



Committee on Financial Services  
Subcommittee on Diversity and Inclusion  
United States House of Representatives

Diversity Includes Disability: Exploring Inequities in Financial Services for Persons with  
Disabilities, Including Those Newly Disabled Due to Long-Term COVID  
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Chairman, Ranking Member, and members of the Diversity and Inclusion Subcommittee thank you for inviting me to testify today about housing inequities faced by people with disabilities. My name is Allie Cannington and I am the Senior Manager of Advocacy and Organizing at The Kelsey. At The Kelsey, we pioneer disability-forward housing solutions that open doors to more affordable homes and opportunities for everyone. We have over 240 affordable, accessible, integrated, and inclusive homes in our pipeline and lead organizing and advocacy initiatives to support market and policy conditions that can make inclusive housing the norm<sup>1</sup>.

As I present this testimony on behalf of The Kelsey, it is important to share my own experiences as a disabled person and that I have also struggled to find housing that is affordable, accessible, and inclusive to my needs. Time and again, regardless of the city I have lived in, my only housing options have meant that I have always been severely rent-burdened. All of the naturally occurring affordable housing was never accessible nor close enough to public transportation. Yet, even with being rent-burdened, I am still in the minority of disabled people who are living in safe, accessible, transit-oriented housing, integrated housing. Beyond my own experiences, a decade of organizing in the disability rights movement has confirmed that one of the highest priority issues impacting disabled people is the lack of affordable, accessible, and/or integrated housing.

Today will provide a critical overview of how disabled people are disproportionately impacted by our nation's housing crisis, both in the lack of housing supply that is affordable, accessible, inclusive, and integrated as well as the extreme demand to live and thrive in such housing.

Driven by unreasonably high costs, the highest rates of housing discrimination, inaccessibility, and/or lack of housing that is ready to accommodate individualized support services, the nation's state of housing for the more than 61 million people with disabilities is grim and is long overdue for a comprehensive solution. COVID-19 has only exacerbated an already critical

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<sup>1</sup> <https://thekelsey.org/>



situation<sup>2</sup>. By far, the most acutely affected have been among disabled Black, Latinx, Indigenous, Asian, Pacific Islanders, and other people of color and low-income communities<sup>3</sup>. Moreover, Covid-19 was and continues to be a mass disabling event, which estimates say that there were 1.2 million more disabled people at the end of 2021. Although studies are underway on Long Covid, estimates suggest that 750,000 to 1.3 million or more Americans with Long Covid are unable to return to work<sup>4</sup>. Therefore, the need for disability forward housing solutions is only growing for those who are already living with disabilities and newly disabled due to long haul COVID19.

There may be a strong federal legal framework, including with the Fair Housing Act (FHA), the Americans with Disabilities Act (ADA), and the Architectural Barriers Act (ABA), which secures disabled people's rights to housing, these rights have still not translated into equitable housing outcomes. Moreover, in 1999, the Supreme Court's decision in *Olmstead v. L.C.* created a federal mandate by declaring segregating disabled individuals in institutions constitutes discrimination and violates Title II of the Americans with Disabilities Act<sup>5</sup>. The *Olmstead* Rule didn't just win the right to move into the housing of their choice, but it also laid the foundation for community living for millions of people with disabilities and affirmed the right for housing inclusion for generations to come. Nonetheless, this right has yet to be made a reality. Now, almost 23 years later, the federal government and all state governments must finally invest in the housing infrastructure so that all people with disabilities, regardless of backgrounds, identities and level of support needs, can live out their right to live in their own homes and communities.

## I. Overview of Population

***People with disabilities experience disproportionate rates of poverty and therefore, are unable to afford most of today's rising cost housing market.***

According to the Census's Supplemental Poverty Measure (SPM)<sup>6</sup>, people with disabilities experience poverty at double the rate of non-disabled people. In 2019, 21.6 percent of disabled people were considered poor under the SPM compared with just over 10 percent for those without disabilities. In 2020, one in four disabled Black adults lived in poverty compared to just over one in seven of their white counterparts<sup>7</sup>.

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<sup>2</sup> [1 in 4 US adults live with a disability](#), CDC

<sup>3</sup> [Disability-Forward Policy Recommendations To Advance Accessible and Affordable Housing for All](#), Center for American Progress

<sup>4</sup> [COVID-19 Likely Resulted in 1.2 Million More Disabled People by the End of 2021—Workplaces and Policy Will Need to Adapt](#), Center for American Progress

<sup>5</sup> [Olmstead: Community Integration for Everyone](#), ADA.gov

<sup>6</sup> [The Supplemental Poverty Measure: 2020](#), US Census Bureau

<sup>7</sup> [Economic Justice Is Disability Justice](#), Century Foundation



Moreover, households with a disabled adult need an average of 28 percent more income—an extra \$17,690 per year for a typical U.S. household—in order to achieve the same standard of living comparable to a household without a disabled member. This is in part because living with a disability—or having a household member with a disability—often comes with significant additional out-of-pocket costs not covered by health insurance. For example, expenses such as adaptive equipment to make one’s home accessible, personal attendant care or direct service provider, home modifications, and assistive technology, among other needs, can add cost to a household’s budget and create even greater economic instability. Therefore, families and people with disabilities who currently rent or own their own homes are going to have increased rates of being cost-burdened<sup>8</sup>.

According to HUD’s most recent Worst Case Housing Needs Report, there are over a million households with worst-case housing needs that include a younger person with a disability; half a million of these households include a single individual. Households with worst-case housing needs are very low-income renters— households with incomes at or below 50 percent of area median income—who do not receive government housing assistance and who pay more than one-half of their income toward rent, live in severely inadequate conditions, or both<sup>9</sup>.

For people with disabilities who rely on Supplemental Security Income and other forms of federal assistance, there is no US housing market where rent is affordable. This is impacting over 4 million people with disabilities.<sup>10</sup>

The high rates of poverty and struggle to afford housing have only exasperated during the pandemic. One year after the pandemic, nearly 40 percent of renters with any disability experienced housing insecurity, in that they either deferred paying their rent or reported no or slight confidence in their ability to pay next month’s rent. This is substantially higher than the national average of 25 percent. Disabled Black and Hispanic renters were especially likely to be housing insecure, at 52 percent and 50 percent<sup>11</sup>.

***Disabled people's diverse accessibility needs are not being met by today's housing stock, nor do the current federal policies provide accurate requirements and incentives to create enough accessible housing stock.***

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<sup>8</sup> [The Extra Costs of Living with a Disability in the US — Resetting the Policy Table](#), National Disability Institute

<sup>9</sup> [Worst Case Housing Needs 2021 Report To Congress](#), HUD USER

<sup>10</sup> [Priced Out](#), Technical Assistance Collaborative

<sup>11</sup> [Recognizing and Addressing Housing Insecurity for Disabled Renters](#), Center for American Progress



Less than five percent of housing nationwide is accessible for people with moderate mobility difficulties, and less than one percent is accessible for wheelchair users<sup>12</sup>. These shameful statistics are not just felt in the daily lives of 25 million Americans with a mobility-related disability<sup>13</sup> but by their families and loved ones. Moreover, there is a very limited supply of housing that has accessibility features for people who have sensory impairments. Additionally, with a national affordable housing shortage of more than seven million units, even fewer of those housing units are both accessible and affordable<sup>14</sup>.

Moreover, federally funded housing is only required to have five percent of be accessible to people with mobility disabilities, and just two percent for those with visual and hearing disabilities<sup>15</sup>. These requirements do not match the population sizes of 14 percent, six percent, and five percent of US adults living with these disabilities<sup>16</sup>. These minimum accessibility requirements leave out other accessibility needs, such as cognitive access, increased communication access, environmental and chemical sensitivities.

There are also no current incentives within the federal housing programs that award developers who go beyond minimum requirements of accessibility.

The lack of accessibility in housing is also perpetuated by the backlog of repairs and modifications needed to people's homes. For example, by 2019, the capital fund backlog for public housing repairs had grown to around \$70 billion. Many residents, including people with disabilities, continue to live in homes made unsafe by mold, lead, or disrepair. This directly threatens the health and safety of residents and can cause additional disabilities<sup>17</sup>.

***People with disabilities experience the highest rate of housing discrimination in the country and there are inconsistent policies and procedures that give Disabled people unequal access to housing.***

Disability-related discrimination reports to FHOs, HUD, and FHAP agencies account for 54.56 percent of all submissions and race-related complaints account for the second-highest at 17.79 percent. Therefore, non-white disabled people, as well as disabled people who hold multiple marginalized identities and/or who receive federal assistance are at risk of experiencing compounded types of discrimination.<sup>18</sup>

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<sup>12</sup> [Assessing the Accessibility of America's Housing Stock for Physically Disabled Persons](#), HUD USER

<sup>13</sup> [Cars, Transit, and the Disabled](#), Planetizen Blogs

<sup>14</sup> [Recognizing and Addressing Housing Insecurity for Disabled Renters](#), Center for American Progress

<sup>15</sup> [Section 504](#), HUD.gov / US Department of Housing and Urban Development (HUD)

<sup>16</sup> [Recognizing and Addressing Housing Insecurity for Disabled Renters](#), Center for American Progress

<sup>17</sup> [The Promise of Public Housing](#), Human Rights Watch.

<sup>18</sup> [Fair Housing Trends Report](#), National Fair Housing Alliance



In February 2022, the Office of the Inspector General at HUD found that agency “Did Not Have Adequate Policies and Procedures for Ensuring That Public Housing Agencies Properly Processed Requests for Reasonable Accommodation”.<sup>19</sup> These findings validate the stories disabled people and their families have been sharing for generations: that people struggle tremendously to get their accommodations met in both the process of applying for housing and when they are living in housing. The ramifications of not providing reasonable accommodation can directly threaten the health and well-being of residents<sup>20</sup> and can create barriers for people to get into housing.

***People with disabilities are still heavily impacted by segregation and institutionalization because institutional bias is intact and federal and state governments have never invested in a commensurate supply of service-ready, integrated housing.***

There have been inadequate investments in disability-inclusive housing infrastructure, as historically housing provision for people with disabilities was mainly through facilities institutions, hospitals, congregate settings, and group homes. Even though people with disabilities have had the legal right to community living for almost 23 years, people are still unable to move into the communities and housing of their choice because supply does not exist<sup>21</sup>.

As the disability population continues to rise, including older adults, the need for supportive services in their own homes also continues to rise. Currently, there are 4.2 million people who use Medicaid home and community-based services (HCBS) and 819,886 people are on the waitlist for Medicaid HCBS<sup>22</sup>. Federal investment in HCBS continues to be prioritized over institutional care but of course, the need for further investment is critical.

Those who are still living impacted by institutionalization, in part because of lack of supportive housing, include the roughly 1.2 million adults<sup>23</sup> living in nursing homes, more 360,000 people in psychiatric facilities<sup>24</sup>, and the more than 268,980 people with I/DD who live in congregate, institutional settings or are on waitlists for services and residential programs<sup>25</sup>.

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<sup>19</sup> [HUD Did Not Have Adequate Policies and Procedures for Ensuring That Public Housing Agencies Properly Processed Requests for Reasonable Accommodation](#), HUD Office of the Inspector General

<sup>20</sup> [Housing accessibility - WHO Housing and Health Guidelines](#), National Library of Medicine

<sup>21</sup> [Priced Out](#), Technical Assistance Collaborative

<sup>22</sup> [Medicaid Home & Community-Based Services: People Served and Spending During COVID-19](#), Kaiser Family Foundation

<sup>23</sup> [Total Number of Residents in Certified Nursing Facilities](#), Kaiser Family Foundation

<sup>24</sup> [Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014](#), National Association of State Mental Health Program Directors

<sup>25</sup> [Estimated Supportive Housing Need](#), Corporation for Supportive Housing



When it comes to the approximately 7.4 million people with intellectual and developmental disabilities (I/DD)<sup>26</sup>, 75% of adults live with a parent or other caregiver and are not connected to publicly available services and supports and at least one million of those households have a caregiver over the age of 60<sup>27</sup>. Moreover, only 12% of people with individuals with intellectual and developmental disabilities own or rent their own home. This low percentage is not reflective of what people want which is to own or rent their own home<sup>28</sup>.

## II. Housing as a Driver of Economic Opportunity and Health

*Stable, affordable housing is a key driver of both economic stability and economic opportunity.*

People who have affordable, safe and stable housing can pay their rent and have money left in their budget for essential necessities, such as food, healthcare and medications, and transportation.

We also know the ways in which housing impacts broader economic development and mobility across entire communities. “Safe and affordable housing allows businesses to attract workers and individuals and families to access improved educational and employment opportunities, workforce training, and other resources to improve their financial well-being and long-term mobility”.<sup>29</sup>

*Housing programs can be used as a pathway to other programs and services, and improve health outcomes.*

When a person has access to stable and permanent housing within a community, they are then able to access in-home and community-based services. This access to services is in part due to stability and proximity; when people are living somewhere they can better navigate the services they are entitled to and better maintain relationships with essential service providers. People are more able to deliver services or fill in gaps in support to people with an address and stable home. Affordable housing can come with case management or resident services that can support individual service needs and service navigation, which residents wouldn't otherwise have access to. Further, some service programs and systems *require* the individual to rent or own their own home in order to have access to supportive services. This includes

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<sup>26</sup> [Residential Information Systems Project Annual Report: Status and Trends Through 2018](#), University of Minnesota, Center on Community Integration

<sup>27</sup> [THERE'S NO PLACE LIKE HOME: A National Study of How People with Intellectual and/or Developmental Disabilities and Their Families Choose Where to Live](#), The Arc and The Council on Quality and Leadership

<sup>28</sup> [Residential Information Systems Project Annual Report: Status and Trends Through 2018](#), University of Minnesota, Center on Community Integration

<sup>29</sup> [Affordable Housing as a Driver of Economic Mobility: Tools for Counties and Cities](#), National Association of Counties



programs like Supported Living Services (SLS) which people are only eligible for "if you live on your own in a home you own or rent" <sup>30</sup>.

High housing costs impact the health of individuals, families, and entire health systems. When housing is not affordable, individuals tend to shift their spending on health care needs in order to cover housing costs. Households with high portions of income spent on rent or mortgages are often unable to afford food, especially nutritious food. Access to affordable housing can free up funds for other necessities and improve health outcomes for individuals and families. Other studies demonstrate not only the impact on individual costs and health outcomes but how housing access decreases costs on healthcare systems and increases care quality. These outcomes have been measured across many jurisdictions and health systems.<sup>31</sup>

***The cost of housing in the community is less expensive than institutional care.***

Research continues to show the cost-effectiveness of affordable, supportive housing in the community, particularly for people with disabilities who have high support needs, who also disproportionately experience homelessness, and/or who are frequent users of costly institutional and emergency care.<sup>32</sup>

Estimates indicate that over a six-year period of Medicaid Money Follows the Person program, in which people with disabilities transition out of institutions and into community-based housing, health care cost savings were in the range of \$204 to \$978 million.<sup>33</sup>

### **III. Barriers to Building and Living in Federally Assisted Affordable, Accessible, and Inclusive Housing**

***Building affordable, accessible, and integrated, inclusive housing would increase the overall housing supply, yet federal and state policies and programs have made it extremely challenging to fully finance.***

Since the integration mandate of Olmstead over 23 years ago, there has only been one main program established, HUD Section 811, to increase the supply of affordable, accessible and integrated housing. This program has been a great advancement in housing access for low-income people with disabilities, yet the program continues to be grossly underfunded, in that it in no way meets the overwhelming demand. In addition, HUD continues to

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<sup>30</sup> [Disability Rights California](#)

<sup>31</sup> [California's Housing Future: Challenges and Opportunities](#), CA Department of Housing & Community Development

<sup>32</sup> [Priced Out: The Housing Crisis for People with Disabilities](#), Technical Assistance Collaborative

<sup>33</sup> [HOUSING HOUSING FOR PERSONS WITH DISABILITIES \(SECTION 811\) 2019 Summary Statement and Initiatives \(Dollars in Thousands\)](#), HUD



administratively struggle to award and deploy Section 811 funds. Directed by Congress in the FY22 Omnibus, HUD must make all 2019, 2020, and 2021 funds available<sup>34</sup> as the funds have stalled.

Moreover, many local and state funding sources do not align with the integration mandate within Section 811 funds, which requires no more than 25 percent of units<sup>35</sup> reserved for people with disabilities. Many state financing programs which subsidize affordable housing as well as state's Qualified Allocation Plan (QAP) require projects to designate 45 percent up to 100 percent to "special needs" or disabled populations, or otherwise encourage disability-specific settings. These are in direct conflict with the necessary integration mandate set by the 811 and Olmstead.

Moreover, due to the disproportionate rate of disabled people living in poverty, the need for deeply affordable housing is critical, yet most affordable housing funding does not finance units for the lowest of incomes. Therefore, the affordable housing that is built, can still leave behind the most extremely low-income disabled people<sup>36</sup>.

***The existing federal rental assistance programs continue to be underfunded and can have additional barriers for disabled people.***

Out of the 10.2 million people who currently benefit from the Housing Choice Voucher program, 2.4 million are people with disabilities and 1.9 million are older adults, most of whom also live with a disability<sup>37</sup>. If those disabled people can get a landlord to accept their voucher, it is transformative in their ability to live and thrive in their own homes and communities of choice.

Yet, the demand for vouchers extremely surpasses the availability, which leads to years-long waitlists, let alone if waitlists are open to get on. In 2021, a sample size of 44 agencies had more than 737,000 households waiting for help because funding for the program is not adequate to meet the need of eligible households<sup>38</sup>. The demographics of people on the waitlists vary, but it is estimated that at least 18 percent include households with at least one disabled person.<sup>39</sup>

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<sup>34</sup> [DIVISION I-TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2022](#), US Senate Committee on Appropriations

<sup>35</sup> [Section 811 Supportive Housing for Persons with Disabilities](#), HUD

<sup>36</sup> [The GAP: A SHORTAGE OF AFFORDABLE HOMES APRIL 2022](#), National Low Income Housing Coalition

<sup>37</sup> [Disability-Forward Policy Recommendations To Advance Accessible and Affordable Housing for All](#), Center for American Progress

<sup>38</sup> [Long Waitlists for Housing Vouchers Show Pressing Unmet Need for Assistance](#), Center on Budget and Policy Priorities

<sup>39</sup> [Families Wait Years for Housing Vouchers Due to Inadequate Funding](#), Center on Budget and Policy Priorities





Disability housing experts and advocates also have identified administrative barriers within HUD that have led to unequal access to voucher programs. For example, public housing authorities have been found to have inconsistent and insufficient ways of identifying people with disabilities. This can lead to people not having access to programs that they would qualify for. For example, the main pathway to accessing a voucher and/or a voucher waitlist, is through a local continuum of care, yet people with disabilities who are living in congregate and institutional settings do not go through those systems, therefore struggle to get access to programs that they qualify for. These barriers, as well as others, have currently resulted in an underutilization of the Mainstream Housing Voucher program<sup>40</sup>.

Once someone gets access to a voucher, it can be very difficult to find a landlord that will accept the voucher, let alone find accessible housing to use the voucher with.

***People with disabilities, who need supportive services, struggle to find federally assisted housing that supports their diverse needs and should not have to wait to become unhoused to receive support.***

People with disabilities who need supportive services have higher rates of institutionalization and/or homelessness. This is in part because of the lack of affordable, accessible, and integrated housing that is service-ready, meaning that people can receive services in their own homes. But as it stands, roughly half of U.S. adults who turn to homeless shelters have a disability<sup>41</sup>. With many homeless shelters still inaccessible and at full capacity, nearly seven in 10 people with disabilities who experience homelessness stay in dangerous locations (e.g., on sidewalks or under bridges), directly affecting their health outcomes<sup>42</sup>. Federal housing programs for people experiencing homeless are essential, and yet, there are still not enough programs to prevent homelessness.

In addition to homelessness, people with disabilities who need supportive services end up being stuck in congregate and institutional settings because they may not have access to home and community-based services and/or have available affordable, accessible, and integrated housing to move into. As articulated in evaluations of HHS' Money Follows the Person (MFP) program, lack of affordable housing in the community was the primary barrier to transitioning people out of costly institutions.<sup>43</sup>

The COVID19 pandemic only exacerbated what has already been known about congregate and institutional settings, that they can threaten people's health and wellbeing. During the height of

<sup>40</sup> <https://www.c-c-d.org/fichiers/HUD-Actions-to-Address-Barriers-to-Mainstream-Program-03292022.docx.pdf>

<sup>41</sup> [New center from HUD and HHS helps people with disabilities find housing](#), Federal News Network

<sup>42</sup> [Homelessness in America: Focus on Chronic Homelessness Among People With Disabilities](#)

<sup>43</sup> [HOUSING HOUSING FOR PERSONS WITH DISABILITIES \(SECTION 811\) 2019 Summary Statement and Initiatives](#), HUD



the pandemic more than half of the COVID19 deaths occurred in congregate and institutional settings. Even now with COVID19 deaths in long-term care facilities at 23 percent of the total count, there are still a lot of data gaps in the total death rate across all institutional settings.<sup>44</sup> Regardless, it is likely that hundreds of thousands of COVID19 victims could have been saved if they would have had access to supportive services in their own homes, where they could more safely quarantine.

#### **IV. Proposed Solutions**

All solutions to solve the housing crisis facing people with disabilities, including those highlighted below, must be informed and co-created by disabled people, particularly people with disabilities who are multiply marginalized. Moreover, solutions must be grounded in economic and racial equity, as well as housing first principles.

***Federal housing funds must be in more alignment with the integration mandate that all Disabled people have the protected right to community living***

As the White House, HUD, USDA, and Treasury convene to improve the alignment of all federal funding as stated in the recent Housing Supply Action Plan<sup>45</sup>, it is critical that there be specific increased alignment across funding mechanisms to better enable affordable, accessible, and specifically, integrated housing. It is critical to include the usability of Section 811 along with other funding streams. Beyond 811, there must also be explicit efforts to ensure funding alignment supports housing that is affordable across a range of incomes, including extremely low income, and integrated, where people with and without disabilities can live and thrive together.

***Increase funding for affordable, accessible, integrated, and inclusive housing, including the Section 811 project-based rental assistance (PRA)***

To meet the supply needs of new affordable, accessible and integrated housing, there must be significantly more invested in Section 811, across all 50 states; particularly project-based rental assistance (PRA), which is much more cost-effective on a per-unit basis. Funding under this model flows through state housing agencies and is limited to the shallow monthly project-based subsidy. The 811 PRA program is focused on integrated permanent supportive housing where people with disabilities live alongside neighbors without disabilities. This is aligned with the community integration mandate of Title II of the ADA and Olmstead. The 811 PRA programs also hold states and their local human service agencies accountable for

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<sup>44</sup> [Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19](#), Kaiser Family Foundation

<sup>45</sup> [President Biden Announces New Actions to Ease the Burden of Housing Costs](#), The White House



providing residents with the housing-related support services they need to meet their tenancy obligations. Again, this promise of 811 can only be realized with significantly increased funding, as well as funding alignment which was mentioned above<sup>46</sup>.

Increased investment, as well as improved deployment of Section 811 will increase the overall stock of affordable housing because 75 percent of the units in all 811 funded projects are available to all eligible low-income tenants.

Along with 811, there is a need to increase investments in other HUD Multifamily Housing programs, particularly those that support the production and preservation of extremely low-income units, service-ready housing, and equitable transit-oriented development.

***Significantly increase funding and flexibility for the Housing Choice Voucher program, including the Mainstream Housing Voucher program***

The solution that would transform the state of housing insecurity facing all low income people, including disabled people, would be to create universal housing vouchers. As we work towards this solution, there needs to be a significant increase in the Housing Choice Voucher program, starting with the former Build Back Better request of \$25 billion to expand vouchers to an additional 300,000 households. Even though it is a start, we do commend the funding increase in the FY22 budget which will add 25,000 new vouchers<sup>47</sup>.

In addition to more vouchers, how vouchers are deployed and accessed by disabled people must improve as noted above with the underutilization of the Mainstream Housing Voucher program. Congress provided HUD with the Mainstream Voucher program specifically to address the needs of people with disabilities, particularly those living in institutional and segregated settings. We have seen how creatively HUD has used the Emergency Housing Voucher (EHV) program to help people – including those with disabilities – living on the streets, in shelters, or in places not meant for human habitation secure housing. There must be the same types of creativity and flexibility for Mainstream Housing Vouchers. Examples include adjustments to referral and waitlist practices and increased PHA partnerships with disability service providers.<sup>48</sup>

***Create new financing incentives for accessible, affordable, integrated, and inclusive housing***

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<sup>46</sup> <https://www.c-c-d.org/fichiers/CCD-Housing-TaskForce-FY22-Senate-T-HUD-Statement.pdf>

<sup>47</sup> [HUD's FY 22 funding will add 25,000 new Section 8 vouchers](#), Affordable Housing Online

<sup>48</sup> [HUD Actions to Addition Barriers to Mainstream Program](#), Consortium on Constituents with Disabilities Housing Task Force



Incentivize states, regions, and municipalities through federal funding and policies that allocate funding for accessible, affordable, and integrated housing development. These sources should be coordinated with existing investment vehicles for affordable housing such as tax credits and HUD multifamily programs. Investing in metropolitan land trusts and in transit-oriented development can also ensure that housing is situated close to resources such as grocery stores, supportive services, health care, and employment. These funds can be used to fund existing, locally run programs that target affordable housing creation and preservation<sup>49</sup>.

For all HUD programs that finance new construction of affordable housing, incentives for applicants to go beyond the minimum accessibility requirements can be added to program funding criteria. Such incentives would not be a replacement for following all applicable accessibility codes. Tools such as The Kelsey's Housing Design Standards for Accessibility and Inclusion<sup>50</sup> are available and can be embedded within new policies to incentive increasing cross-disability access.

### ***Better guidance to states and alignments on housing for PWDs***

In order to make the right to community living a reality, states need better federal guidance and funding to support full community integration, in both housing and services. All states are mandated to implement a transition plan to fulfill the HCBS Setting Rule, and yet, there is inconsistent guidance especially in regards to building the commensurate supply of affordable, accessible, and integrated, inclusive housing. First and foremost, HUD must issue explicit guidance on how states can increase the development of such housing stock. More specifically, there needs to be increased alignment and coordination across HUD and the HHS, including in the following ways:

- To release joint guidance on how Public Housing Authorities (PHAs) can better partner with disability serving organizations, to ensure that people with disabilities, particularly those who are currently in or at risk of institutionalization, can get easier access to Housing Choice Vouchers;
- Build off of The Medicaid Innovation Accelerator Program (IAP), effective from 2016-2019, when the Center for Medicaid and Medicare Services (CMS) worked with state Medicaid agencies and their state housing partners to develop public and private partnerships between the Medicaid and housing systems. Moreover, states were supported in the creation of detailed action plans that fostered additional community living opportunities for Medicaid beneficiaries.<sup>51</sup>

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<sup>49</sup> [Disability-Forward Policy Recommendations To Advance Accessible and Affordable Housing for All](#), Center for American Progress

<sup>50</sup> [www.thekelsey.org/design](http://www.thekelsey.org/design)

<sup>51</sup> [Medicaid Innovation Accelerator Program \(IAP\): Final Evaluation Report](#), Center for Medicaid & Medicare Services, HHS



- As the COVID19 crisis continues, there is concern that in a rush to expand permanent supportive housing (PSH), including turning hotels and other non-congregate shelters into PSH, “mini-institutions” will be developed. Therefore, joint guidance must be provided on this.
- As HUD leads in financing diverse housing options, housing options that do not meet the HCBS Settings Rule should not be eligible for Medicaid funding for these services. HUD, CMS, the Administration on Community Living (ACL), and the Department of Justice (DOJ) must create an internal understanding of what constitutes qualities of community-based settings that distinguish them from institutional settings and issue guidance to all of its recipients and grantees.

***Create consistent, equitable reasonable accommodations policies and practices across HUD programs, including but not limited to public housing.***

HUD must fully implement the recommendations authored in the Office of Inspector General's Audit Report Number 2022-BO-0001 Requests for Reasonable Accommodation in Public Housing<sup>52</sup>. Moreover, HUD must regularly consult with disabled people and disability rights experts to ensure that consistent and equitable reasonable accommodations policies are not just re-established, strengthened, and implemented across public housing but that such policies are adopted agency-wide.

***Create a HUD senior leadership position to oversee that disability inclusive and equitable housing solutions are embedded across the agency***

HUD showcased great commitment to disability inclusion and equity, as noted in the newly released HUD Strategic Plan and HUD Equity Action Plan, yet without investing in leadership capacity, we are concerned that the goals and plans will not be reached. Therefore, it is time that HUD increase senior leadership capacity to advance equity and inclusion for people with disabilities. This leadership position should be filled by someone with lived experience with disability. This increase in senior leadership should coincide with more consistent feedback from disability and housing experts with and without disabilities.

## **V. Conclusion**

The diversity and variedness of the nation's largest minority population, people with disabilities, corresponds to the diverse and varied set of federal housing solutions needed. Regardless, solutions must address at minimum one of the core barriers: lack of affordability, lack of accessibility, lack of integrated and service-read housing, and/or lack of fair and equal

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<sup>52</sup> [HUD Did Not Have Adequate Policies and Procedures for Ensuring That Public Housing Agencies Properly Processed Requests for Reasonable Accommodation](#), HUD Office of the Inspector General



**The Kelsey**

Disability-forward housing  
solutions that open doors to homes  
and opportunities for everyone

treatment. Due to the implications of Long Haul COVID and the stark increase of newly disabled people, today's population analysis is likely an undercount and solutions more dire than ever.

Thank you for the opportunity to testify today. I look forward to taking your questions.