

## Considerations for developing new housing options in Developmental Disabilities Services<sup>1</sup>

### Current housing arrangements

People with developmental disabilities receiving home supports live several different types of settings including Shared Living, Staffed Living, Group Living, and Supervised Living. The data below comes from the Developmental Disabilities Services FY21 Annual Report.

Type of Home support	Number of people receiving	Number of home settings	Annual cost	Percentage of people receiving
Shared Living	1,368	1,205	\$38,922	76%
Staffed Living	74	59	\$139,489	4%
Group Living	84	19	\$106,771	5%
Supervised Living	270	270	\$21,941	15%
Total	1,796	1,553		

Most people live in Shared Living homes. Stakeholders have identified a need for additional housing and residential settings beyond Shared Living to provide more choice of living arrangements. When contemplating the development of new housing and support options, there are multiple things to be considered. Below are some key factors.

### HCBS-FMAP funds

The federal government provided additional funding to States as part of the American Rescue Plan Act of 2021 in response to the COVID-19 public health emergency. Part of this funding was an opportunity for a one-year increase in federal funding for Medicaid Home and Community-based Services (HCBS). States can receive a 10 % increase in the Federal Medical Assistance Percentage (FMAP), which is the federal share of Medicaid expenditures. States have until 3/31/24 to expend the additional funds. The purpose of the additional funding is to expand, enhance and strengthen HCBS. Information about how funding may be used is available on the Centers for Medicare and Medicaid Services (CMS) website:

[Strengthening and Investing in Home and Community Based Services for Medicaid Beneficiaries: American Rescue Plan Act of 2021 Section 9817 Spending Plans and Narratives | Medicaid](#) .

CMS sent an additional letter to States indicating that HCBS-FMAP funds could be utilized for capital investments to expand, enhance, and strengthen HCBS [vt-arp-9817-addendum-08-02-210.pdf \(medicaid.gov\)](#). This letter makes it clear that the State would need to demonstrate how the investments were following the HCBS setting rules. This may open the door for use of the funding for expanding and developing new housing options. Some highlights of CMS guidance include:

### ACL/CMS Guidance for use of FMAP/ARPA funding to assist with compliance with HCBS Regulations

1. Increased federal funding can be used for capital investments (acquisition of permanent, fixed assets such as real estate or equipment) including *non-disability specific housing options*.

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<sup>1</sup> Compiled by DDSD 3.29.2022

2. States should be thinking about leveraging increased federal funding for other implementation activities such as provider assessments, trainings, and activities that further the ongoing monitoring of provider compliance to the HCBS settings rule.
3. Providing in person or virtual trainings to providers to support community integration.
4. Develop new initiatives to increase access to competitive integrated employment for individuals with developmental disabilities.
5. Making capital investments to further the availability of *non-disability specific settings* as part of a State's HCBS options; including the development of deed-restricted, accessible, and affordable housing units for individuals with developmental disabilities.
6. Making modifications to provider owned settings to support HCBS regulation compliance.

Vermont has submitted a plan for the use of the HCBS-FMAP funding. It does include expanding housing options for people with disabilities. The plan and quarterly updates to the plan can be found on the Department of Health Access website:

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/GCRProposedPolicies/21-039-Vermont-HCBS-FMAP-Proposal.pdf>

### **Questions/Considerations of using HCBS-FMAP funds to develop housing and support settings**

1. Does the setting meet the criteria to be following the HCBS final rule? Refer to [§ 441.530](#) for more specific information.
  - a) Does the setting have institutional characteristics? Is it in a public or private building, in a building, adjacent to or on the grounds of a public institution?
  - b) Is there a lease, or legally enforceable agreement, that provides the same responsibilities and protections from evictions that tenants have under the law of the jurisdiction?
  - c) Is the setting physically accessible?
  - d) Is the setting connected to the community/ does the setting prevent or promote community integration?
  - e) Does the setting ensure privacy, dignity, and autonomy?
2. Who will *own* the setting (building or a home)? Who is the "landlord"?
3. Will the setting be a statewide resource?
4. Will the setting be Licensed or Unlicensed?
5. Does the setting meet the criteria outlined in the Developmental Disabilities Services Regulations and System of Care Plan?
6. What do *individuals* want? How will *choice* be ensured?
7. Will the setting be short-term or long-term?
8. Will staffing be needed? What level? Is there *long-term* funding and workforce to achieve this?

9. Does the setting meet the DDS standards of the housing and accessibility review process?

10. What models currently exist within our current system that may be improved/modified, adapted/adopted, or considered?

- Home Ownership
- Transitional Living
- Shared Living
- Peer Living Options

11. How will individuals access the setting and/or be assessed/triaged based on needs? How does this align with the new assessment process using the SIS A? Would supplemental questions need to be added?

12. How would this affect payment reform and where does this fit in the design of a payment model? Will this impact the rate structure for residential services? (Typically, rates include cost of support services and not room and board)

13. How will Room & Board, utilities, and general maintenance be funded?

14. What modifications can be made to the environment/setting (including cost effective technology) to promote safety and independence in lieu of paid supports? (See DDS Regs 1.23 **Home Supports**)

15. How will the setting be monitored/evaluated and assessed to ensure that it remains in compliance with existing regulations and rules?

16. Are changes needed for the Developmental Disabilities Services Regulations and System of Care Plan, if any?

a) Limitations of funding – currently, DS HCSBS funding cannot be used to “increase the availability of residential settings that provide supports to more than 4 adults (age 18 and over)”.

b) Service Definitions—Group Living is currently defined as “a licensed home setting for three to six people.”

c) How is “home setting” defined?

17. What training will providers, staff, shared living providers, etc., receive regarding HCBS settings rule? How can other areas of “need” be incorporated into these trainings? (Trauma informed care, person-centered planning, etc.)

18. What resources are available and/or could become available to enhance access to the community, specifically, the area of transportation?

19. What will the “lease”/ legally enforceable agreement look like and how will it be enforced?

20. What will the State’s “locks on doors” policy look like and how will that be enforced? Will changes need to be made to the Housing/Safety Guidelines? Behavior Support Guidelines?

21. How will “modifications” be documented and justified in the person-centered plan?

## **Alignment of Vermont Standards /Recommendations with Settings Rule**

1. How can we take steps to further align Vermont’s existing approach/philosophy with that of the HCBS Ruling?
2. How will Shared Living Providers be trained effectively to come into compliance with settings rules and how can we use this opportunity to ensure that quality care is provided?
3. What ways can we begin to message/implement rules and recommendations in the “endemic” period? (anticipating resuming in-home visits, need for “eyes on” and further oversight of home settings at the provider/agency level, with added oversight of the State when needed)
4. How do we approach Shared Living Providers or Residential settings that are resistant to change/how do we support them to *change* current practice, or belief systems?

### **Additional ideas for using HCBS-FMAP funding to promote stability in home settings:**

1. Increased training for service coordinators, direct service professionals and shared living providers in trauma informed care, positive behavior support approaches, communication support, community integration, and person-centered planning.
2. Investment in technology resources that assist with supervision, monitoring without infringing on privacy.
3. Invest in initiatives and recommendations related to enhancing communication abilities and opportunities for individuals. How can we support folks to better communicate, thus having more choice and control in their life?

### **What are the implications, risks, and concerns?**

1. Re-institutionalization – A document titled “Closing the Doors of the Institution, Opening the Hearts of Our Communities” that was written in 1993 after the closing of the Brandon Training School concludes by stating the following:

“De-institutionalization means more than just closing the doors of an institution. De-institutionalization means changing the way we think about people and services, not only within the confines of a group or buildings, but also within the confines of our minds. In the years ahead, we must be careful not to settle into a particular way of providing services. We must continue to change, to give people what they want and what they tell us they need.”

2. Creation of “mini-institutions” - Vermont is a rural state and connectedness/integration with the community can be difficult in many areas of the state. How can we ensure that individuals are not isolated and have access and involvement in their communities?
3. What do *individuals* want? Before we make decisions or changes, we must listen to the voices of those we serve. Sometimes what individuals want for themselves is not the same as what parents want for them.
4. What do families want for their family members with disabilities? What are families hopes and fears