding Strategy

Connecticut expanded its permanent supportive housing program to include IDASH (Intellectual Disabilities and Autism Spectrum Disorder Housing).[43] This is seen as a critical first step towards system transformation and full compliance with the CMS Settings Rule requiring HCBS to be provided in the most integrated setting with the same access to community life as any other non-disabled person.[44]

To create the new model of affordable supportive housing in CT, $20M was allocated in capital funds for development, as well as some funds for service and rental assistance. The program integrates affordable, supportive housing units in larger developments. Disability Service providers apply jointly with owners of either existing affordable rental developments or developers of proposed new affordable multifamily rental developments.

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[42] See: https://portal.ct.gov/DOH/DOH/Programs/Rental-Assistance-Program

[43] See: https://portal.ct.gov/DDS/Media/Latest-News-2016/Intellectual-Disabilities-and-Autism-Spectrum-Disorder-Housing-IDASH-Program

[44] For additional planned locations, see: Expansion of Supportive Housing for people with I/DD in Connecticut.

"The Department of Housing and the Interagency group has experience in project-based supportive housing and helped Connecticut DDS understand how to access resources to allow for sustainable modest growth with no capital investment from DDS," explained Josh Scalora, from Connecticut's DDS. "We do need to pay for services and rental assistance, but we are able to offer some people the option of integrated supportive housing in new developments with desired design features, safety measures, and flexible supports."

How does this measure up to the Settings Rule?

Tenants are integrated into buildings with non-disabled tenants. Tenants can opt-in to support services on-site and still receive services from their Medicaid-funded developmental services provider, so it seems to align with the "choice of provider" mandate.

ILLINOIS

Name of the Organization and Project

Illinois Supportive Living Program (SLP), Stonebridge, Guernee, IL[45]

Target Population

People with physical disabilities, as well as individuals with a primary mental health diagnosis. Several tenants at Stonebridge have developmental disabilities.

As described by the Executive Director of Stonebridge, tenants are individuals who would otherwise be in a nursing home. Their support needs lie along a continuum. Those with lower support need could "not quite live in an apartment on their own" and they may not be able to cook independently. Tenants in the middle of the continuum may need supervision in the shower. Tenants with higher support needs need "complete care" including assistance getting in and out of bed, using the bathroom, and dressing. However, once they have the help they need to prepare for the day, the Director said, residents with higher support needs are mobile in a wheelchair and do anything they want in the building, in their apartment, or out in the community.

No one on staff speaks sign language, and Stonebridge does have tenants with communication differences who uses sign.

Model

Affordable housing in which 100% of the units are dedicated to adults with disabilities. Individuals have their own apartment and sign leases. The shared eating area and nursing staff set this project apart from traditional affordable housing.

[45] See: https://stonebridge-slf.com/what-is-slf/

Project Overview

Illinois developed the Supportive Living Program (SLP)[46] as an alternative to nursing home care for low-income older persons and persons with physical disabilities who are supported by Medicaid-funded HCBS. By offering personal care and other services, tenants can live independently and take part in decision-making. Personal choice, dignity, privacy, and individuality are emphasized. The SLP has been available in Illinois for 15 years and Stonebridge, which was opened in 2018, is the newest property.

The Supportive Living Program is overseen by the Illinois Department of Healthcare and Family Services. Stonebridge apartments provide a level of care described by the Executive Director as "somewhere between a skilled nursing facility and independent living."

Housing Description

Each tenant has their own apartment and is screened by the state developmental services agency for eligibility and referral. Tenants sign a traditional one-year lease.

There are two bus stops within a quarter mile and the apartment building is two miles away from a major shopping area. Tenants come and go as they choose. Tenants do have a sign-in sheet at the front desk for safety purposes. Tenants can have visitors whenever they want, and the visitors can stay as long as they want.

Apartments come with internet, cable, and a phone. Stonebridge also provides three meals a day, served restaurant style. Tenants also have kitchens in their apartments and can choose to make their own meals.

Support Services

Certified Nurse Aides (CNAs) help tenants with Activities of Daily Living (ADLs) and are available 24 hours a day. If needed, the nurse aides help tenants get in and out of bed, get dressed, and shower. CNAs also help tenants maintain the cleanliness of the apartment and support them to do their laundry. CNAs provide medication reminders, but they do not dispense medication. All

[46] See: https://www2.illinois.gov/hfs/MedicalPrograms/slf/Pages/ResidentFactSheet.aspx

tenants keep their medications in their room; for some it may be stored in a locked box.

The staff-to-tenant ratio is seven to three or four CNAs for 120 tenants during the day. Each tenant also has a life alert pendant or life lock they can pull when they need help. Nurse aides are available 24/7. Two Licensed Practical Nurses (LPNs) are available during the day between 9-5 and there is a Registered Nurse (RN) who oversees the nursing staff. Most supportive services are focused on medical needs and activities of daily living. According to the Executive Director, there are no social workers or support staff on site to coordinate supports like transportation or mental health services. However, some administrators will help tenants connect with these services if needed.

Financing:

Capital Financing Sources

This is a Low-Income Tax Credit funded project which keeps rents low.

Operating Financing Sources

Tenants pay a personal share of their rent based on their income from SSI, SSDI, or Social Security retirement benefits. Each tenant keeps $90.00 of their check each month for living expenses as mandated by the State of Illinois. Medicaid pays the majority of operating expenses.

Service Financing Sources

Medicaid waiver services cover roughly 75% of the service expenses at Stonebridge, while tenant rent pays for the other 25%. Medicaid funds staff, food, and building maintenance costs.[47]

Lessons Learned

The concentration of vulnerable people in one building is very challenging for staff and the project Executive Director reports that the police are called regularly. The Executive Director believes the State of Illinois will no longer issue new licenses for the Supportive Living Program model because the intensity of need among such a large number of

[47] Tenants have a Long Term Care waiver through IL Health and Family Services that pays approximately $108/day towards their cost of living at Stonebridge including the cost of food.

tenants has weakened the effectiveness of the model. According to the Executive Director, "This is a very difficult population. There is a lot of drug addiction and alcoholism as well as mental health-related behavioral issues." There is a high turnover rate among staff and management.

How does this measure up to the Medicaid Settings Rule?

All 160 units are designated for people with physical and mental disabilities which results in a highly segregated living environment. For this reason, this setting seems to fall into housing CMS presumes not to be a home or community-based setting per their final settings rule, specifically, "any other setting that has the effect of discouraging integration of individuals from the broader community…"[48]

[48] See: https://www.medicaid.gov/sites/default/files/2019-12/hcbs-setting-fact-sheet.pdf

MASSACHUSETTS

Name of the Organization and Project

Cape Cod Village (CCV), Orleans, MA[49]

Target population

Cape Cod Village is designed for adults with Autism Spectrum Disorder (ASD). The adults typically need a higher level of support. Their placement at CCV is a decision made by the State in consultation with the provider agency. Some residents require 24/7 support and awake-overnight staff.

Model

Small congregate setting with a community center operating as a licensed group home for adults with autism.

Project Overview

The mission of Cape Cod Village (CCV) is "to meet the ongoing residential and community living needs of adults on the autism spectrum." CCV is a community for adults with autism on a four-acre parcel of land in the Village Center of Orleans, Massachusetts. The project is licensed by the Executive Office of Health and Human Services (EOHHS) of the Commonwealth of Massachusetts. At full capacity CCV can serve 16 adults. However, it has only ever served four residents because of difficulty finding staff.[50]

[49] See: https://www.capecodvillage.org/

[50] *The Province Town Independent,* "Cape Cod Village Operates at Half Capacity" (May 18, 2022). It is noted that "half capacity" would be eight residents, which is incorrect based on an interview with the Board President. See: https://provincetownindependent.org/news/health/2022/05/18.

Housing Description

This is a licensed group home in which duplexes are joined together to create shared apartments with individual bedrooms, shared bathrooms, and common spaces for 16 adults. There are four houses, and the Village includes a walking trail and a 3,500-square-foot resource center with offices, recreation rooms, and a basketball court. CCV is the landlord and partners with a service provider that bills Medicaid to serve the adults living there. The residents do not have leases.

CCV Board President Chris Raber said that the business model is functional because the tenants all have a rich array of Medicaid-supported services and rent is based on the resident's SSI income.

Support Services

CCV partners with the North East Educational and Developmental Support Center (NEEDS)[51] to provide Medicaid-funded support services. Based in Andover, MA, NEEDS contracts with the Massachusetts Department of Developmental Disabilities to operates 16 group residences, including CCV. Each group residence has a dedicated Program Coordinator and features 24-hour per-day staffing.

Financing

Capital Financing Sources

CCV is primarily publicly funded through a mix of state development loans/grants, USDA Grant/Loan, and a number of local town contributions. According to CCV, the local commitment to provide funding to the project is what persuaded the state to also provide capital grants/loans. CCV's recent 990 tax forms indicate that significant private contributions have also supported the development of this project.

Operating Financing Sources

Funding for CCV comes from the Low-Income Housing Tax Credit (LIHTC) program which keeps rents low. Residents make monthly rent contributions through the service provider who acts as the resident's rep payee. Rent is paid for out of tenants Social Security Income (SSI).

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[51] See: https://needsctr.org/

Services Financing Sources

NEEDS provides services based on individual resident's needs paid for by the State and reimbursed by Medicaid.

Lessons Learned

The CCV community center was developed in conjunction with the property with the vision of being a space for community groups and residents to interact. However, due to COVID it has been difficult to get groups to come onto the campus. When asked how adults at CCV access the larger community beyond community events at the community center, CCV said that transportation and ensuring resident community integration is a function of the service provider.[52]

How does this model measure up to the CMS Settings Rule?

Under the CMS Setting Rule, CCV is likely to be identified for "heightened scrutiny." This means that in order to continue to receive Medicaid HCBS funds for services at this location, CCV must demonstrate that it facilitates community integration. The presence of a community center on the campus in and of itself is unlikely to meet the requirement that residents have access to the local community.

In addition, CCV works with one service provider, NEEDS, which may raise questions about whether residents have sufficient choice of provider. Additional requirements for provider owned or controlled HCBS settings, such as having a lease and access to food and visitors at any time, would also apply to CCV.

[52] NEEDS, which is the service provider, could not be reached to explain further.

NEW JERSEY

Name of Organization and Project

Project Freedom, Hamilton Woods, Hamilton, NJ[53]

Target Population

Adults with developmental disabilities and adults with mental health conditions who receive Medicaid-funded HCBS. [There are 10 residents with I/DD and 8 with mental health conditions]. According to the Program Director, "The individuals at our properties have a wide range of abilities, some with physical disabilities, some with intellectual disabilities, some with mental health issues, or all of the above. Tenants must be able to live in independent housing with support, which is provided by the state-funded service providers."

Model

Integrated, clustered supportive housing capped at 25% of the project for adults with I/DD and adults with mental health conditions receiving Medicaid-funded HCBS.

Project Overview

Project Freedom is a non-profit organization that develops and operates barrier-free housing to enable individuals with disabilities to live independently. Hamilton Woods is their eleventh and most recent development. It features a 72-unit project that is divided among four, three-story buildings. Twenty-five percent or 18 units are designated for households with disabilities (either developmental or mental health). Seventy-five percent or 54 units are traditional affordable housing for anyone with or without disabilities who meets the income requirements, which target households below 60% of the area median income.

[53] See: https://www.projectfreedom.org/

Over the last decade, NJ has moved toward an integrated housing approach for people with disabilities. Units designated for people with disabilities are typically limited to 25% of the building. All tenants sign leases, and all tenants with disabilities have a rental subsidy and do not pay more than 30% of their income in rent. The service providers and the state Department of Health work together to move tenants into the units. Project Freedom is both the developer and landlord and is responsible for ensuring all of the tenants meet income qualifications.

Housing Description

Still under construction, each apartment in Hamilton Woods is designed with private entrances in front, and all units will be either barrier-free or adaptable to be accessible for people using wheelchairs. The buildings will have elevators and central heat/air conditioning that incorporate Energy Star-designed features as well as being LEEDs compliant. Each floor will have a laundry room. The apartments have one to three bedrooms. Six of the tenants with I/DD will share space in two-bedroom units, and four tenants with I/DD will live alone in one-bedroom units.

Located in the designated "Center City" area of Hamilton, the project is within walking distance of two shopping centers, banks, convenience stores, and a grocery store. The Hamilton Library and Police Headquarters are across the street with a Capital Health System medical complex, the Hamilton YMCA Main Branch, and another office complex of medical offices down the block.

Supportive Services Provided

Tenants with Developmental Disabilities choose their own Medicaid-funded HCBS service provider, according to their individual needs. Project Freedom does not provide support services.

Financing

Capital Financing Sources

Project Freedom has provided a snapshot of the capital budget for Hamilton Woods.

Hamilton Woods Financing	
Source	Amount
Low Income Housing Tax Credits	$13,948,605
NJ Housing Mortgage Finance Agency (HMFA) Special Needs Housing Trust Fund (HTF)	$1,270,093
Township Affordable (HTF)	$350,000
Mercer County HOME	$500,000
HMFA Perm Loan	$5,097,474
TOTAL	$21,166,172
Sources also include an $11M construction loan, paid back with Low Income Housing Tax Credit equity.	

Operating Financing

The 18 supportive housing units have project-based operating subsidy/ rental vouchers. Some of the tenants also receive HUD Housing Choice vouchers.

Services Financing Sources

Service providers obtain their own financing. Each tenant with disabilities also has their own HCBS service budget.

Lessons Learned

Hamilton Woods demonstrates that individuals with I/DD and housing support through Section 811 vouchers can successfully share an apartment, a approach Vermonter self-advocates expressed interest in.

How does this measure up to the Medicaid Settings Rule?

Hamilton Woods appears to be fully aligned with the Settings Rule: Tenants have leases, a choice of providers, and easy access to the community. The units occupied by people with I/DD and other disabilities are well-integrated into a traditional affordable housing complex.

VIRGINIA

Name of Project

Virginia Department of Behavioral Health & Developmental Services (DBHDS), The Arden, Arlington, VA[54] and the State Rental Assistance Program (SRAP)[55]

Target Population

Individuals with I/DD who receive or are eligible for Medicaid-funded HCBS, including people moving out of institutional settings like the state training centers or nursing homes. Tenants at the Arden have a range of support needs, as do those served by SRAP. They can have a live-in aide in a two-bedroom apartment and/or have support service providers come to their home.

Model

The Arden: Clustered, single-site permanent supportive housing (PSH) with pre- and post-tenancy supports for people with I/DD.
SRAP: Scattered-site Permanent Supportive Housing (PSH) with pre- and post-tenancy supports for people with I/DD.

Project Overview

In 2011, the US Department of Justice concluded that the Commonwealth of Virginia was failing to provide services to individuals with I/DD in the most integrated setting appropriate to their needs as required by the US Supreme Court Olmstead ruling. A Settlement Agreement[56] was reached which determined that Virginia had to develop more integrated housing options for residents with I/DD, specifically: (1) individuals currently residing at any of the

[54] See: https://www.livethearden.com/

[55] See: https://dbhds.virginia.gov/developmental-services/housing/state-rental-assistance-program/

[56] See: Settlement Agreement.

Commonwealth's training centers; (2) individuals that wait lists; and (3) individuals who currently reside in a nursing home of Intermediate Care Facility.

Virginia has responded in several ways.

Clustered Permanent Supportive Housing (PSH) is a model in which a subset of units in traditional apartment buildings are set aside for people with I/DD. Virginia's latest example of this is The Arden, which is a brand-new apartment building in Alexandria, Virginia.

Virginia also created a State Rental Assistance Program (SRAP) to serve adults with developmental disabilities through scattered-site permanent supportive housing. The SRAP is modeled after the Housing Choice Voucher program and is administered in various geographic areas through a Memorandum of Agreement with Public Housing Agencies. SRAP started as a pilot program and now funds permanent rental assistance for 1000 adults with I/DD statewide.

Housing Description

The Arden is an example of a property constructed with Low Income Housing Tax Credits that has a first leasing preference for a subset of units for people with serious mental illness (SMI) and for people with I/DD. The building has 126 apartments, as well as a number of shared spaces for tenants to congregate. For example, tenants can participate in activities in the community room, exercise in the fitness center, or enjoy the outdoor courtyard. All units and common spaces incorporate universal design elements.

Individuals using SRAP have the opportunity to choose where they live and with whom they live in private market rental housing that meets their needs. The primary difference between SRAP and other rental assistance programs is that SRAP has been designed to allow populations covered by the Settlement Agreement to bypass waiting lists for housing vouchers.

Support Services Provided

Tenants with I/DD at the Arden or using SRAP have Medicaid-funded HCBS services. To promote housing stability, Virginia has also invested in supplemental services.

At the Arden, for example, on-site services are designed through a partnership with a private provider. These activities could be the same or different from the Medicaid-funded HCBS services that the State already provides individual residents. According to the Housing Services Manager at the Department of Behavioral Health & Developmental Services (DBHDS), "There definitely needs to be good planning and communication on who is doing which activities, so the system isn't paying for and duplicating services." She also added, "However it does allow for more intense supports and backups for when one of the other entities experiences capacity issues."

In addition to the traditional package of HCBS, Virginia also offers pre- and post-tenancy services delivered by a Community Housing Guide (CHG)[57] and funded by Medicaid. The CHG provides direct assistance to promote self-determination through brokering community resources that lead to connections and independent participation in integrated, independent housing. The CHG service is an intense, short term or periodically intermittent service. A CHG can help individuals search for available rentals, take them to visit apartments, and assist them with the rental application process. In addition, the CHG provides education around how to be a good tenant/neighbor, understanding the lease and its obligations, paying rent on time, setting up utilities, etc. CHGs can assist with activities such as providing an overview of how to use appliances, taking a tour of the community, finding the laundry room, or finding a nearby pharmacy. CHGs can also help individuals with resolving problems with a landlord or neighbor.

Financing

Capital Financing Sources

Clustered, single-site Permanent Supportive Housing is developed in partnership with the Virginia State Housing Finance Agency and housing developers to create a "set-aside" of apartments in new affordable housing developments funded with Low-Income Housing Tax Credits (LIHTC), like the Arden. Project-based SRAP provides additional capital resources as well as ongoing rental assistance to tenants with I/DD.

[57] See: https://dbhds.virginia.gov/developmental-services/housing/resources-for-community-housing-guides/

Operating Financing Sources

In the scattered-site PSH model, individuals with I/DD use tenant-based rental assistance to lease market-rate apartments in the community. Tenants use the SRAP or HUD-funded tenant-based rental assistance for which people with I/DD have a preference (see "Other Housing Supports") to make the apartments affordable. Tenants pay no more than 30% of their income in rent.

Services Financing Sources

Medicaid HCBS Waiver funds any services for which the tenant is eligible. The Community Housing Guide position mentioned above is also funded by Medicaid. However, the Virginia Department of Behavioral Health and Developmental Services funds supportive housing case managers who work with tenants and have offices inside buildings like the Arden. Importantly, this position is different than a resident service coordinator sometimes found in affordable housing. The PSH Case Manager is usually a clinician, a nurse, or a licensed social worker and provides intense services to tenants with behavioral health issues and/or I/DD.

Other Housing Supports Provided

Virginia has also made a Flexible Funding[58] available to help people included in the settlement agreement to transition or maintain their own home in the community. These funds can be used for things like paying for a security deposit, utility connection fees and deposits, moving expenses, and reasonable and essential fixture and furniture purchases. They can also support environmental modifications or assistive technology improvements that are not already covered by HCBS funds. Temporary support staffing to assist eligible individuals with becoming acclimated to their new housing, emergency rent payments, and late fee assistance are also eligible expenses. Flexible funds cannot be used to transition to or to sustain a tenancy in a non-independent setting such as a nursing home, a licensed setting like a group home, or to reside with a parent, grandparent, or legal guardian.

[58] See: Flexible Funding Flier.

Lessons Learned

Under Virginia's Settlement Agreement, the State must ensure that the targeted populations have a choice of provider. For this reason, most HCBS recipients with I/DD are served through tenant-based rental subsidies in scatter-site settings through SRAP. The Arden is unique in that it serves both people with I/DD and mental health conditions. This allows the State to offer on-site providers who are specific to the setting, alongside individualized HCBS services for qualifying tenants.

How does this measure up to the Medicaid Settings Rule?

Tenants served in either clustered or scatter-site housing for people with I/DD in Virginia have leases and full access to the community. They can choose their HCBS provider. However, supplemental services attached to a building like The Arden may be restricted to the contracted provider, which limits choice. This is permissible because the supplemental services are optional.

WISCONSIN

Name of the Organization and Project

Movin' Out, Inc., Madison, WI[59]

Target population

Households that are income-qualified for affordable housing (low to moderate income) and include a person who has a permanent disability of any kind (intellectual, physical, or mental health). The individuals served have a wide range of disabilities and support needs. The Executive Director cited examples where very high-need adults required fewer and fewer supportive services the longer they lived in their home. She said that "time and time again, we see having the opportunity to live on their own, improves tenants' ability to function and live independently."

Model

A multi-service, non-profit housing organization that provides people with disabilities with creative solutions to the challenges of finding and sustaining permanent, supported housing including home ownership. Movin' Out develops and/or rehabilitates some sites, and also assists clients with finding affordable, accessible units on the open market.

Project Overview

Movin' Out is a non-profit affordable housing developer with a mission to advance disability justice by co-creating safe, affordable, community-integrated homes.[60] The organization was founded 30 years ago by parents whose mission was to ensure integration and self-determination for their adult son or daughter with developmental disabilities.

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[59] See: https://www.movin-out.org/

[60] See Movin' Out's website for links explaining how the organization understands disability justice, co-creation, and community integration.

Movin' Out owns and oversees the management of hundreds of units of accessible and affordable housing that are integrated into ordinary neighborhoods in communities throughout Wisconsin. It also rehabilitates units and develops affordable housing, with no more than 25% of the units set aside for people with disabilities.

Movin' Out does not provide HCBS services directly to tenants but "partners with a whole eco-system of service providers and managed care organizations that support long-term services for people with disabilities," according to their Executive Director.

Housing Description

Movin' Out connects people with I/DD to accessible rental apartment, houses, duplexes, or condos, or to home ownership. Movin' Out works with tenants and service providers before they move in to adapt units to account for what tenants want and need from their new home, even when the tenant has substantial support needs. They also will make modifications so that as people with developmental disabilities age and their needs change, the apartment can continue to accommodate them. Tenants have traditional leases in rental units and most pay 30% of their income in rent.

Supportive Services Provided

The tenant typically comes to the unit already receiving services through Medicaid. Movin' Out coordinates and collaborates with a number of state systems and providers to ensure tenants have sufficient services. It does not work with any one particular service provider so that tenants have choices and don't have to move out when their service provider changes.

In some cases, Movin' Out hires a resident coordinator who serves as the liaison between the tenant, the landlord, and the property manager and facilitates effective communication among all parties to ensure tenants can live stably and permanently in their unit for as long as they want.

Financing

Capital Financing Sources

Low-Income Housing Tax Credits, Federal Housing Programs such as HOME, Federal Home Loan Program, and other state development sources.

Operating Financing Sources

Rental Housing Subsidies such as HUD's Mainstream Housing 811 Program.

Services Financing Sources

Tenants receive HCBS funded by Medicaid.

Lessons Learned

Movin' Out does a lot of upfront work prior to developing a property in order to ensure that their tenants have the services they need. The Executive Director said, "In a more remote location, this may mean that Movin' Out has to identify and work with service providers from different geographic locations that will travel to work with tenants." She continued, "In these more rural locations, Movin' Out depends on their trusted relationships with providers to offer services to tenants until additional capacity is built in the area."

Movin' Out also demonstrates that home ownership can be a solution for people with disabilities.

How does this measure up to the Settings Rule

Individuals who are assisted by Movin' Out live in settings fully aligned with the CMS Settings Rule: Tenants have leases, a choice of providers, and easy access to the community. As a dispersed housing model, people served by Movin' Out are integrated into the community.

SECTION V. FINDINGS AND RECOMMENDATIONS

The following recommendations are supported by the Vermont Developmental Disabilities Council and Green Mountain Self-Advocates. They are based on the findings in this report and on the extensive experience that these organization have with people with I/DD and their family members. Special thanks go to the consultant who developed this report, Alison Harte, for bringing her expertise and knowledge of public funding for housing.

KEY FINDINGS

Across the board, self-advocates, family members, and providers agree that Vermont needs more housing options for recipients of HCBS who have an intellectual and/or developmental disability. These options need to be affordable, accessible, and connected to transportation. At a minimum, at least 600 units of permanent supportive housing are needed.

Permanent supportive housing is a model used widely by other states. It can be configured is a variety of ways, clustered or scattered, with on-site staff or not. It aligns with the CMS Settings Rule and is associated with positive outcomes like community integration and choice. As demonstrated by some of the programs reviewed in this report, with the right supports a wide range of adults, including those with significant support needs, can live in supportive housing. When clustered in a single site, permanent supportive housing projects typically cap the number of units designated for people with disabilities at 25%.

As illustrated by Movin' Out (Wisconsin), the Arc (Connecticut), and Avenues Supportive Living Services (California), states, and the people with I/DD that they support, benefit from having an entity with dual expertise in both disability and housing. Vermont does not currently have such an organization.

RECOMMENDATIONS

Data and Equity

- The State should develop better ways of understanding the number of and needs of Vermonters with I/DD. This effort should include looking across systems that serve vulnerable adults such as the Department of Mental Health, Corrections, Children and Family Services, etc. As a complement to this study, the State should assess the need for permanent supportive housing for adults under the age of 65 who receive HCBS through the Choices for Care program.
- The State should expand the scope of its housing efforts to address the needs of adults with I/DD who may not currently be getting HCBS services. Vermont census data demonstrates that more marginalized groups like Indigenous people and people of color have higher rates of disability. We know from the research that people of color typically have lower incomes and less access to quality healthcare. Therefore, their housing needs should also be taken into consideration.

Supportive Housing

- Like Virginia and Connecticut, add language to Vermont's Qualified Allocation Plan (QAP) that includes adults with I/DD among the state's priorities for awarding federal tax credits to housing properties. The QAP is a critical driver in housing policy. Developers receive extra points toward tax credits when they build new units that align with the priorities set forth by the QAP.
- Provide incentives for developers to increase the share of newly constructed and rehabilitated rental units that meet accessibility and Universal Design standards and are made available on a preferential basis to adults with I/DD.

- Work with Vermont Public Housing Authorities to create preferences for adults with I/DD within the HUD 811 program. The 811 program was specifically created by the federal government for adults with disabilities under the age of 65. Guidance encourages states developing HUD 811 programs to build a partnership with their agency of health and human service to ensure adults also get needed services. These vouchers can be tenant based or project based, which can help create "clusters" of units in new, larger affordable housing developments like those in Connecticut, Virginia, New Jersey, and California. Preferences will allow adults with I/DD to move ahead on the waitlist, and in some cases will allow adults with I/DD to have access to vouchers even when the regular waitlist is closed.

- Work with housing authorities to waive Housing Choice Voucher rules so that peers with these vouchers can live in a shared apartment without either party losing their eligibility for this subsidy. Work with DDS agencies to ensure that this option is made available and that there is support for matching housemates if desired.

- Create preferences for adults with I/DD in the Housing Choice Voucher Program. These vouchers are open to anyone that income qualifies. These vouchers do not require a service partnership, but some programs do.

- Work with the Housing Authorities to monitor utilization among adults with I/DD. Work with DS providers to ensure they are conducting outreach and ensuring adults with I/DD get access to housing subsidies.

- Vermont's new Medicaid 1115 Waiver (Global Commitment) allows for pre-and post-tenancy supports.[61] Explore the concept of creating Community Health Guides to ensure these supports are being implemented for adults with I/DD.

- Streamline access to developers who want to create housing for adults with I/DD by combining capital and operating resources in one application, as in Connecticut's IDASH program. Support service funding

[61] See, p. 25, Supportive Assistance Housing Pilot at https://pdf.live/ec4a1b36-525b-4574-9ad5-5584493e8f94

could also be included for on-site supports like a case manager or inclusion facilitator. However, tenants with I/DD must be able to maintain choice over their HCBS service provider.

- Ensure units for adults with I/DD don't exceed more than 25% of total units in a new or existing building so that adults with I/DD are living in integrated settings.
- Ensure new or existing affordable housing is close to town centers and/or bus stops and ensure adults with I/DD can access the community as independently as possible.
- Provide ongoing training to developers on accessibility and Universal Design standards and expand awareness of Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability in programs and activities conducted by HUD or that receive financial assistance from HUD.
- Explore the housing design standards for creating "disability forward" housing promoted by the Kelsey in California.[62]
- Expand the Vermont Home Improvement Program (VHIP), and the Healthy Homes Initiative (VHIP-HHI) to ensure that landlords housing adults with I/DD and shared living providers are eligible for grants for rehabilitation projects.

Training

- Cross-train DDS providers and housing professionals. Disability Service Providers help adults with I/DD find housing, but they lack knowledge about available housing resources and relationships with public housing authorities or affordable housing providers. Affordable housing providers and public housing authorities might not understand the needs of people with I/DD or the services they get with their HCBS waiver.

[62] See: https://thekelsey.org/wp-content/uploads/2022/08/TKHousingDesignStandards_070522.pdf

Opportunities for cross training and relationship building could be useful to dispel myths and facilitate the housing process for adults with I/DD.

Application and Placement

- Create a process for referrals to supportive housing units that is transparent, fair, and equitable and ensures adults with various needs can live in their own apartment with services at the level they need to thrive.

- Create a more transparent process for intake and referral into all I/DD residential settings, especially those deemed statewide resources. Adults with higher needs should be prioritized for available slots as they have the fewest options. "Need" is here understood reflect a combination of an individual's support needs, currently assessed in Vermont using the Supports Intensity Scale, Adult (SIS-A), and the pressures that they experience due to their life situation, which Vermont is planning to review using a "context assessment" that supplements the SIS-A.

Shared Living Placements

- Seek to "right-size" the number of shared living placements in Vermont. Shared Living is a successful model for some Vermonters with I/DD. Building up the supportive housing model will reduce the pressure to increase the number of shared living provides and may even reduce it.

- Create a service model for shared living providers that includes regular training for these providers, best practice guides, and more frequent and consistent oversight. Professionalize this model such that providers are paid appropriately for their work and held to the same standards of care that any provider would be held to. Explore financial incentives for providers to take additional training and/or support adults with higher needs.

- Shared Living represents a provider-owned or controlled setting and will therefore be impacted by the CMS Settings Rule. DDS should review this impact and how the State can provide the information and resources necessary for shared living providers to meet these requirements. Individuals with I/DD who use Shared Living and their families should

have a way to bring forward concerns about violations of these CMS requirements that is easy to access and free from conflicts of interest.

SECTION VI. CONCLUSION

In Vermont and across the country, a shortage of affordable, supportive housing is preventing adults with I/DD from living in the integrated settings that they need to live full lives.

Adults with I/DD should be able to access affordable housing fairly and equitably like their non-disabled neighbors. To access this human right, adults with I/DD need systems and policies in place so they can access the widest possible array of options for living in the community with the support they need to take advantage of the activities and relationships widely available to people without disabilities. Although Vermont has made great strides in creating community-based supports, its menu of residential settings is limited and has failed to keep pace with the need for safe, affordable, homes for people with I/DD.

The housing models reviewed in this report make one thing very clear: Publicly funded affordable housing should be an important part of the array of choices available to recipients of HCBS. The question of where people with developmental disabilities make their home has remained siloed in our Medicaid-funded HCBS systems. But resources exist to build, rehabilitate, subsidize, and enhance housing for financially eligible Vermonters, including those with I/DD. Vermont must build a strong and effective bridge between the two systems so that citizens with disabilities can enjoy the choice, self-determination, and independence that they are looking for and need.

APPENDIX 1

HOUSING RESOURCES AND ACRONYMS

Affordable Housing

A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by U. S. Department of Housing and Urban Development (HUD), affordable housing means any housing accommodation for which a tenant household pays 30% or less of its income.

Low-Income Housing Tax Credit (LIHTC)

A federal tax credit (Internal Revenue Code Section 42) available to investors in low-income housing designed to encourage investment that helps finance construction and rehabilitation of housing for low-income renters. The Vermont State Housing Finance Agency allocates these credits to developers to build or rehabilitate housing.

Public Housing Authority (PHA)

Housing authorities are public corporations with boards appointed by the local government. Their mission is to provide affordable housing to low- and moderate-income people.

Housing Choice Voucher Program (HCV)

The federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses, and apartments.

Section 811 Supportive Housing for Persons with Disabilities Program

HUD provides funding to develop and subsidize rental housing with the availability of supportive services for very low- and extremely low-income adults with disabilities. The program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities that provide access to appropriate supportive services.

The 811 program can provide rental assistance much like a housing choice voucher and/or can be "project-based" which both offsets capital costs of new or existing affordable housing developments funded by Low-Income Tax Credits or other sources and makes the unit affordable to the tenants who are only required to pay 30% of their income in rent. Importantly, eligible grantees for the program are state housing agencies that have entered into partnerships with state health and human services and Medicaid agencies who then allocate rental assistance to projects funded by tax credits, HOME funds, or other sources.

Preferences

Since the demand for housing assistance often exceeds the limited resources available through HUD and local housing agencies, long waiting periods are common. In fact, a Public Housing Authorities (PHA) may close its waiting list if demand is high.

PHAs may establish local preferences for selecting applicants from its waiting list. For example, PHAs may give a preference to a family who is (1) homeless or living in substandard housing, (2) paying more than 50% of its income for rent, or (3) involuntarily displaced. People who qualify for any such local preferences move ahead of other people on the waiting list who do not meet preference criteria. Each PHA has the discretion to establish local preferences that reflect the housing needs and priorities of its particular community.

Operating Subsidy

This is a type of subsidy going to property owners to reduce the management, maintenance, and utility costs of housing. It is needed for projects housing

extremely low-income residents who can't afford rents covering the actual costs of housing.

Nonprofit Housing Developer

A nonprofit organization with a mission that involves the creation, preservation, renovation, operation, or maintenance of affordable housing.

HUD HOME Investment Partnerships Program

HOME provides grants to state and local governments to create affordable housing for low-income households.

Qualified Allocation Plan (QAP)

The federal Low Income Housing Tax Credit program requires each state agency that allocates tax credits --generally called a housing finance agency -- to have a Qualified Allocation Plan (QAP). The QAP sets out the state's eligibility priorities and criteria for awarding federal tax credits to housing development projects.

APPENDIX 2

HOUSING MODEL CONTACTS

Location	Model	Contact
California	The Kelsey	Kyle Gaughan Resident Services Director (847) 309-7691 kyle@thekelsey.org
	The Avenues Supportive Living Services	Scott Shephard Co-Executive Director (661) 702-9788 scottshepard@avenuessls.org
Connecticut	Intellectual Disabilities and Autism Spectrum Disorder Housing IDASH Program	Joshua Scalora Director of Business Intelligence Analytics, Office of Chief Operating Officer CT Department of Developmental Services Joshua.Scalora@ct.gov
Illinois	Illinois Supportive Living Program/Stonebridge	Michael Schulkins Executive Director 847-596-3211 michael@stonebridgegurnee.com
Massachusetts	Cape Cod Village	Chris Raber Board President Cape Cod Village 774-316-4640 craber@capecodvillage.org

New Jersey	Project Freedom	Anne Hamlin Director of Housing Development Project Freedom, Inc. 609-278-0075 x2126 ahamlin@projectfreedom.org
Virginia	Virginia Department of Behavioral Health & Developmental Services (DBHDS)/The Arden	Janna Wiener Housing Services Manager, Office of Community Housing Department of Behavioral Health & Developmental Services (804) 305-4086 Janna.Wiener@dbhds.virginia.gov
Wisconsin	Movin' Out Inc.	Kathryne Auerback Executive Director Movin' Out Inc. (608) 251-4446 kathryne@movin-out.org