

Supportive Housing Currently Available to People With Autism Spectrum Disorder in Massachusetts



Prepared for the Housing Subcommittee of the Massachusetts Autism Commission
Technical Assistance Collaborative
June 2017

SUPPORTIVE HOUSING CURRENTLY AVAILABLE TO PEOPLE WITH AUTISM SPECTRUM DISORDER IN MASSACHUSETTS

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I. Executive Summary

The “Autism Omnibus Law” requires the Massachusetts Autism Commission to “conduct a statewide housing survey to determine the current status of affordable supportive housing stock for adults with autism spectrum disorder and make recommendations in regard thereto.” On behalf of the Autism Commission, the MA Department of Developmental Services (DDS) contracted with the Technical Assistance Collaborative (TAC) to conduct this survey. The survey included telephone interviews with providers, an electronic survey of the Autism Spectrum Service Coordinators and focus groups with self-advocates, advocates and family members.

The survey identified Supportive Housing (SH) that includes affordable housing “bundled” with support services as well as support services and affordable housing programs that must be accessed individually to create a SH program for an individual. The survey identified affordable housing and supportive services funding sources, the numbers of persons currently served and whether these programs are fully utilized. While there are waits for many bundled as well as unbundled housing and services programs, there are opportunities for individuals with ASD to access housing more quickly. The survey identified eligibility criteria including which programs are available to individuals with ASD who have intellectual disabilities, individuals with ASD who are eligible for DDS services but who do not have intellectual disabilities, and/or individuals with ASD who are not eligible for DDS services but are eligible for MassHealth services.

The survey conservatively estimates that in 2017, there are at minimum 15,200 people with ASD may need supportive housing of some type. This is considered to be a conservative estimate; as discussions with the Autism Commission’s Housing Committee indicate, we do not know the full extent of the need given that past practices did not capture the number of individuals with ASD who have become adults in recent decades and eligibility criteria for DDS support services has changed.

II. Background

A. Autism Commission and Committee Structure

Chapter 226 of the Acts of 2014, and in G.L. c. 61 § 217 established the Commonwealth's thirty-five (35) member Autism Commission to make recommendations on policies impacting individuals with autism spectrum disorders (ASD). "The Commission shall investigate the range of services and supports necessary for such individuals to achieve their full potential across their lifespan, including, but not limited to, investigating issues related to public education, higher education, job attainment and employment, including supported employment, provision of adult human services, post-secondary education, independent living, community participation, housing, social and recreational opportunities, behavioral services based on best practices to ensure emotional well-being, mental health services and issues related to access for families of children with autism spectrum disorder and adults who are from linguistically and culturally diverse communities."

In accordance with Section 30 of the "Autism Omnibus Law", the commission is required to "conduct a statewide housing survey to determine the current status of affordable supportive housing stock for adults with autism spectrum disorder and make recommendations in regard thereto." The Commission is also required to develop a "plan of action" for the commonwealth to address the affordable supportive housing needs of individuals with ASD who will become adults in the coming decades. The Autism Commission established eight (8) formal subcommittees in 2016, one of which is focused on addressing the need for affordable supportive housing.

B. Scope of Work

On behalf of the Autism Commission, the MA Department of Developmental Services (DDS) contracted with the Technical Assistance Collaborative (TAC) to:

- Conduct a survey to capture the current supportive housing units currently available to people with ASD, including all of DDS housing units that can be used with individuals with ID and ASD and those units that can be used by individuals with ASD and no ID, shared living, AFC, and those individuals support services less than 24/7, including a determination as to whether these units are fully utilized;
- Conduct a family focus group and a consumer focus group in order to gain additional information regarding the housing needs and preferences of people with ASD in Massachusetts; and
- Determine, to the greatest extent possible, the housing models and unit types needed to meet the supportive housing needs of individuals with ASD in Massachusetts.

In addition to the initial activities outlined in the Scope of Work, TAC conducted two additional focus groups and conducted a survey of the ASD Service Coordinators.

C. ASD Populations Included In the Report

At the request of the Commission, TAC reviewed each supportive housing as to its current availability to three different ASD populations:

1. DDS Eligible Individuals with ASD who have an intellectual disability (DDS ASD with ID). Eligibility criteria include:
 - Significantly sub-average intellectual functioning (which is an intelligence test score (IQ) of approximately 70 or below);
 - That exists at the same time and is related to significant limitations in adaptive functioning (which is an overall composite adaptive functioning limitation that is approximately two standard deviations below the mean or approximately two standard deviations below the mean in one of these three domains: 1) independent living/practical skills; 2) cognitive, communication and academic/conceptual skills; 3) social competence/social skills); and
 - The intellectual disability originates before age 18.

2. DDS Eligible Individuals with ASD who do not have an intellectual disability (ASD no ID). These individuals may be eligible for services through DDS as a result of the Autism Omnibus Law. Eligible individuals must have substantial functional limitations in three or more of the following areas of major life activity that are likely to continue indefinitely:
 - self-care
 - receptive and expressive language
 - learning
 - mobility
 - capacity for independent living
 - economic self-sufficiency

3. Individuals with ASD who do not meet eligibility criteria for services through DDS (Non-eligible DDS).

D. Defining Supportive Housing

As used in this report, Supportive Housing (SH) means decent, safe and affordable community-based housing that provides tenants with voluntary, flexible supports to help maintain and retain their housing. The term refers to a broad range of housing models and programs targeted to serve vulnerable populations including people with disabilities, individuals and families experiencing homelessness, elders and others. SH comes in many different forms from group homes in which the affordable housing and services may be provided by the same provider to an individual who has a tenant-based Housing Choice Voucher and receives individualized In Home Support Services to ensure a successful tenancy. Despite the variety and range, SH programs all provide affordable housing and access to support services.

III. Survey Activities

TAC conducted the following tasks:

- Led telephone surveys with service providers that assist individuals with ASD;
- Facilitated in-person focus groups to obtain information from individuals with ASD, family members of individuals with ASD and other interested advocates;
- Effected a web-based survey to obtain information from autism service coordinators; and
- Consulted subject matter experts regarding environmental adaptations commonly needed by individuals with ASD

A. Provider Survey

The Commission's Housing Committee developed a list of 25 service providers to contact for information on housing options for people with ASD. The Autism Commission Executive Director sent an e-mail to these providers requesting that they schedule a brief telephone interview with TAC. Thirteen providers responded, and TAC conducted telephone interviews with these providers. The interviews were structured using a list of questions developed with input from the Commission's Housing Committee. See Appendix I for the questionnaire and Appendix II for the list of providers. The questions gathered information on the following topic areas:

- settings in which residential services are provided;
- whether individuals with ASD are living and/or receiving services in the setting;
- whether the setting is specifically for people with ASD;
- vacancies in these settings;
- types of services provided;
- funding sources for services; and
- funding sources for housing affordability.

B. Focus Groups

TAC held four focus groups to solicit input from community members who are living with ASD or have a family member who is living with ASD. Three of the focus groups were held in the Boston area and one was held in Western Massachusetts. Two of the focus groups were targeted¹ to family members, one was targeted to self-advocates and one was open and un-targeted. Attendance varied by location as follows:

- June 5: Northeastern Crossing, Roxbury – Family Focus Group– 6 participants including 1 self-identified individual with ASD
- June 6: Boston Public Library – Self-Advocate Focus Group – 8 participants – 3 self-identified individuals with ASD

¹ Focus groups were targeted to either family members or self-advocates but no-one was turned away from signing up for any of the focus groups.

- June 7: Waltham Public Library – Family Focus Group – 23 participants – 3 self-identified individuals with ASD
- June 21: Holyoke Community College – 28 participants - 2 self-identified individuals with ASD

Each session began with a project overview by the Autism Commission Executive Director, followed by a TAC facilitated discussion. Questions for the groups focused on gathering input in the following areas:

- What Housing Options Exist?
- What Works?
- What Does Not Work?
- What is Ideal?
- What are the Barriers?
- What Tenancy Supports are Needed?

C. ASD Service Coordinator Survey

A web-based survey was developed by TAC and distributed to ASD Service Coordinators by the DDS Deputy Assistant Commissioner. The survey questions are in Appendix III. TAC received 57 survey responses.

IV. Survey Results

A. Supportive Housing Currently Available to People with ASD

In describing the SH available to individuals with ASD, this report identified two categories of programs currently available. One type of SH program bundles both the services and supports. When a person with ASD participates in these programs, they receive both housing and services. One example of this model are DDS funded group homes. The second category of SH includes situations where the housing component and services component are acquired separately. These services and housing components can be combined in many different ways to create SH for an individual. However, the services and the affordable housing are accessed or applied for separately. The service programs for this type of SH are described as Supportive Services Only. The next sections of this report summarize the SH programs in both of these categories.

SH Models Bundling Services and Affordable Housing

These supportive housing models include housing that is bundled with support services. In Massachusetts, this type of SH housing includes; DDS funded group homes, Adult Foster Care, Group Adult Family Care and Shared Living. The following is a description of each of these models, including eligibility and availability:

Residential Services/Group Home: These homes offer 24-hour residential supports in a group setting. Staff employed by a provider agency provide oversight, training, and supervision. This model of DDS-funded residential services is provided to those who have significant health and/or safety needs and require the most intensive level of support. Group homes are only available to individuals who have an intellectual disability (ID), and are considered a priority One under DDS regulations. These individuals may or may not also have a co-occurring diagnosis of ASD. It is not known how many individuals with ASD with ID are living in DDS group homes.

DDS funds 2,277 group homes serving 9,641 individuals. Since ID is required for eligibility for this housing and ASD is not tracked separately, it is unclear the number of people with I/DD and ASD who are living in these group homes.

Shared Living (Placement Services/Shared Living): Shared Living services utilize residential support agencies to provide recruitment, placement, training and oversight of caregivers and living situations for individuals who (1) live in the home of a designated care provider who is a single person or member of a family unit, or (2) live in their own homes (owned or leased) with designated care providers. Designated care providers are not employees of the residential support agencies. Placement Services are for individuals who require designated care providers to be available on site 24 hours a day unless otherwise specified in the ISP. Designated care providers are responsible to provide supervision and ongoing support in areas of daily living, maintaining optimal health care, creating and enhancing relationships with chosen family members and friends and other areas of assistance specified in the ISP.

This model is only available to individuals with ASD who have ID and otherwise qualify for the DDS Medicaid waiver and are considered a priority One under DDS regulations. Individuals with ASD and no ID and those with ASD who are not otherwise eligible for services through DDS are not eligible for this service. 1,221 individuals are currently receiving this service.

Adult Foster Care (AFC): Adult Foster Care, also referred to as Adult Family Care, is a MassHealth program that provides members who are elderly or who have a disability with assistance performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). ADLs include activities such as eating, toileting, dressing, bathing, transferring, and walking. IADLs are activities related to independent living that are incidental to a member's care, such as household-management, laundry, shopping, housekeeping, meal preparation and cleanup, transportation, and medication management. To qualify for AFC, individuals must be 16 years of age or older, eligible for MassHealth, and willing to participate in the program. Members must meet all of the criteria set forth in MassHealth regulations including but not limited to a need for assistance or supervision with at least one ADL to live safely in the home. The program is designed to provide sufficient assistance to allow members to continue to live independently and avoid the high cost of a long-term-care facility.

Individuals who receive AFC services live in the private residence of caregivers employed by MassHealth-contracted AFC providers and receive 24-hour supervision and assistance with ADLs and IADLs. Each AFC residence may house up to three members. AFC caregivers may be a parent, sibling, or an extended family member who resides in the biological family home. The program is administered by an AFC provider agency that provides case management, nursing consultation, and a MassHealth tax-free stipend to the caregiver. AFC has two levels of stipend payment related to the assessed needs of the individual. Qualified caregivers must be at least 18 years of age and cannot be legal guardians.

In FY 2015, there were 10,454 MassHealth participants receiving this service.

All individuals with ASD may be eligible for this service model if they are MassHealth members and require assistance or supervision with at least one ADL.

Challenges limiting the use of this model include availability of qualified service providers, including those with the skills needed to support an individual with ASD.

Group Adult Foster Care (GAFC) is a MassHealth program that provides members who are elderly or who have a disability with assistance performing ADLs and IADLs. Services, including case management oversight, are provided in an Assisted Living Residence (ALR) or some type of elderly/disabled housing complex. Individuals receive assistance with ADLs and IADLs from GAFC aides for one to two hours each day. GAFC providers also employ nurses and case managers who meet with members at least once every two months to develop and revise member-specific care plans.

To be eligible, an individual must be a MassHealth member who has certification from their primary care physician that adult foster care services are appropriate to meet the medical needs of the participant. Eligibility requirements also include a need for assistance or supervision with at least one ADL. Eligible individuals may include, but are not limited to the following:

- Individuals who currently reside in the community or are hospitalized and are at high risk of requiring nursing home placement
- Patients discharged from nursing homes; and
- Individuals with a chronic disability who require supervision.

In FY 2015, there were 7,984 MassHealth participants receiving this service.

All individuals with ASD may be eligible for this service model if they are MassHealth members and require assistance or supervision with at least one ADL.

Challenges limiting use of this model include availability of qualified service providers, including those with the skills needed to support an individual with ASD, and availability of beds within an existing setting. Each setting may also have additional eligibility requirements. For example, some GAFC settings are limited to elderly adults.

Supportive Services Only

The following models are currently available to provide services to persons living in their own apartments or homes. These models provide the services but not the affordable housing; participants must locate their own housing in order to access these service models.

Individual Supports (Individualized Home Supports): Individualized Home Supports consists of limited services and supports in a variety of activities that may be provided regularly and are determined necessary to enable an individual to live in the community. These services may include teaching and fostering the acquisition, retention or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community as specified in the POC. This service provides the support necessary for the participant to establish, live in and maintain on an on-going basis a household of their choosing, in a personal home or family home to meet their habilitative needs. It may also include training and education in self-determination/ self-advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive to become more independent, integrated and productive in their communities.

3,719 individuals are currently receiving this service.

This model is for DDS eligible individuals, including those with ASD who require less than 24-hour supports; services are subject to available funding.

Adult Companion: Adult Companion services are non-medical care, supervision and socialization supports provided to an adult. Services may include assistance with meals and basic activities of daily living incidental to the support and supervision of the individual. The service is provided to carry out personal outcomes identified in the individual plan that support the individual to successfully reside in his/her home or in the family home. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant.

878 individuals are currently receiving this service.

This model is for DDS eligible individuals, including those with ASD who require less than 24-hour supports; services are subject to available funding.

Personal Care Attendant (PCA): The PCA Program is a MassHealth program that helps individuals with permanent or chronic disabilities maintain independence, stay in the community, and manage their own personal care by providing funds to hire personal care attendants (PCAs). MassHealth determines if an individual qualifies for PCA services, and how many hours of PCA services the individual is eligible to

receive based on an evaluation by a registered nurse and occupational therapist regarding the type and level of physical assistance needed to perform ADLs and IADLs. MassHealth will pay for a PCA to provide physical (hands-on) assistance for the approved tasks described on the PCA evaluation. These tasks include helping with certain ADLs and may include IADLs.

This model is available to MassHealth members who have approval from their doctor; have a chronic or permanent disability that prevents the individual from performing their own personal care; and who demonstrate a need for physical (hands-on) assistance with at least two of seven activities of daily living (ADLs) (mobility, bathing/grooming, dressing/undressing, passive range-of-motion exercises, taking medications, eating, and toileting).

In FY 2015, 29,930 MassHealth participants received this service.

All individuals with ASD may be eligible for this service model if they are MassHealth members and require hands-on assistance with at least two ADLs.

Private Pay for Services: Services are sometimes paid for using private funds from family members or Special Needs Trusts when an individual with ASD is not prioritized for services through DDS or is not eligible for services through DDS. These services may be provided by an agency that serves individuals whose services are funded by DDS, or they may be provided by an individual or organization that does not also provide DDS funded services. During TAC's information gathering process, it was noted that 6 agencies support individuals whose services are paid for using private funds. Two of these organizations only serve people who pay privately, and they do not provide housing. One of these organizations noted that they assist families to jointly purchase the home in which their family member with ASD will live and receive services.

Table A below summarizes eligibility for the programs described above. Assuming the individual meets other program eligibility criteria, this table indicates whether an individual with ASD is likely to be eligible for the program.

Table A: Eligibility for Supportive Services Programs

Program Model	DDS Eligible with I/DD	DDS Eligible but no I/DD	Other ASD if MassHealth Eligible
Group Homes	✓		
Adult Foster Care	✓	✓	✓
Group Adult Foster Care	✓	✓	✓
Shared Living	✓		
Individual Home Supports	✓	✓	
Adult Companion	✓	✓	
PCA Program	✓	✓	✓

Table B below summarizes whether the program models above are primarily funded as part of a MassHealth Waiver/State Budget or are a State Plan Service. Waiver/State Budget funded programs are able to serve a limited number of those eligible for the service. State Plan funded services are available for all those persons eligible for the service.

Table B: Supportive Services by Funding Source

Program Model	MassHealth Waiver/ State Budget	State Plan Service
Group Homes	✓	
Adult Foster Care		✓
Group Adult Foster Care		✓
Shared Living	✓	
Individual Home Supports	✓	
Adult Companion	✓	
PCA Program		✓

Table C below provides a summary description of supportive services models available to individuals with ASD in Massachusetts.

Table C: Service Models Currently Available to People with ASD in Massachusetts

Program	# Units/# Served/\$ Annual	Funding Source	State Agency Administering	Primary Tenant Eligibility Requirements	I/ASD	DDS eligible but not I/ASD	Not DDS Eligible
DDS-funded Group Homes	2,277 homes serving 9,641 individuals	DDS Medicaid waiver	DDS	Individuals who have an intellectual disability and otherwise qualify for the DDS Medicaid waiver	✓		
Adult Foster Care	FY 2015: 10,454 individuals FY 2015: 7,984 individuals	MassHealth	MassHealth	MassHealth (medical assistance), need for assistance with one or more ADLs to be able to live safely in the home and may only stay alone for up to three hours at a time	✓	✓	✓
Group Adult Foster Care		MassHealth	MassHealth	Adult MassHealth (medical assistance); likely to require 24 hr supervision, routine assistance with ADLs and assistance with management of medications.	✓	✓	✓
DDS Shared Living	1,221 individuals - average budget is \$65,000	DDS Medicaid waiver	DDS	Individuals who have an intellectual disability and otherwise qualify for the DDS Medicaid waiver	✓		
Individual Support Services	3,719 individuals	DDS Medicaid waiver and state funded services	DDS	Individuals who have an intellectual disability and otherwise qualify for the DDS Medicaid waiver; individuals with ASD who qualify for services through the Autism Omnibus Law	✓	✓	

Personal Care Attendant	FY 2015: 29,930 individuals	MassHealth	MassHealth	Individuals with MassHealth Standard or CommonHealth, who have (1)approval from their doctor ; (2) a chronic or permanent disability that prevents the individual from performing their own personal care; and (3) has a need for physical assistance with at least two of seven ADLs	✓	✓	✓
Adult Companion	878 individuals	DDS Medicaid waiver and state funded services	DDS	Individuals who have an intellectual disability and otherwise qualify for the DDS Medicaid waiver; individuals with ASD who qualify for services through the Autism Omnibus Law	✓	✓	
Private Pay	Unknown	Family, individual, special needs trust or ABLE account	Family, individual or trust administrator	No eligibility requirement for family or individual funding; special needs trust and ABLE account requirements apply if these sources pay for housing	✓	✓	✓

Affordable Housing Programs

With the supports described above, many people with ASD would be able to live in the community, as long as they also had affordable housing. The challenge is that Massachusetts has very high housing costs. Most people with disabilities cannot afford market rate housing. In 2016, it cost 133% of an individual's monthly SSI to rent the average market rate one-bedroom apartment². Costs are so high that even many who are working competitively cannot afford their own apartment.

Area Median Income Explained

Area Median Income or AMI is the household income for the median — or middle — household in a region. Each year, the Department of Housing and Urban Development (HUD) calculates the median income for every metropolitan region in the country.

30% of AMI = Extremely Low Income or ELI

50% of AMI = Very Low Income or VLI

80% of AMI = Low Income or LI

In 2017, a single person in the City of Boston is considered LI with an income of \$54,750 or below; VLI with an income of \$36,200 or below; and ELI with an income of \$21,700 or below. In Massachusetts a nonelderly person with a disability whose sole source of income is SSI would receive \$849.39 per month or \$10,192.68 annually. This is about 15% of AMI.

The state and federal governments have developed an array of affordable programs and strategies to create affordable housing to meet this need.

Rental Subsidies

Rental assistance or subsidies are one strategy. With a rent subsidy program, state or federal funding pays the difference between what a tenant can afford to pay for rent (generally 30-40% of their income) and the advertised rent or the actual costs to operate the housing.

Rent subsidies generally come in two forms: project-based (PB) or tenant-based (TB). PB subsidies are tied to a specific project. In order to receive the subsidized rent, the tenant must move into a specific unit. When the tenant no longer leases the unit, the subsidy stays with the project³. In contrast, the TB subsidies stay with the tenant. With the TB subsidy (also known as vouchers), the household can select a unit from the private market. The tenant pays the owner what the tenant can afford (generally 30-40% of their income) and the state or local government agency pays the difference between that amount and the advertised rent. The Section 8 Housing Choice Voucher (HCV) Program is the best known of the tenant-based subsidies although Massachusetts funds a number of state-funded rental assistance programs as well.

² *Priced Out 2016*. TAC. In preparation.

³ One important exception is the Project Based Voucher Program in which the tenant after one year has the right to request a tenant based subsidy and can be placed on the waiting list for such a subsidy.

Income is the primary eligibility requirement for the rent subsidy programs; anyone meeting the income limits is eligible to apply for the program. Therefore, any person with ASD who meets the income limits can apply whether or not the individual is eligible for DDS services. Some rent subsidy programs may have set-asides or preferences for a specific target population such as people who are homeless, people leaving institutions or elders. Some programs specifically target people with disabilities. Most of these programs generally have waiting lists; the length of time it takes an applicant to reach the top of the waiting list varies widely.

The following describes the various rent subsidy programs currently available in Massachusetts for which people with ASD may be eligible; Table D below summarizes the program features.

Table D: Rental Assistance Currently Available to People with ASD in Massachusetts

Program	# Units/# Served/\$ Annual	Funding Source	State Agency Administering	Primary Tenant Eligibility Requirements	I/ASD	DDS eligible but not I/ASD	Not DDS Eligible	Tenant-based?	Project-Based?
Affordable Housing Programs Targeted to People with Disabilities									
Alternative Housing Voucher Program (AHVP)	500	State budget	DHCD through 39 PHAs	Income; PWD age 18-61	✓	✓	✓	✓	
S. 811 Project Rental Assistance (PRA) Program	190	Federal budget	DHCD	Income; PWD age 18-61	✓	✓	✓		✓
MassHousing Set-Aide	104	Mass Housing Financed	MassHousing (DMH/DDS)	DMH or DDS Client	✓	✓		✓	✓
Affordable Housing Programs Open but NOT Targeted to People with Disabilities									
Housing Choice Voucher Program (HCV)	80,000	Federal budget	DHCD and 140 PHAs	Income	✓	✓	✓	✓	✓
Mass Rental Voucher Program (MRVP)	9,400	State budget	DHCD and 104 PHAs	Income	✓	✓	✓	✓	✓
Public Housing	82,000	Federal and state budget	HUD	Income eligibility for family housing; age/disability also for elderly/disabled housing	✓	✓	✓		✓
HUD or MassHousing-Assisted Multifamily Housing	65,000	Federal and state budget	HUD and MassHousing	Income eligibility for family housing; age/disability also for elderly/disabled housing	✓	✓	✓		✓

Housing Choice Voucher Program (HCV): The HCV program is a federally funded rental assistance programs. By statute, HCV program can only be administered by Public Housing Authorities (PHAs). In Massachusetts, an estimated 140 local PHAs and DHCD, the state PHA, administer the HCV program.

PHAs are required to issue 75% of their vouchers to households that are extremely low-income (ELI). People with ASD whose sole source of income is SSI would qualify as ELI; some people who are employed may also qualify. PHAs are allowed to establish preferences or priorities in their programs, as long as the preferences are non-discriminatory. Examples of current preferences are veterans, homeless, local residents and people with disabilities. Each PHA is allowed to develop their own preferences; some do not have any preferences.

As of 2017, DHCD’s HCV program included almost 18,000 Tenant Based and over 3,000 Project Based vouchers. The state has contracts with eight regional nonprofit agencies to administer the program across the state; these agencies take applications for the program. The waiting list for the state’s program is lengthy but it is open for applications.

The 140 local PHAs (combined) administer over 60,000 vouchers. Ninety-one of the PHAs have collaborated to create one centralized waiting list. This list is also lengthy but is open for applications. The remaining PHAs manage individual waiting lists.

Except for specialized programs, the HCV has not received new funds since Federal Fiscal Year 2002. Many of these special programs were targeted to people with disabilities. Table E below lists those PHAs that received these targeted funds. Most do not have a separate waiting list for these target programs; the PHAs obtain information from the application that allows them to sort the waitlist for target program eligibility.

Table E: PHAs with Special Purpose Vouchers

PHA	City or Town	NED	Mainstream	NED Category 2
Acton Housing Authority	Acton	15	0	0
American Training, Inc.	Lawrence	0	50	0
Attleboro Housing Authority	Attleboro	35	0	0
Barnstable Housing Authority	Hyannis	0	200	0
Beverly Housing Authority	Beverly	75	0	0
Boston Housing Authority	Boston	500	0	0
Braintree Housing Authority	Braintree	0	0	0
Bridgewell	Lynn	0	125	0
Brockton Area Multi Services, Inc.	Brockton	0	14	0
Brockton Housing Authority	Brockton	100	0	0

PHA	City or Town	NED	Mainstream	NED Category 2
Cambridge Housing Authority	Cambridge	100	200	0
Chelmsford Housing Authority	Chelmsford	163	75	0
Community TeamWork	Lowell	0	43	0
Dedham Housing Authority	Dedham	175	0	0
Framingham Housing Authority	Framingham	240	0	0
Franklin County Regional Housing Authority	Turners Falls	25	0	0
Lawrence Housing Authority	Lawrence	0	25	0
Lowell Housing Authority	Lowell	0	75	0
Lynn Housing Authority	Lynn	65	0	35
MA Department of Housing and Community Development	Boston	800	75	0
Malden Housing Authority	Malden	50	0	0
Methuen Housing Authority	Methuen	135	0	0
Middlesex North Resource Center	Lowell	0	75	0
New Bedford Housing Authority	New Bedford	0	0	0
Northampton Housing Authority	Northampton	0	0	0
Norwood Housing Authority	Norwood	40	0	0
Peabody Housing Authority	Peabody	0	75	0
Plymouth Housing Authority	Plymouth	40	0	0
Quincy Housing Authority	Quincy	0	100	0
Sandwich Housing Authority	Sandwich	25	0	0
Somerville Housing Authority	Somerville	200	0	0
Springfield Housing Authority	Springfield	75	0	0

PHA	City or Town	NED	Mainstream	NED Category 2
Taunton Housing Authority	Taunton	400	0	0
The Bridge of Central Mass	Northboro	0	35	0
Wakefield Housing Authority	Wakefield	110	0	0
Westfield Housing Authority	Westfield	0	25	0
Worcester Housing Authority	Worcester	0	0	0
Yarmouth Housing Authority	South Yarmouth	60	0	0

The vast majority of HCVs are issued as tenant-based vouchers. However, PHAs are allowed to project-base up to 20%⁴ of their vouchers. PHAs may want to project-base vouchers in order to support a new tax-credit project, for example or to try to build up a base of affordable housing if their community is seeing a lot of gentrification. Many PHAs have used Project Based Voucher to develop supportive housing.

DHCD is a participant in the Moving To Work (MTW) Demonstration, a program authorized by Congress through which a limited number of Public Housing Authorities are given the flexibility to waive certain provisions of the Housing Act of 1937 and federal regulations. MTW designation provides DHCD with the flexibility to implement new or modified programmatic approaches and to utilize federal Housing Assistance Payment funds in a more flexible manner consistent with the MTW statutory objectives. DHCD’s MTW Plan allows the agency to use Housing Choice Voucher funds to implement “shallow” vouchers, a flat subsidy amount for households that meet established income thresholds rather than a subsidy linked to the tenant’s income. Most shallow vouchers target households with income above 30% of area median.

Mass Rental Voucher Program (MRVP): The MRVP program is very similar to HCV but is funded through the state budget rather than the federal budget. The 8 regional non-profit housing agencies and 105 local PHAs administer the MRVP throughout the state to approximately 9,400⁵ households. Over time, MRVPs have been “set-aside” for specific uses including vouchers targeted to people leaving institutions under the Money Follows the Person program. MRVP has also been paired with the state bond programs to create supportive housing. MRVP has both tenant-based and project-based voucher components.

Like the HCV program, income is the primary qualification for the MRVP Program. With a maximum of 50% of AMI, however, MRVP has a higher income qualification than HCV. Any income eligible persons with ASD regardless of whether or not they are DDS clients would be eligible to apply for MRVP.

⁴ Under HOTMA, a recently passed federal law, higher percentages are possible; regulations to implement HOTMA are in process.

⁵ This number has fluctuated from a high of 20,000 to a low of 5,500. These figures include both tenant-based and project-based vouchers.

Unlike the HCV program, the state sets out the applicant priorities for the program. They are limited to persons who are homeless, in abusive situations, or encountering severe medical emergencies. Veterans and local residents also receive preference.

Alternative Housing Voucher Program (AHVP): AHVP is a state-funded rental assistance program administered by 39 local PHAs. The program currently is funded at \$4.6 million for an estimated 500 vouchers. The program is administered very much like the MRVP program. The program is targeted specifically to people with disabilities between the ages 18 and 60. The program was established in 1995 to provide an alternative housing option to elderly/disabled state-funded public housing. AHVP is currently administered only as a TB program. Any income eligible person with ASD regardless of whether they are DDS clients would be eligible to apply for AHVP.

Section 811 Project Rental Assistance (PRA) Program: PRA is a new federally-funded project-based rental assistance program. PRA seeks to expand the supply of supportive housing that promotes community integration for low-income people with disabilities; no more than 25% of the units in a PRA-funded project can be set-aside for people with disabilities. These PB rent subsidies are allocated to housing units set aside in affordable housing projects whose capital costs are funded through Federal Low-Income Housing Tax Credits, Federal HOME funds, or other state, Federal and local funding sources for eligible individuals.

Tenants in PRA units must have incomes at or below 30% of AMI (ELI) and at least one adult member of the household must have a disability. The person with the disability must be eligible for community-based, long-term services. Under this program, each state determines their target populations. Originally, the Massachusetts program was targeted to participants in the Money Follows the Person (MFP) program but DHCD is in the process of expanding eligibility to other target populations, possibly include people with ASD.

The state was awarded funds for approximately 190 units but only a small number of these are currently available for occupancy.

Public Housing (PH): Both the state and federal government fund public housing, a project-based program, through Public Housing Agencies (PHAs). In Massachusetts, there are 356 cities and towns, of which 241 have a PHA. These range from a small town PHA that may have fewer than 100 units of elderly/disabled housing to the City of Boston that administers 12,623 public housing units.

The state and federal government each fund elderly/disabled properties which generally have one-bedroom units, and family properties, which typically have 2,3 or 4 bedroom units but do sometimes have one-bedroom units⁶. To be eligible for the elderly/disabled program, an applicant must be income eligible, and either over 62⁷ or between ages 18 and 62 and have a disability. To be eligible for the family

⁶ The state – but not the federal government – also funds two public housing programs specifically for the development of housing for people with disabilities, the Chapter 689 and Chapter 167 programs. These have historically been used to fund group home type models and do not include project-based rental assistance. Generally the state agency associated with the program, e.g. DDS or DMH, pays an operating subsidy through the service provider.

⁷ For state-funded public housing, eligibility for elderly housing begins at age 60; in federally funded public housing, it begins at age 62.

housing program, one must only be income eligible. Like the rental assistance programs described above, PHAs have flexibility in the federal programs to establish local preferences but must use the state prescribed priorities in the state funded public housing programs.

There are over 32,000 units of state-funded elderly/disabled housing and over 16,000 units of state-funded family housing across the state. There are an estimated 34,000 federally-funded public housing units including nearly 15,000 units of elderly/disabled housing. Note that in the mid-1990s there was some pushback at both the state and federal levels regarding younger people with disabilities and seniors living in the same property. As a result, in state elderly/disabled programs, seniors are given a preference for 86.5% of the units and younger people with disabilities are given a preference for 13.5% of the units. In the federal program, PHAs were allowed – under certain conditions – to make properties elderly-only. Neither the state nor federal government is currently funding expansion of public housing programs.

Public housing programs have an income eligibility limit of 80% of AMI. Individuals with ASD who meet the income and age requirements will be eligible for these programs regardless of whether they are eligible for services through DDS.

Privately Owned, Publicly Subsidized Housing: The federal government first began subsidizing the development of privately owned affordable housing in 1961 and the state soon followed with state funding for private development of affordable housing, funding development until about 1990. While there is no more production under these particular programs, rental assistance is renewed annually to support existing housing. There are an estimated 65,000 units in 800 properties across the state that are privately owned and which have a project-based subsidy. These include properties that are family, elderly/disabled, elderly-only, and disabled-only. Income eligibility for these programs vary based on funding sources.

People with ASD who meet the income and other property-specific requirements will be eligible for these programs regardless of whether they are eligible for services through DDS.

Private Rent Payment: There are additional strategies for assisting an individual with ASD to pay rent using private funds. This may include assistance with paying rent from parents or other family members or friends, use of Special Needs Trusts to assist with paying rent and use of ABLE account funds to pay rent.

- **Family/Friend Assistance:** Parents, family members and friends sometimes have the financial means to assist an individual with paying rent. When an individual is leasing a unit with income restrictions, family/friend contribution to rent on a regular basis is reported as monthly income. If the individual with ASD is receiving SSI monthly income, payment of room and board (rent, utilities, food) from an outside source (family/friend) reduces monthly SSI benefits by a “presumed maximum value” regardless of the amount of this payment. The Social Security Administration has determined that the “presumed maximum value” of the contribution to room and board is 1/3 of the monthly SSI payment. This option is important for families with the means to assist an individual to rent an apartment, because it preserves the Medicaid benefits that accompany SSI. Social Security Disability Income (SSDI) is not an income-based eligibility program, therefore, assistance with paying rent does not impact the individual’s monthly income from SSDI.

- **Special Needs Trusts** – Funds from a Special Needs Trust can be used to purchase and manage a home on behalf of an individual with ASD, or to pay rent on behalf of this individual. Rent payments are subject to SSI rules as stated above.
- **ABLE Accounts** – In May 2017, Massachusetts implemented the ability for individuals with disabilities, their family members and others to establish an Achieving a Better Life Experience (ABLE) account. These accounts allow a qualifying individual to set aside up to \$14,000 annually for qualifying disability-related expenses, including housing expenses. ABLE account funds can be used to pay rent, and these payments will not affect monthly SSI if the rent funds are withdrawn from the ABLE account in the same month they are spent on rent. In addition, ABLE account funds are not considered an asset in determining eligibility for affordable housing programs such as the HCV program.

Capital Investments

The state also makes housing affordable through the investment of capital such as grants and low- or no-interest loans. Capital funds help to write down the costs of affordable housing development. The more grants and deferred payment of no-interest loans a project receives, the less mortgage debt needed. The less debt, the lower the operating costs. The lower the operating costs, the lower the rents will be. Projects that have investments of affordable housing capital generally have income eligibility requirements. Unless the project has committed units to another specific population, any low-income person with ASD - regardless of whether they were eligible for services through DDS - would be eligible to be a tenant in these units. A few capital programs specifically target the development of SH including the Community Based Housing (CBH) Program for the development of SH for people with disabilities and the Facilities Consolidation Fund (FCF) for the development of SH for clients of DDS and DMH. See more on these programs below.

In Massachusetts, the costs of development are very high. To make units affordable, housing projects generally need multiple sources of capital. Operating costs, such as property management, utilities, insurance and taxes, are also high in Massachusetts. Even if a project has zero debt, it is unlikely that the amount of rent most people with ASD could afford to pay can cover these costs unless they have earned income that is above 30% of AMI. Rental assistance is needed to ensure affordability.

When the affordable housing developments funded with these capital investments have project-based rent subsidies, the tenant will pay a rent share based on the amount they can afford (30-40% of household income) and the state or federal government pays the owner the difference. When the affordable housing project has significant capital investments but no project-based rental assistance, the rents charged are generally below-market flat rents. In contrast to the rent subsidy programs that provide a subsidy based on each individual participant's income level, flat rents are generally targeted to serve people with a certain level of income, often 30%-50% of area median income (AMI). Housing with a flat rent is affordable to households with income in the targeted income range but will not generally be affordable to individuals with a lower income. While some of the flat rent units are targeted to people at 20% of AMI, most are higher and therefore not affordable to people whose sole source of income is SSI, which is 15% of AMI.

Flat rents may be affordable to people with ASD who have other sources of income such as employment, Special Needs Trust, ABLE account or other source of private funds.

The following describes the capital investment programs currently available to people with ASD⁸; Table F below summarizes these programs' features.

State-funded Bond Programs: The state has three bond programs specifically used to develop SH: Facilities Consolidated Fund (FCF), Community-Based Housing (CBH) and the Housing Innovation Fund (HIF). While each has a special purpose (see below), the three programs are all administered by DHCD (with assistance from the Community Economic Development Assistance Corporation (CEDAC)) in essentially the same manner. The state provides 30 year deferred payment loans to non-profit developers for the creation and retention of SH. the 30-year period can be extended at the discretion of DCHD. Generally, tenants will be low-income. The legislature has re-authorized these programs continually, and the Administration has allocated bond cap to these program annually. There is every expectation this funding will continue at some level.

Table G on page 26 summarizes tenant eligibility and number of units for each of these SH bond programs.

⁸ There are some additional capital programs that DHCD uses to fund affordable housing. These sources are not disability specific and are awarded to projects through DHCD's annual RFP.

Table F: Capital Investments Currently Available to People with ASD in Massachusetts

Program	# Units/ # Served/ \$ Annual	Funding Source	State Agency Administering	Primary Tenant Eligibility Requirements	I/ASD	DDS eligible but not I/ASD	Not DDS Eligible	Funds are available to develop new units?	Existing Units Only?
Affordable Housing Programs Targeted to People with Disabilities									
Facilities Consolidated Fund (FCF)	2,400	State Bond Funds	DHCD (CEDAC)	DDS Clients	✓	✓		✓	
Community Based Housing (CBH)	342	State Bond Funds	DHCD (CEDAC)	Elders or PWDS who are not DDS eligible			✓	✓	
Housing Innovation Fund (HIF)	13,500	State Bond Funds	DHCD (CEDAC)	Income and special needs	✓	✓	✓	✓	
National Housing Trust Fund	TBD	Federal allocation	DHCD	Income eligibility differs by project	✓	✓	✓	✓	
Affordable Housing Programs Open but NOT Targeted to People with Disabilities									
Low Income Housing Tax Credit Program (LIHTC)	1,400 in 2015	Federal and state tax credits	DHCD	Income eligibility differs by project	✓	✓	✓	✓	
HOME Program		Federal budget	DHCD	Income eligibility differs by project	✓	✓	✓	✓	
Mass Affordable Housing Trust Fund		State Budget	MassHousing	Income eligibility differs by project	✓	✓	✓	✓	
For Homeowners									
Home Modification Loan Program	1,942	State Bond funds	DHCD (CEDAC)	Income; PWD including elders	✓	✓	✓		✓

Table G: Tenant Eligibility & Number of Units for State Supportive Housing Bond Programs

Program	Year Established	Total Units (2017)	Target Population
FCF	1993	2,400	<ul style="list-style-type: none"> • Current and former residents of DMH or DDS institutions affected by the Facilities Consolidation Initiative through closure, consolidation and/or restructuring of resources; • Individuals eligible for DMH or DDS services who are either awaiting community-based residential services, or are living in a community program but are under-served; and • People with mental illness who are living in the streets, shelters or in institutions with no other place to go. <p>Eligible ASD-I/DD may be eligible</p>
CBH	2004	342	<p>Person with disabilities:</p> <ul style="list-style-type: none"> • who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities, <u>excepting</u> individuals who are clients of DMH or DDS and therefore eligible for housing developed with FCF funds by those agencies; this exception is required by the legislation. Major life activities include: self-care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency. A determination that a person has such functional limitations can be made with written verification from a professional with appropriate expertise or by verifying the individual is a recipient of SSI or SSDI, and • who is institutionalized or is at risk of institutionalization in a nursing facility, long term rehabilitation facility or hospital and is either <ul style="list-style-type: none"> ○ 18 years of age or older or ○ a household with a minor child who can qualify under the criteria above. <p>DDS Eligible ASD and Non-eligible AASD may be eligible</p>
HIF	1987	13,500	<ul style="list-style-type: none"> • An unusual or specialized level of management or social services. • An innovative financing or ownership structure. • Innovative features including, without limitation, any of the following types of housing: single room occupancy housing; transitional housing for the homeless; limited equity cooperative housing; battered women’s shelters and transitional housing for battered women and their families; employer assisted housing; housing in receivership; lease-to-purchase housing; and housing in college communities. <p>Any ASD population may be eligible depending on particular program design</p>

Low Income Housing Tax Credit Program (LIHTC): For over 30 years, the LIHTC Program has been the main driver of affordable housing development in Massachusetts and across the country. Both the state and federal governments provide tax credits to promote the development of affordable housing in Massachusetts. DHCD competitively awards the federal and state tax credits to affordable housing projects. The developers in turn give the tax breaks to investors — such as corporations that need the tax credits — in exchange for providing equity for their project. Number units funded varies depending on number of variables. In 2015, DHCD funded an estimated 1,400 units of affordable housing through the tax credit program.

When a project does not have PB rental assistance, a tax-credit funded project is required at minimum to provide:

- flat rents in at least 20% of the units affordable to households at 50% of AMI; or
- flat rents in at least 40% of the units affordable to households at 60% of AMI.

Historically the LIHTC program has been very attractive to developers and investors, allowing DHCD to leverage more from developers such as requiring units affordable to households at 20% of AMI.

DHCD generally awards affordable housing development funds through a Request for Proposals that includes most of the state bond programs (FCF, CBH, HIF, etc.) as well as other programs including state and federal tax credit, HOME and the state Trust funds. People with ASD may be eligible for units funded with these programs if they meet any other project-specific eligibility requirements.

Several years ago, the Massachusetts Rehabilitation Commission (MRC) spearheaded a project with DHCD to ensure projects receiving LIHTC funds were physically accessible in compliance with both state and federal law. At the same time, community advocates including Independent Living Centers and the Disability Law Center, advocated for these properties to become “visitable.”⁹ These activities resulted in the following changes to the LIHTC program.

- DHCD revise the Qualified Allocation Plan (QAP) that describes DHCD’s funding priorities and application “points” to include additional points for enhanced access and visitability.
- DHCD educated developers about these new expectations;
- DHCD modified the LIHTC application to collect better and more specific accessibility information about properties and sites; and
- DHCD trained their design review architects on access needs and requirements.

Combined, these activities have significantly improved physical accessibility in LIHTC properties.

Individuals with ASD who income qualify and meet any other eligibility requirements can live in units developed through this program.

HOME Funds: These are federal funds appropriated annually since 1990 to the state and 19 entitlement cities and towns. Funds have a variety of uses related to the development of affordable housing

⁹ See <http://www.visitability.org/>

including supportive housing. State funds are generally included in the RFP described under the LIHTC program and included as one of many capital sources in projects.

Twenty (20) percent of the HOME-assisted units must be occupied by very low-income families (50% of AMI) and meet one of following rent requirements: (1) The rent does not exceed 30 percent of the annual income of a family whose income equals 50% of AMI, or (2) rent does not exceed 30 percent of the family's adjusted income.

Individuals with ASD may be eligible for units funded with these programs if they meet any other project-specific eligibility requirements.

Housing Trust Funds: There are currently both state and federal housing trust funds for the development of affordable housing. The state's Affordable Housing Trust Fund (AHTF) supports the creation or preservation of housing for persons with incomes up to 110% of area median income and can be used for ownership and rental programs and can provide a variety of types of assistance including low and no interest loans, grants, subsidies, and credit enhancements for affordable and mixed-income housing, including, but not limited to projects making affordable housing more accessible to senior citizens and people with disabilities.

The National Housing Trust Fund provides funds for the development of affordable housing for people with incomes of 50% and 30% of AMI or below. DHCD recently received its second annual allocation of funds. DHCD prioritizes projects that provide service-enriched housing and housing for homeless families and individuals. DHCD gave priority to projects with tenant selection plans that include some of the following criteria:

- Preference for homeless families
- Preference for homeless individuals
- Preference for veterans
- Preference for persons with disabilities
- Preference for other vulnerable populations, such as the frail elderly

DHCD layered AHTF and NHTF in projects with other capital and rental assistance resources.

Individuals with ASD may be eligible for units funded with these programs if they meet any other project-specific eligibility requirements.

Home Loan Modification Program (HMLP): Created in 1999, HMLP provides deferred payment loans, loan guarantees, or interest subsidies to help fund home modifications for elders, individuals with disabilities, and families of children with disabilities. Homeowners and landlords who rent to qualifying tenants are eligible for assistance. Loans are no- or low-interest, depending on the borrower's income and assets. Types of work financed include ramps, bathroom and kitchen modifications, and wheelchair lifts. Through 2013, the program had funded 1,942 loans. Homeowners with ASD and families living with a family member who has ASD would be eligible for these deferred payment loans if they meet the income limits for the program.

B. Utilization of Supportive Housing Currently Available to People with ASD

TAC's survey found very high utilization rates overall making access to many – but not all – of these resources challenging.

Utilization of SH Models Bundling Services and Housing

- **Residential Services/Group Home:** Interviews with providers as well as the focus groups indicated that vacancies seldom exist, and when they do, they are filled from the DDS priority one list. This list does not prioritize individuals with ASD, therefore, the next available group home placement may be offered to a person with or without ASD. An additional challenge is that this service is provided through a Medicaid 1915c waiver, which is limited to serving a specified number of individuals; because approximately 50% of the cost of services are funded by the state, the availability of additional services is dependent on legislative appropriations. This model is only available to individuals with ASD who have ID and otherwise qualify for the DDS Medicaid waiver. Individuals with ASD and no ID and those with ASD who are not otherwise eligible for services through DDS are not eligible for this service.
- **Adult Foster Care (AFC):** This service is a MassHealth medical assistance state plan service and consequently is available to anyone who meets the eligibility requirements. Providers noted that one of the challenges in providing this service is finding qualified caregivers.
- **Group Adult Foster Care (GAFC):** This service is a MassHealth medical assistance state plan service and consequently is available to anyone who meets the eligibility requirements. Availability of beds or units at provider locations can impact program availability.
- **Shared Living (Placement Services/Shared Living):** Interviews with providers indicated that the availability of this model is impacted by two main factors:
 - This service is provided through a Medicaid 1915c waiver as well as through state-only funding. The waiver is limited to serving a specified number of individuals; because approximately 50% of the cost of waiver services are funded by the state, the availability of additional services is dependent on legislative appropriations. Legislative appropriations may also impact the availability of this service for individuals with ASD who are eligible as a result of the Autism Omnibus Law.
 - It can be difficult to identify caregivers who are able to provide the supports needed by individuals receiving this service.

Utilization of Services Only Models

- **Individual Supports (Individualized Home Supports):** This service is provided through a Medicaid 1915c waiver as well as through state-only funding. As such, the availability of additional services is dependent on legislative appropriations.
- **Adult Companion:** This service is provided through a Medicaid 1915c waiver as well as through state funding. As such, the availability of additional services is dependent on legislative appropriations.

- **Personal Care Attendant (PCA):** This service is a MassHealth medical assistance state plan service and consequently is available to anyone who meets the eligibility requirements.

Utilization of Private Pay Models

Private pay vacancies do not occur very frequently, and are typically filled from a waitlist kept by the agencies providing the service. Some families indicated they could provide the supports directly or pay for supports if affordable housing was available.

Utilization of Affordable Housing

The vast majority of the affordable housing resources described above are fully utilized at any point in time and have waiting lists. Discussion with providers, self-advocates, family members and other advocates indicated a frustration with waiting lists for affordable housing, especially the Housing Choice Voucher Program. However, there is turnover and there are individual housing search strategies that can speed up an individual's access to housing resources. For example, many individuals are not aware of the many project-based housing options that may be accessed more quickly. In addition, some of the capital programs – tax credit, state bond funds, trust funds – continue to produce affordable housing every year, much of it supportive housing.

C. Housing Needs and Preferences - Focus Group Results

The families and self-advocates participating in the focus groups indicated an interest in a broad range of models. These include:

- Living with a family including Adult Family/Foster Care
- Living in their own apartment but near other people with ASD
- Living in their own apartment not necessarily near other people with ASD
- Living in a Group Home with other people with I/DD and/or ASD
- Shared living with other people with ASD
- Living on a farmstead, gated community, or other community specifically for people with ASD
- Living on an integrated farmstead or community with supports and other features that are supportive of the needs of individuals with ASD

It is important to note that there are substantive differences in comments provided by families and self-advocates. Many families expressed an interest in shared housing models and roommates; however, most self-advocates indicated a preference for living alone. Self-advocates indicated an interest in living alone for a variety of reasons, including:

- Need to control environmental conditions such as noise, lighting, walking paths, space for preferred activities, etc.
- Previous experiences with roommates that were not positive, including bothersome noises, interference with routines, etc.
- Lack of interest in socialization when away from work and recreational activities

Families indicated they wanted shared living for their family member for a number of reasons including:

- Perception that the individual would be safer in a group situation¹⁰;
- Cost savings for those families paying for most of the housing and services; and
- Opportunities for socialization.

While both groups noted that choice and person-centered approaches are critical, differences were identified around choice and community inclusion. Concern over safety was prominent in comments from families, whereas the right to choose and to have higher expectations for independent success was more prominent in comments from self-advocates.

Several family members expressed a desire to create autism-only settings such as farmsteads where individuals with ASD can receive day and residential supports in a setting that is protected from the general community. Reasons for this preference included concerns for safety, the ability to provide autism-centered supports they perceive as different from those needed by other individuals with a developmental disability, the ability to include physical and sensory design features that are helpful to individuals with ASD and the cost savings for providing housing and services in a congregate setting, particularly for individuals who do not qualify for residential services through DDS. Self-advocates, however, did not share this desire. Rather, self-advocates expressed concern that these congregate settings tend to isolate individuals with ASD from the greater community, generate stigma that can be associated with disability, may not honor the choice of the individual, and do not promote higher expectations for individuals.

D. Housing Models and Unit Types Needed

1) Overview

Autism is a spectrum disorder (ASD) that impacts individuals very differently. Some individuals with autism have average to above average intelligence with high verbal skills, while others with ASD have a cognitive impairment and are nonverbal. Individuals with ASD also have various strengths and challenges. The diagnosis of ASD does not define the impacts on the individual and this requires a broad range of housing options to address the ability of some individuals to live independently, some to live successfully with limited supports, and others that will require 24-hour support on a daily basis. TAC heard from families who described a range of abilities of their adult child, including those who are nonverbal and require direct assistance with most activities of daily living, as well as, those who are employed and/or attending college and living in the community.

2) Estimates of Need for Supported Housing

The 2016 study by the University of Massachusetts Medical School (UMMS), *Healthy People 2020 Roadmap Report for Massachusetts Children and Youth with ASD/DD: Understanding Needs and Measuring Outcomes*, illustrates how difficult it is to identify the number of people with ASD who will need SH. The study did not collect quantitative data itself but provides information from the National Autism Indicators Report on Transition to Young Adulthood. “According to the National Autism Indicators Report on Transition to Young Adulthood, some people on the autism spectrum will eventually live independently as adults, but not all. Some will continue to need significant help. Even of

¹⁰ Although many families also articulated a concern about abuse in group homes.

those living independently, many still require some degree of support.” UMMS reports that the National Indicators Report found that 19% of autistic young adults never lived independently after high school.

According to estimates from CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network¹¹, 1 in 68 children has been identified with ASD; although the CDC’s estimate of prevalence increased between 2000 and 2012, the 1 in 68 remained steady in the last two years data was provided (2010 and 2012). Applying the prevalence data to current Massachusetts population of 6,811,779,¹² approximately 100,000 people (including ages 0-21) in the state may have ASD. It should be noted that Massachusetts was not one of the states used in collecting this prevalence data.

Of the estimated number of people with ASD, approximately 20% are under age 18; it would be reasonable to assume that the majority of this 20% do not currently need housing outside their family home. If we assume that at minimum, many of the 19% of youth identified by the National Autism Indicators Report as never having lived away from home need supportive housing, then at minimum, in 2017, 15,200 people with ASD may need supportive housing of some type. This is considered to be a conservative estimate. It is important to acknowledge that this figure may not fully reflect the need. Autism Commission’s Housing Subcommittee wishes the reader to be aware that the Commonwealth needs a central data collection point for the autism population. Housing Model Considerations In addition to housing affordability and access to voluntary supports, discussions with self-advocates, family members, providers and advocates identified some important qualities needed in housing for people with ASD.

Housing Design: The focus group discussions confirmed what other research¹³ has previously found; that some people with ASD would benefit from special design features in housing. Each person with ASD may have their own specific needs based on their responses to environmental stimuli. George Braddock, a nationally recognized expert in housing design for individuals with ASD, has found the following design considerations to be the five most frequently needed features:

- Floor drain in bathroom
- Sound proofing
- Vinyl plank flooring
- Windows with internal blinds
- Dimmable lighting

The LIHTC Program section of this report described a collaboration between DHCD and MRC that resulted in improved physical accessibility of tax credit projects DHCD trained their design review architects on access needs and requirements. By educating DHCD on the needs of people with ASD, accessibility to the LIHTC program for this population may also be improved.

Pilot Projects: As described above, utilization of all SH models and affordable housing programs is very high. Expecting that system to produce 15,000 additional units for people with ASD will be very

¹¹ <https://www.cdc.gov/ncbddd/autism/data.html>

¹² <https://www.census.gov/quickfacts/MA>. July 2016 estimate

¹³ Making Homes That Work: A Resource Guide for Families Living with Autism Spectrum Disorder + Co-occurring Behaviors; George Braddock, Creative Housing Solutions LLC and John Rowell, Rowell Brokaw Architects, PC, 2011

challenging. Pilot projects to expand housing for people with ASD might be useful. Data from the pilots (e.g. waiting list data) can begin to inform the state about the need for and interest in various housing models, such as roommates or independent living, in geographic locations across the state as well as the need for one-bedroom versus larger unit sizes. People with ASD are a new target population for the state and agencies are not equally familiar with the needs of this population. Pilot projects provide a way for everyone to learn together before bringing preferred models to scale.

The range described by family members above, as well as, the extensive discussions in the focus groups suggests that units of varying sizes are needed to provide the preferred housing models. Targeting housing programs and projects that can flexibly accommodate a variety of needs and preferences may be useful. For example, a set-aside of units in a family development might be more useful than in an elderly/disabled property. With multiple size units, the family development could serve an individual who wants to alone, as well as, one who wants a roommate or has a live-in aide. Tenant-based programs such as the federally funded HCV and the state-funded Mass Rental Voucher Program (MRVP) offer this flexibility as well.

Transportation: Access to transportation was at the top of everyone’s list of critical needs. While some people with ASD can drive, many rely on public transportation.

3) Considerations for Specific Programs and Models

Facilities Consolidated Fund Program (FCF): Historically DDS has used the FCF program to develop group homes in order to close the state facilities for adults and provide community-based housing for the previous residents. That goal has been achieved, potentially freeing up resources that can be targeted to serve people with ASD. Some of the possible tasks involved in accessing this resource might include piloting project opportunities across models and geography. Examples of pilot projects might include:

- Identify an ASD provider that has previously used FCF and assess capacity for and interest in a pilot project.
- With DHCD and DDS, identify a nonprofit housing developer with a project already in the pipeline (recently funded and under construction or ready to be funded) that would consider including units for people with ASD in their project and could benefit from FCF as “gap filler” to make a small number of units affordable to a person at very low-income.

Section 811 Project Rental Assistance (PRA): HUD has awarded PRA funds to DHCD for the development of integrated housing for people with disabilities. The state originally designated the PRA units for people with disabilities eligible for the Money Follows the Person (MFP) Program. The state is in the process of reviewing the targeting priorities. Discuss with DDS the possibility of including people with ASD in the pool of those targeted for the PRA units. Note that Connecticut’s PRA Program includes adults eligible for the state’s Autism waiver as one of three target populations.

DHCD’s Moving to Work Program (MTW): As described above, DHCD is a participant in the Moving To Work (MTW) Demonstration. DHCD’s MTW Plan allows for the agency to use HCV funds to implement “shallow” vouchers, a flat subsidy amount for households that meet established income thresholds rather than a “deep” subsidy linked to the tenant’s income. Self-advocates who are competitively employed may be a good match for shallow vouchers. The Committee may want to explore the

possibility of piloting a small-scale shallow subsidy program for competitively employed or other individuals with ASD would income qualify for the subsidy but who are unable to afford housing on the private market.

MassHousing Set-Aside: The expansion of housing options targeted to people with ASD is very important. New construction takes time, however, and the Commission will be competing with other populations for limited housing resources. It is therefore critical that people with ASD maximize the use of existing affordable housing resources. As described above, MassHousing requires that 3% of units in rental housing developments financed by MassHousing for low- and moderate-income households be set-aside for referrals from DMH and DDS. The Housing Committee may want to explore with DDS the option of including people with ASD among those referred to available set-aside units.

In Massachusetts, there are a number of larger companies that manage most of the private assisted housing. These include but are not limited to Beacon Properties, Avalon, Winn, Maloney and others. These larger companies tend to be sophisticated and have experience serving people with disabilities; at least one is also a GAFC provider. Securing commitment of one or more of these companies to enhance their marketing and outreach to individuals with ASD is another strategy to enhance access to existing resources.

In addition, MassHousing offers on-going education and training to property managers and service providers. Many trainings have focused on disability-related issues including fair housing law, reasonable accommodation, hoarding and other topics. These trainings have been very effective in creating system-wide transformation of treatment of people with disabilities in affordable housing. Explore with MassHousing the option of including ASD training for property managers in their Community Series/TAP training.

Housing Knowledge Base: The vast majority of the families who attended the focus groups were aware of the DDS services their family members with ASD were NOT eligible for but seemed to have limited sense of the services that ARE available. Individuals with ASD and ID are eligible for residential programs (housing and services) through DDS such as group homes. People with ASD who do not have ID are not eligible for these programs. However, these individuals are eligible for community-based services including ASD Service Coordinator, Individual Supports, coaching, employment supports and others. For many individuals with ASD, the Individual Supports such as In-Home Supports or Adult Companion Services would be sufficient to assist them to live in the community and to obtain and retain housing. The four focus groups indicated that key stakeholders including but not limited to self-advocates, families, ASD Service Coordinators and Autism Resource Centers, need comprehensive information about existing affordable supportive housing resources.

It is true that there is far more need for affordable housing than there is stock. However, there are housing search strategies that can be successful. Providing on-going housing training will improve access to existing resources for people with ASD. Reasonable accommodation training is one area that is likely to be very useful for self-advocates, family members, case managers and others. Providing housing information and training to those involved in Transition planning, including educators responsible for developing transition plans, will assist older students and their families to be in a better position individuals entering the adult service system to access SH as needed.

Homeownership Models: In addition to rental opportunities, homeownership is a viable option for individuals with ASD who have financial assistance from a Special Needs Trust, an ABLE account, family or through earned income. Individuals with ASD and their families need information on making homeownership possible. In addition, special mortgage programs can provide significant assistance to individuals with disabilities, including those with ASD, in accessing affordable mortgage financing. To increase homeownership options the Housing Committee might want to consider strategies that:

- Provide information to individuals with ASD and their family members on the use of Special Needs Trusts and ABLE accounts to purchase a home.
- Inform families of individuals with ASD about the Fannie Mae provisions for mortgage loans to parents/guardians of people with disabilities. These provisions allow a parent or legal guardian to obtain a mortgage for a home for an individual with a disability who is not able to work or who has insufficient income to qualify for a mortgage.

As described above, some families are choosing to continue to support their adult family members in their family home. These families need to make their homes workable for their family members including some or all of the design features in the Home Design section earlier in this report. These families also may choose to add an accessory apartment to their family home that would allow an individual with ASD to have a separate living space while continuing to be close to family for support. These families do not have access to the resources described in Section A above. However, the state's Home Modification Loan Program (HMLP), described above, provides loans to make modifications to the primary, permanent residence of elders, adults with disabilities, and families with children with disabilities. The addition of an accessory apartment is an eligible activity under the HMLP.

The state has other programs that can assist families to make modifications including MRC's vocational rehabilitation program and funds available through the state's eleven Independent Living Centers. Individuals eligible for DDS services may be eligible to receive adaptive housing services through the Family Support Program.

In addition, some localities use their HOME or CDBG funds to assist owners to make home modifications. The City of Newton, for example, administers a typical CDBG Housing Rehabilitation Program.¹⁴ The removal of architectural barriers for people with disabilities including elders is a priority under Newton's program.

The Housing Committee may want to ensure families participating in the Adult Foster Care program are aware of these state and local programs. The Housing Committee may also want to consider promoting the Newton model as an example of a program other communities can develop using HOME or CDBG funds (see Table H below for a list of the cities in Massachusetts that have CDBG and HOME funds).

¹⁴ <http://www.newtonma.gov/gov/planning/hcd/housingrehab.asp>

Table H: Massachusetts Community Planning & Development Program Formula Allocations for FY2017

PARTICIPATING JURISDICTION	CDBG17	HOME17
Arlington	\$1,029,587	\$0
Attleboro	\$396,417	\$0
Barnstable	\$283,342	\$0
Boston	\$15,761,309	\$4,152,803
Brockton	\$1,317,423	\$397,451
Brookline	\$1,327,077	\$0
Cambridge	\$2,454,671	\$522,490
Chicopee	\$1,048,025	\$0
Fall River	\$2,635,092	\$766,504
Fitchburg	\$896,048	\$348,641
Framingham	\$502,681	\$0
Gloucester	\$600,968	\$0
Haverhill	\$850,044	\$0
Holyoke	\$1,129,145	\$695,563
Lawrence	\$1,523,791	\$662,583
Leominster	\$423,479	\$0
Lowell	\$1,830,762	\$545,762
Lynn	\$2,303,065	\$620,109
Malden	\$1,229,217	\$1,503,982
Medford	\$1,403,913	\$0
New Bedford	\$2,425,530	\$664,227
Newton	\$1,735,805	\$1,160,828
Northampton	\$613,782	\$0
Peabody City	\$410,968	\$1,267,114
Pittsfield	\$1,132,486	\$0
Plymouth Town	\$315,560	\$0
Quincy	\$1,669,430	\$593,307
Revere City	\$691,746	\$0
Salem	\$965,549	\$0
Somerville	\$2,249,000	\$405,187
Springfield	\$3,440,019	\$1,121,435
Taunton	\$726,570	\$513,309
Waltham	\$930,408	\$0
Westfield	\$347,743	\$0
Weymouth	\$631,683	\$0
Worcester	\$3,953,923	\$1,083,179
Yarmouth	\$110,355	\$0
Massachusetts Non-entitlement	\$29,757,361	\$6,932,482
CNSRT-Barnstable County	\$0	\$379,833

Appendix I: Autism Survey Questions – Provider

1. Do you currently provide services to people with Autism Spectrum Disorder (ASD)?
 - a. No
 - b. Yes
 - i. What type of service do you provide? Please indicate all that apply.
 1. In Home Supports
 2. Case management
 3. Assistance with activities of daily living
 4. Employment/day services
 5. Transportation
 6. Behavior supports
 7. Supervision for safety
 8. Supported housing programs or services
 9. Other
 - ii. How are services funded? Check all that apply.
 1. Medicaid. This includes waiver and state plan services.
 2. State only funding
 3. Private pay

2. Is all of the ASD supported housing in DDS-funded 24/7 group homes?
 1. Yes
 2. No

3. What type of setting(s) best describes the supported housing you provide? Indicate all that apply. Please indicate the number of people you serve and the number of units that are available at each type of housing.

Setting	Number served	Number properties or units or beds
Family home – person lives in the home of a parent or other relative		
Group home		
Shared apartment		
Shared living provider – person lives in the home of a care provider who is not related to the service recipient		
Independent renting with companion – person rents a unit and lives with a companion who may or may not provide personal care assistance. This includes people who live with a live-in aide.		

Setting	Number served	Number properties or units or beds
Independent renting without companion – person rents their own apartment/unit and receives services from a provider who does not live at this unit		
Adult Foster Care		
Other- please describe		

4. Complete an individual chart (attached) for each setting selected in question #3.
5. If you have vacant units and/or beds, what are the challenges in keeping these units filled?
 - a. Please explain:
6. Do you have housing units that can be used by people with intellectual disabilities and co-occurring ASD?
 - a. No
 - b. Yes

How many?

7. Do you have housing units that can be used by people with ASD who do not have an intellectual disability?
 - a. No
 - b. Yes

How many?

8. Do you have housing units that can be used by people who do not have ASD?
 - a. No
 - b. Yes

How many?

Setting: _____

Question	Response
Identifier	
Number properties/ units/served	
Who owns	
Who manages	
Who provides services	
Is rent subsidized? If yes, what is source?	
Do residents have leases? Other occupancy agreement?	
Waiting list now? If yes. How long?	
Vacancy unit/beds now? Vacancy units/beds typically?	
Additional Information	

Appendix II: Provider Contact List

All listed providers were contacted and asked to participate in the survey. Provider agencies that participated are highlighted in yellow.

HMEA

Advocates

Toward Independent Living and Learning, Inc.

Jewish Family and Children's Service

Seven Hills Foundation *

Specialized Housing, Inc.

May Institute

Kennedy-Donovan Center

Bridgewell

Pathlight/Autism Connections

The Katydid Foundation

Step by Step Supportive Services

Northeast Arc *

Arc of S. Norfolk/Lifeworks

Charles River Arc

Captains House

Living Independently Forever, Inc.

Palaemon House

Esprit

Amego, Inc.

NEEDS

The Shared Living Collaborative

Cape Abilities

L'Arche of Greater Haverhill (Boston North)

NuPath, Inc.

*These agencies contacted TAC after the interviews were completed.

Appendix III: Autism Survey Questions – Service Coordinator

1. Do you currently support people with ASD who do not live in a DDS-funded 24/7 group home?
 - a. No – end survey
 - b. Yes

2. Where do the people you support live? Please indicate the approximate number of people in each living situation. Write "0" if you do not serve anyone in the type of living situation.

- _____ Family home
- _____ Rented apartment – person lives alone
- _____ Rented apartment – person shares housing with roommate
- _____ Rented apartment – person has a live-in aide
- _____ Rented room
- _____ Friends home
- _____ Caregiver’s home
- _____ Person owns their home
- _____ Provider owned home or apartment

3. Do you support people living in other settings? Please describe.

4. How do the people you support pay for housing? Please indicate the approximate number of people in each category. Write "0" if you do not support anyone in the category.
 - _____ They are able to pay the market rent
 - _____ Their housing has a state or federal subsidy such as Section 8, Housing Choice Voucher, Housing Authority, Mass Rental Voucher Program (MRVP), Alternative Housing Voucher (AHVP), etc.

5. Are there other ways that people you support pay for their housing? Please describe.

Please list the provider agencies in your region that provide housing, supportive housing or residential services for people with ASD: