THE ROAD HOME

A Plan for Creating Permanent, Affordable, and Service-Supported Housing for Vermonters Who Participate in Developmental Disabilities Services

Prepared in accordance with Act 69, Sec. 5 (2025)

Committee Membership, per Act. 69, Sec. 5

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Terms Used in this Plan

Some terms used routinely in Medicaid-funded Home and Community Based (HCBS) Programs may be unfamiliar to housing professionals and law makers. The Committee offers the following explanations for the most frequently used terms that may cause confusion.

1. "DDS participant," or "Developmental Disabilities Services Participant"

   The Committee has chosen this term to indicate the population of Vermonters that are the focus of this report. These roughly 3400 individuals are a small subset of the one in four Vermonters with a disability. Specifically, they are people with intellectual disabilities and/or autism that meet clinical eligibility criteria for the Developmental Disabilities Services System of Care. The acronym "DDS" is used for brevity. The term "participant" is preferred over the more commonly used "recipient" or "beneficiary" because these suggest someone who passively receives assistance. DDS participants are active members of their communities who give back to their family, co-workers, neighbors, and friends.

2. "DA/SSAs," or "Designated and Specialized Services Agencies"

   These are the 15 private non-profit organizations that deliver Developmental Disability Services through a contract with the Agency of Human Services. Many also operate regional community mental health centers. Because of the length of this term, it is abbreviated throughout this plan as DA/SSAs. For a full list, please see Appendix C.

3. "600+ units of service-supported housing"

   Act 69, Sec. 5 directs the Committee to develop a plan for "at least 600" units of additional housing. As explained in Category 1, Section B, this is an imperfect estimate based on a formula developed by a national consulting firm. The original estimate used Vermont data from 2022. When this same calculation is made with 2025 Vermont data, the estimated need is closer to 645. Recommendation 6 focuses on refining how this data is collected to develop a more accurate picture of the housing needs of DDS participants by county.

   A "unit" in this report is an apartment, a room, or a bed for a DDS participant depending upon the structure of the dwelling and the service delivery model.

   "Service-supported housing" is a broad term used by housing professionals to indicate homes where residents receive support and accommodations so that living in that setting is safe and personally satisfying. Support can range from technology for emergency monitoring to daytime visits from staff to 24/7 live-in caretakers, and many other patterns based on individual need.

Executive Summary

Vermonters with intellectual and developmental disabilities (I/DD) who participate in the Developmental Disabilities Services system are a group of roughly 3400 people who need and are qualified for support to access the same opportunities as other Vermonters. Since the closing of the Brandon Training School (1993), an institutional setting for this population, these Vermonters have lived in virtually every town and city in the Green Mountain State. However, the service system that assists them has not been able to offer them the same sorts of choices in housing that non-disabled Vermonters enjoy. Individuals and their families are seeking more housing options and greater flexibility in residential services.

In accordance with Act 69, Sec. 5, this report lays out "an actionable plan to develop housing for individuals with developmental disabilities that reflects the diversity of needs expressed by those individuals and their families, including individuals with high-support needs who require 24-hour care and those with specific communication needs." It contains three types of recommendations:

- First, a 13-point plan that outlines how the DDS system of care can move from a disproportionate reliance on family homes and shared living arrangements – each accounting for 39% of all housing for DDS participants or a total of 78% – to a more balanced array of housing options that provides authentic choice for individuals and family caregivers within available resources. Recommendations in this part of the report are intended to reinforce one another, ensuring that all available policy levers, resources, and existing programs are deployed for maximum impact.

- Second, there are three recommendations that highlight the complexity of the barriers that DDS participants face in accessing permanent, affordable, service-supported housing. These challenges – workforce shortages, ableism, and quality assurance issues – are being addressed by state offices and community partners. These efforts must be sustained and expanded if the 13-point plan recommended by this Committee is to be successful.

- Third and finally, the Committee wanted to capture additional ideas and opportunities that need further study.

Act 69, Sec. 5 charged the State Housing and Residential Services Committee (hereafter, "the Committee) with including four elements in this report. For clarity, each of these required elements are summarized below:

1. Anticipated funding needs. The Committee suggests an annual investment in state-funded housing vouchers and the development of housing units between $11 million and $12 million.

Additionally, the Committee has recommended approximately $280,000/year to increase staff capacity directed towards accomplishing the goal of 600+ units of service-supported housing. These funds would flow through the Department of Disability, Aging, and Independent Living and through the Land Access and Opportunity Board at the Vermont Housing and Conservation Board.[1]

Fully funded, this plan contemplates an investment of between $56.5 million and $61.5 million over five years. However, the Committee fully recognizes that it is possible to scale efforts based on funds available. The Plan laid out in this report should not be viewed as a simple all-or-nothing proposition.

Where possible, the Committee has recommended seeking federal resources and supporting DDS service participants to take advantage of existing capacity for tenancy support (Recommendations 2, 3, and 5). It should also be noted that many of the recommendations in this report can be accomplished through existing staff and programs (Recommendations 6, 7, 8, 9, and 13).[2]

2. A schedule for the creation of at least 600 additional units of service-supported housing. The Committee chose a timeframe of five years for estimating the necessary investments and changes needed to create at least 600+ units of service-supported housing for DDS participants.

   Key policy decisions must be resolved early in that timeframe – for example, addressing licensure concerns and issues related to the reimbursement of non-agency operated residential settings (Category I, Sec. C). Similarly, acting on recommendations related to building capacity to carry out this plan are critical first steps, especially the creation of an advisory committee (Category I, Sec. D). Refining data collection to improve estimated need and capacity at the county level should already be underway in early 2026 (Category I, Sec. B).

   By contrast, the legislature and Vermont's primary affordable housing organizations can build toward the necessary number of units through moderate, but annually sustained, investments in both tenancy support and in capital costs. Many factors will impact the rate of these investments, including available federal resources, pressures on the state budget, and the success, year-over-year, of these projects. As important as setting funding targets is, the true key to this plan is sustaining the effort to rebalance the DDS system of care over time.

[1]Calculated as $120,000 for a DAIL Housing Specialist (Recommendation 11) and $157,500 for a Housing Navigator within the Land Access and Opportunity Board (Recommendation 12), plus miscellaneous funding for stipends for the public members of the State Housing and Residential Services Advisory Committee for DDS (Recommendation 10).

[2] The reader can find a summary of the 16 recommendations in this report in Appendix A.

3. The number and description of the support needs of individuals with developmental disabilities anticipated to be served annually. This plan would need to move 120 DDS service participants into permanent, affordable service-supported housing each year for five years to reach the goal of 600.

   It is very difficult to predict how many DDS participants would be served annually. This is in part because the status of federal programs that have been critical to supporting affordable housing, is unknown. The Committee strongly recommends increasing access to existing programs and using the full flexibility that they offer for people with support needs. However, currently, there are no new HUD-funded vouchers.

   Additionally, tenancy support and investments in new housing units are complementary financing mechanisms. As laid out in this report, a $10 million investment would support VHCB in standing up between 50 and 65 units; but those units would also need to be occupied by DDS participants who hold vouchers, whether new state-funded vouchers or HUD-funded vouchers. Additionally, an unknown number of DDS service participants might move into existing affordable housing units as project-based vouchers become available.

   Finally, as discussed in Category 1, Sec. B, more refined data collection and analysis are needed to set accurate regional goals. This report outlines the Committee's best information currently; it also recommends improvements in projecting need.

   Early on in its deliberations, the Committee set aside the idea that certain types of housing models are appropriate for people with certain types of support needs. For example, one might think that an apartment in an affordable complex serving various groups is "only appropriate" for someone with lower support needs. However, this is not consistent with best practices or the experience of service participants in other states. With the right support, someone with any level of need can live in any type of housing model. The key is the support provided, not the model. This does not mean that structural accommodations – including capacity for a live-in care provider if needed – are not part of the equation. Accessibility features and space for support providers are critical, but the model itself (group living, independent apartment, home sharing, etc.) can make room to address any of these needs.

4. Recommendations for changes in State laws or policies that are obstacles to the development of housing needed by individuals with Medicaid-funded Home- and Community-Based Services (HCBS). The Committee identified two important barriers in state regulations that inhibit innovative housing developments that serve DDS participants: The first is the narrow range of available licensing categories for residences serving between three and six DDS participants; the second is the unsustainable rate at which non-agency operated residential settings, which are a

very small part of the current housing landscape in DDS, are reimbursed. Both are complex issues requiring expertise not fully represented on the Committee. In the short window available under Act 69, Sec. 5, the Committee chose to flag these issues as priorities and to ask that DAIL move quickly to work with stakeholders to find optimal solutions.

Legislative Charge

Act 69, Sec. 5 created the State Housing and Residential Services Planning Committee (hereafter, "the Committee"). It charged the Committee with creating "an actionable plan to develop housing for individuals with developmental disabilities that reflects the diversity of needs expressed by those individuals and their families, including individuals with high-support needs who require 24-hour care and those with specific communication needs." Specifically, the Committee must include in this Plan:

1. A schedule for the creation of at least 600 additional units of service-supported housing;
2. The number and description of the support needs of individuals with developmental disabilities anticipated to be served annually;
3. Anticipated funding needs; and
4. Recommendations for changes in State laws or policies that are obstacles to the development of housing needed by individuals with Medicaid-funded Home- and Community-Based Services (HCBS).

Committee Process

With less than four months to develop this plan, the Committee worked on a very tight timeline. The full Committee met eight times between July 15 and Nov. 6, 2025[3]. Two subcommittees also met multiple times – one focused on financing permanent service-supported housing and the other focused on regulatory and other barriers. Public comments were invited at all full Committee meetings.

Throughout this process, Committee members relied on each other's expertise. No single member could reasonably be expected to be familiar with the many systems, regulations, and best practices that drive housing for a population with unique support needs. In voting to adopt the report, individual members and the state leaders that they represent recognized that the implementation of these recommendations may reveal new information beyond their individual expertise. This report represents the Committee's collective best thinking, rather than firm commitments by represented entities.

[3] Proceedings can be found here: Act 69 of 2025 (S.127): State Housing and Residential Services Planning Committee | Agency of Commerce and Community Development

Background: How did we get here?

Vermont was a trailblazer in developing community-based support for people with intellectual and developmental disabilities (I/DD). The second state in the nation to close its institution for people with I/DD (1993), Vermont sought a path that would support those leaving the Brandon Training School in typical homes and residences that were mostly indistinguishable from residences occupied by other community members. To accomplish this goal, Vermont relied heavily on a model it called "shared living." Vermonters who were willing to open their home to someone with I/DD were paid a Medicaid-funded stipend to include a person with a developmental disability in their household. This addressed the support needs of those who required overnight or round-the-clock supervision. Additional services, like respite for the home provider and support for community engagement and employment were also provided to the individual through Medicaid.

The shared living model was cost effective. Because the home provider was being paid for support services rather than the individual's tenancy, the arrangement did not violate Medicaid's prohibition on using funds for room and board. This arrangement aligned with a provision of the federal tax code that allowed payment for what the code identified as adult foster care to be tax exempt.[4] Along with this stipend, home providers also received modest payment for room and board from the individual's Social Security Insurance (SSI) or other income.

The Vermont legislature solidified the move to values-based community care when it adopted the Vermont Developmental Disabilities Act in 1995 (18 V.S.A. Chapter 204A). This law commits the state to providing opportunities for eligible individuals "to live is a safe environment with respect and dignity; to live with family or in a home of his or her choice, and to make choices that affect his or her life."[5]

Vermont was already more than a decade into creating its community-based system, when the US Supreme Court's 1999 landmark decision in *Olmstead v. L.C.* spurred other states to begin this journey. The Court found that the unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA). With Executive Order 13217 (2002), President George W. Bush required states to write a plan about how they would develop supportive community-based living for people with I/DD. This occasioned many states to plan for the regular investment in community-based residences for people coming out of state-run institutions. Given its unique situation, Vermont's Olmstead plan, published in 2006, did not provide a long-term financial plan but rather focused on cataloguing the needs of multiple special populations

[4] 26 U.S.C. § 131.
[5] 18 V.S.A. § 8721

that would benefit from supportive services if they were to be fully integrated in community settings.[6]

Following Olmstead, the federal Medicaid authority was also under pressure to write administrative rules identifying the key characteristics of community living. What, in other words, would CMS pay for in this new service category? This began a lengthy process that ultimately modified the regulatory environment in which states, including Vermont, now operate Home and Community Based Services (HCBS).

In 2014, CMS published the "Settings Rule."[7] Although not implemented until March 17, 2023, the Settings Rule establishes that participants in Medicaid-funded HCBS are entitled to a choice in the residential setting where they live. It was a game changer in terms of articulating the rights that individuals receiving services have when living in "provider controlled" settings, including shared living or adult foster care arrangements. These rights include, among other things, having guests at any time, ready access to food, and privacy in one's room.

In sum, the landscape today looks markedly different from the early years when Vermont first established its community-based DDS system. First and foremost, the scale of the DDS system has increased significantly. Five years after the State adopted its Developmental Disabilities Act, the system of care for DDS served 1399 adults (2000). In 2024, it served 3321 adults, more than double. Additionally, since the closing of Brandon, the life expectancy for people with I/DD has continued to increase, though still remains below that of people without disabilities. This not only lengthens the time that an individual needs supportive services but also creates the reality that individuals in the I/DD population outlive parent caregivers and may have increasing support needs due to age.

Vermont's network of regional service providers (DA/SSAs) is struggling to find qualified home providers, probably for a range of reasons. The tax-exempt stipend is not as generous as it once was, and cash-strapped Vermonters may find other ways to monetize a part of their home – for example Airbnb or renting to traveling healthcare workers. Covid also made people worry more about having providers in and out of their home. That said, there are many dedicated home providers who continue to provide care, but it may be unrealistic to expect the pool to expand in proportion to the need.

In addition, individual and family expectations have changed. Young adults with I/DD who have been educated in fully inclusive classrooms naturally want to live in ways that they see their non-disabled peers enjoying. Families do not feel comfortable sending a loved one to another family. At the same time, they recognize that they themselves are aging and want to know that their adult son or daughter has a permanent, safe, affordable home. Shared living does not offer the kind of stability that they are seeking because when the

[6] *Vermont Olmstead Plan*, prepared by the Vermont Olmstead Commission (Feb. 6, 2006), page iii. See: https://dail.vermont.gov/sites/dail/files/documents/Vermont%20Olmstead%20Plan.pdf

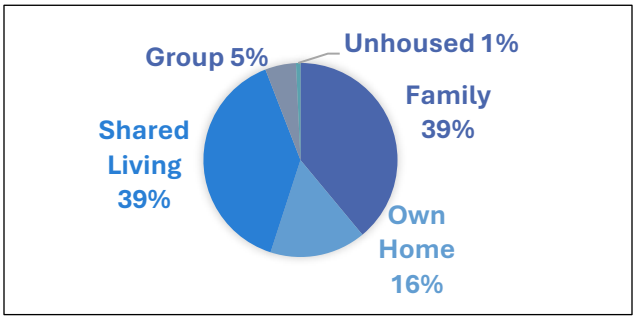
[7] 42 C.F.R. §441.530.

provider chooses to end the arrangement, it is the person with the disability who must leave.

Self-advocates and family members rightly ask where the choice is that CMS expects in Vermont's residential services for DDS participants. A review of data from DDSD's 2024 annual report shows how heavily reliant Vermont is on family caregivers and on shared living, which together account for nearly 80% of all residential settings.

Current living situations[8]:

- 1,312 people living with their family
- 539 in their own home
- 1,317 in hosted or foster family home
- 173 in home with 3-6 people.
- 25 unhoused



Beginning in 2022, the Vermont Legislature began to direct modest resources toward exploring other housing options and models for residential services. Act 186 created a limited-service position—Residential Program Director—within DAIL for the purpose of expanding housing and residential services options for individuals with developmental disabilities in accordance with federal HCBS regulations. Additionally, Act 186 directed the Vermont Developmental Disabilities Council, in collaboration with Green Mountain Self-Advocates, to research and write a policy brief about housing models used in other states to support community living for people with I/DD. The resulting research brief described ways in which other states have stood up service-supported housing at different levels of scale and in a range of configurations.[9]

Act 186 also provided funding for three pilot planning grants that ultimately resulted in four unique new housing opportunities in Randolph, Waterbury, Burlington, and Ferrisburgh. Each is designed differently with capacity ranging from a two-person home with an accessory dwelling unit on the property, to a ten-unit building with a balance of private and shared spaces.[10]

The plan presented here is the logical extension of the work undertaken through Act 186.

[8] *Vermont Developmental Disabilities Services State Fisal Year 2024 Annual Report*. See: https://ddsd.vermont.gov/ddsd/sites/ddsd/files/documents/DDSD_Annual_Report_%20FY24.pdf
[9] Service Supported Housing for Vermonters with Intellectual and Developmental Disabilities (2023). See: https://ddc.vermont.gov/sites/ddc/files/2023-03/vtddc_housing%20brief_20230315.pdf
[10] Plans for each of the four projects are available here: Act 69 of 2025 (S.127): State Housing and Residential Services Planning Committee | Agency of Commerce and Community Development.

Recommendations

To stand up 600+ units of permanent, affordable, service-supported housing for DDSD participants in Vermont, the state will need multiple strategies. For this reason, the Committee reviewed a wide range of recommendations. These include supporting rent subsidies, funding new housing through capital investments, refining data collection, directing service participants to existing housing programs, and more. They also include continued and expanded work to address workforce shortages, gaps in quality assurance activities, and ableist attitudes. All these strategies must be undertaken in a coordinated fashion over a sustained period, starting with this five-year plan.

Recommendations have been grouped into three categories: (1)" Highest Priority" are those things that should be undertaken immediately as a coordinated 13-point plan; (2) "High Priority, Continuing" are efforts already underway that have a broad impact on Developmental Disabilities Services; and (3) "Additional Study" covers important ideas that will need further exploration before integrating them into this plan.

Category 1. Highest Priority

Recommendations in this category are actions that the Committee considers to be urgently needed to achieve the goal of this plan -- 600+ units of permanent, affordable, service-supported housing for people receiving Developmental Disabilities Services (DDS) -- within a five-year time frame. Collectively, these 13 recommendations represent a whole of government approach that includes local housing trusts and developmental service providers, multiple state agencies, and the legislature. Although different entities would be responsible for enacting each recommendation, this should be thought of as a 13-point plan where the pieces fit together to support success. In addition, there are several actions included in this 13-point plan where it would be possible to scale efforts based on funds available. It is important not to view these actions as a simple all-or-nothing proposition.

A. Financing Service-Supported Housing

There are two primary barriers to accessing affordable housing for tenants who receive developmental disabilities services.

- The lack of access to rental assistance to make existing apartments affordable for a population whose primary source of income is Social Security Insurance (SSI). In general, the cost to rent an apartment exceeds the total monthly income received on SSI, making such a rental arrangement infeasible.

- Prospective tenants with IDD have a broad array of needs and abilities. Some may be able, with appropriate rental assistance, to rent an existing apartment. Others

with more complex support needs may require that the dwelling be specialized with amenities that may not be available in existing rental units. Some individuals require on-site staff around the clock, which can be provided by a variety of staffing patterns but all of which require additional living space.

Therefore, the recommendations for financing service-supported housing for Vermonters participating in DDS describe a variety of approaches designed to meet varying needs, resulting in both the maximizing of existing units and the development of additional units.

Rental Assistance

Rental assistance is primarily provided in the form of Section 8 vouchers issued by the United States Department of Housing and Urban Development (HUD). The two kinds of Section 8 vouchers are tenant-based (also known as Housing Choice Vouchers) and project-based. Tenant-based vouchers are tied to the recipient, allowing them to move to different, eligible properties in the private market, while project-based vouchers are tied to a specific housing unit or development and remain with the property if the tenant moves.

Accessing rental assistance is difficult for several reasons. Currently, HUD Section 8 vouchers are not available in Vermont because of significant federal funding cuts that have led to a shortfall of millions of dollars for housing authorities in the state. The reduced funding, combined with rising rental costs, has forced housing authorities to stop issuing new vouchers and to close their waiting lists.

For people receiving DDS, however, an additional barrier has been created by poor communication about the benefits and flexibility within the Section 8 program. Individuals and families often report either not knowing about the program or being dissuaded from applying because of the perception that Section 8 is only appropriate for people who are able to be relatively independent. There is, in fact, an allowance within the Section 8 program to enable a person with a disability to live with an aide. HUD rules also allow a voucher-holder to live with another voucher-holder without jeopardizing either voucher. Other federal rental assistance that is project-based includes properties where the US Department of Agriculture's Rural Development Funding provides rent subsidies tied to specific units. However, similar to HUD-funded rental assistance, DDS participants and their support systems tend not to have been made aware of these resources.

The net impact of these barriers is a housing environment where people participating in DDS have not been afforded the opportunity to position themselves to take advantage of the existing, albeit limited, opportunities for rent subsidies. The Committee recommends a three-pronged approach to addressing these issues: Create a viable supplemental alternative to federally funded subsidies, educate DDS participants about rent subsidy programs, and open waiting lists maintained by public housing authorities temporarily to redress the systemic lack of access experienced by this population.

Recommendation 1:
Create State-Funded Vouchers

When the Vermont State Hospital closed in the wake of Tropical Storm Irene, Vermont looked to revamp its system of care for people with mental health-related disabilities. Act 79 (2011) created many initiatives that moved the state toward more decentralized, community-based mental health services. This included the creation of a pool of state-funded housing vouchers for people with mental health conditions who can live independently. The program, which continues to operate today, is administered jointly through a partnership between the Vermont Agency of Human Services and the Vermont State Housing Authority (VSHA).

VSHA reports that the statewide average cost per household per year for state-funded rental assistance is $13,200.[11] The potential rate of increase is difficult to predict given market uncertainty and uncertainty with federal rental assistance funding. In the current policy environment, VSHA may not be able to increase rates in 2026, although in recent years rates have increased as much as 10% annually.

The cost of one year of rental assistance for 600 households based on VSHA's estimate is $7,200,000. However, the Committee imagines that state-funded vouchers are only one strategy by which to move individuals receiving DDS into affordable housing, addressing roughly 13%-25% of the need depending upon the number of vouchers created.

Recommendation 1: Create Vouchers Supported by State General Funds	
Who	The Vermont legislature.
What	Create 75-150 state-funded housing vouchers for DDS participants modeled after and in parity with state-funded housing vouchers available to individuals served by the Department of Mental Health.
When	Beginning with the 2026 legislative session; maintained and expanded thereafter in the state budget.
Cost	Approximately $1 million to $2 million annually depending on the number of vouchers.

Recommendation 2:
Educate DDS Participants and Families about Housing Vouchers

As noted above, self-advocates and family caregivers report being given inconsistent and erroneous information by those involved in their care about housing options and specifically about Section 8 vouchers. As the Developmental Disabilities Services system

[11] $1000/month per voucher recipient for 12 months or $12,000 plus 10% for management by the Vermont State Housing Authority, for a total of $13,200/voucher.

moves toward greater choice in housing, accessing programs that are already in place is an obvious first step.

Effective October 1, 2025, individuals participating in DDS will each have a case manager at one of two independent case management organizations – Benchmark Human Services and The Columbus Organization. Every individual who participates in DDS will meet with their case manager, usually several times a year. This provides an efficient way to disseminate information about rent subsidy programs and the value of putting one's name on waiting lists. Peer-to-peer education has also proved to be a successful means of sharing information with self-advocates. Green Mountain Self-Advocates (GMSA) has recently increased its capacity for this work by training a group of peer advocates. These staff members act as trusted messengers able to disseminate information and encourage individuals to speak up about the type of support and living arrangement that they want. Other venues, including provider agencies and the DDSD website, could also carry more detailed information about housing options.

Messaging should be consistent, statewide, and in plain language.

Recommendation 2: **Educate DDS participants about housing options, including Section 8**	
Who	DAIL, in collaboration with Case Management Organizations (CMO), DA/SSAs, advocacy groups, and the State Housing and Residential Services Advisory Committee for DDSD (Recommendation 10)
What	Ensure that service participants & family members receive comprehensive and accurate information about their housing options, including Section 8 rental assistance and, if available, state-funded vouchers. • Create training for case managers at CMOs and staff at provider agencies. • Create plain language information about rental subsidy programs for DDS participants. • Create webpage(s) with comprehensive information about housing options for DDS participants, family members, and providers.
When	Within the first six months of 2026.
Cost	No added cost; work is within existing organizational capacity.

Recommendation 3:
Temporarily Open Waiting Lists for Housing Vouchers.

Obviously, it would be frustrating to learn about a resource like Section 8 vouchers only to find that they are not currently available. Any targeted education campaign about tenancy support should be timed so that it leads up to a short-term opportunity for DDS

participants to sign up for federal programs like Section 8 that may become available again in the future.

The Committee has been advised that Public Housing Authorities (PHAs) can respond to a request to open the waiting list. This includes the ability to open the waiting list for a limited time to certain populations based on local needs. People with disabilities are an eligible special population. People with I/DD participating in the DDS system have been steered away from Section 8 waiting lists by providers, family, and others who support them. This argues strongly for temporarily opening waiting lists and engaging in targeted outreach to community partners like DA/SSAs.

Recommendation 3: Open Waiting Lists Temporarily for DDS Participants	
Who	The Developmental Disabilities Housing Initiative (DDHI) and appropriate partners will initiate this recommendation, which will enlist the assistance of the Vermont State Housing Authority (VSHA) and other Public Housing Authorities (PHAs). The Developmental Disabilities Services Division (DDSA) should identify which entities (for example, DA/SSAs, case management organizations) within the DDS system of care should be tasked with assisting individuals and families in filling out applications and collecting supporting documentation, as well as tracking the results of this outreach effort.
What	Make a formal request to the Vermont State Housing Authority (VSHA) asking that they open the waiting list at the next available opportunity in accordance with this plan. Further, ask the VSHA to coordinate with other PHAs in identifying additional opportunities for placing this population on waiting lists for subsidized housing and rental assistance.
When	Once Recommendation 2 is well underway, which is anticipated to be by July 1, 2026.
Cost	No added cost; work is within existing organizational capacity.

Capital Investment

Families and advocates have elevated the need for targeted rental units in a variety of types for DDS participants. The housing needs of this population are well known to lawmakers, and – along with other vulnerable groups -- they have been identified as a priority population for the Vermont Housing and Conservation Board (VHCB). In the last 18 months, VHCB has granted funds to assist with development costs to five projects meeting this need (in Waterbury, Randolph, Ferrisburgh, Burlington, and Brattleboro) creating a total of 30 units for this population and their live-in staff. An additional project is in the application process.

Recommendation 4:
Invest $10 million annually for five years in new housing for DDS participants

However, more units will need to be developed. Given that no one model or housing type meets the diverse needs of this population -- and given the uncertainties in federal resources currently – the Committee is recommending that the legislature make modest, regular investments. These should be accompanied by other critical resources, such as Low-Income Housing Tax Credits, so that qualified developers leverage all available resources.

The Committee's recommendation for investment in housing assumes the following:

1. 25 units have already become available since the target of 600 was first identified.
2. 250-325 additional new units will be created over five years with an investment of $10 million annually to be administered by the Vermont Housing and Conservation Board. This is a total investment of $50 million, generating 50-65 units/year.
3. Another 250 units that currently exist or will come online in the next 5 years will need to be designated as set aside to meet the needs of this population through Housing Choice or Project Based vouchers that are either state or HUD funded (Recommendations 1-3).

Regular adjustments to this general plan should be made in light of enhanced data collection and analysis (Recommendations 6 and 7) to strategically address regional variations in need and in the supply of existing affordable units. Coordination between VHCB, community partners, and the State DDS Housing and Residential Services Committee (Recommendation 8) will also be a key component of this iterative approach.

Recommendation 4: Invest $10 million annually for at least five years	
Who	The Vermont State Legislature
What	Invest $10 million annually for at least 5 years in approximately 50-65 units/year of new, permanent affordable housing for people receiving DDS. This funding stream should be managed by the Vermont Housing and Conservation Board (VHCB) in close collaboration with community partners, DDS stakeholders, and the State DDS Housing and Residential Services Committee (Recommendation 10).
When	Beginning with the 2026 legislative session and maintained thereafter for a minimum of five years total.
Cost	$10 million/year for five years would be a total cost of $50 million.

Recommendation 5:
Apply for HUD's Section 811 Program if/when available

Through the Section 811 Supportive Housing for Persons with Disabilities program,[12] HUD provides funding to develop and subsidize rental housing with supportive services for very low- and extremely low-income adults with disabilities. Revamped in 2010 under the Frank Melville Supportive Housing Act, the goal of the Section 811 program is to allow people with disabilities to live as independently as possible in the community by providing affordable housing options and access to appropriate supportive services. The Section 811 program is authorized to operate in two ways: (1) By providing interest-free capital advances and operating subsidies to nonprofit developers of affordable housing for people with disabilities; and (2) By providing project-based rental assistance to state housing agencies.

The traditional Section 811 Program uses federal funds to provide operating subsidies and capital advances to support nonprofit entities building housing for very low-income people with disabilities. This interest-free capital advance is provided to nonprofit sponsors to help finance the development of rental housing such as independent living projects, condominium units, and small group homes with the availability of supportive services for people with disabilities. The capital advance can finance the construction, rehabilitation, or acquisition with or without rehabilitation of supportive housing. The advance does not have to be repaid as long as the housing remains available for very low-income people with disabilities for at least 40 years.

Currently, the Section 811 Program does not have a Notice of Funds Available (NOFA), but future opportunities are possible. The Program has been very successful in meeting the needs of very low-income individuals at high risk for costly nursing home placement.

Recommendation 5: Apply for HUD's Section 811 Program if/when available	
Who	The Vermont State Housing Authority, in collaboration with VHCB and the State DDS Housing and Residential Services Committee (Recommendation 10).
What	Apply for the Section 811 Supportive Housing for Persons with Disabilities program through HUD if/when a Notice of Funds Available is issued by HUD.
When	As available through HUD
Cost	No cost to apply; work is within existing organizational capacity. Cost for administering the program should be built into the grant application.

[12] More information about Section 811 can be found at: https://www.hudexchange.info/programs/section-811/

B. Refining Data Collection

Act 69, Sec. 5 calls for a plan aimed at developing 600 units, which is an estimated need based on enrollment data from 2022. The estimate was generated by a formula created by the Corporation for Supportive Housing (CSH) and used by other states seeking to expand housing and residential services for people with I/DD. CSH's estimator assumes that:

- 10% of HCBS recipients living with family members would migrate to other housing if available.
- 33% of recipients of HCBS living in shared living, staffed living, or a group home would migrate to other housing if available.
- People living in independent or supervised living would not migrate to other housing.

How well this formula reflects the needs in Vermont is not known. It likely underestimates the percentage of people who would choose to leave their family home; but it may overestimate the percentage of people who would choose to migrate from other settings as compared to percentages in other states.

Notwithstanding these limitations, the Committee revised the estimate based on more current data from 2025 and disaggregated first by service agency and then by county.

In addition to the assumptions outlined above, DDSD now tracks the number of people receiving HCBS who are currently unhoused (27 people). This category has been added to the estimator with the assumption that 100% of these individuals need housing. Adding this new category means that the projected need jumped 7.1% in just three years. This is not an accurate reflection of the growth in the enrollment of people in HCBS through DDS, which was 4-5% annually between 2020 and 2025. The formula found that the estimated need for new service-supported housing in Vermont for people receiving DDS is closer to 645 units.

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Table 1. Estimated need by Provider Agency

HCBS Recipients	Agency[13]	100% Vulnerable* Unhoused	33% Vulnerable* Group, Staff, Shared Living	10% Vulnerable** Living with Family	Not Vulnerable* Independent & Supervised Living	Total Estimated Vulnerable (rounded) Unhoused + 33% Group/Staff/Share + 10% Family Living
82	**CCS**	0	36	33	6	15
148	**CSAC**	0	65	66	23	28
79	**FF**	0	42	24	24	16
72	**GMSS**	0	62	6	10	21
295	**HCRS**	4	154	120	69	67
751	**HC**	10	253	283	183	122
96	**LCMH**	0	53	31	4	21
74	**LSI**	0	26	39	11	12
273	**NCSS**	4	112	113	18	52
361	**NKHS**	4	178	137	49	76
250	**RMHS**	0	138	97	35	55
68	**SCC**	0	54	10	3	19
160	**UCS**	1	67	66	43	30
198	**UVS**	0	123	52	22	46
258	**WCMH**	4	127	84	26	54
68	**T-II**	0	0	59	13	6
3233	**TOTAL**	**27**	**1490**	**1220**	**539**	**TOTAL DS VULNERABLE in VT**
	% Vulnerable	**27**	**496.17**	**122**	**0**	**645.17**

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[13] For a table identifying each agency by its full name, see Appendix D.

To translate agency-based housing needs into county-based numbers, the analyst made additional assumptions. DA/SSAs that serve multiple counties had their county distribution assumed to be split equally. This is unlikely to be accurate but acceptable until more accurate distribution can be obtained. DA/SSAs that serve all of Vermont were not distributed. For reference, the total county population is included.

Table 2. Estimated Need by County

County	Number	% of Housing Need by County	County Population TOTAL	% of Population by County[14]
Addison	28	4%	38050	5.87%
Bennington	37.84	6%	36863	5.69%
Caledonia	17.42	3%	30656	4.73%
Chittenden	137	21%	169729	26.19%
Essex	17.42	3%	6036	0.93%
Franklin	38.22	6%	51544	7.95%
Grand Isle	38.22	6%	7421	1.14%
Lamoille	31.12	5%	25974	4.01%
Orange	22.90	4%	30069	4.64%
Orleans	17.42	3%	27424	4.23%
Rutland	55	9%	60107	9.27%
Washington	87.74	14%	60196	9.29%
Windham	41.54	6%	46100	7.11%
Windsor	45.89	7%	58003	8.95%
ALL VT**	25	4%		
TOTAL* **	**640.65**	100%	648172	100.00%

Recommendation 6:
Survey Need through Case Management Organizations

Additional data collection and analysis are needed to support this plan. Fortunately, Developmental Disabilities Services Division is hiring two staff to assist with data analysis, federal compliance, technical assistance, and quality assurance and improvement.

Directly asking individuals and family caregivers about future housing needs will provide far more accurate county-level numbers than using a mathematical estimator. DDSD introduced two new Case Management Organizations to its system of care starting Oct. 1, 2025. Each individual participating in developmental services has been assigned to a case manager at one of these organizations. Case managers must speak regularly with each person on their case load for service planning purposes. This creates an efficient way to routinely ask every service recipient about their current and future housing needs.

[14] Based on 2025 estimates, US Census.

However, some care should be taken in collecting this data. Through their representative on the committee, members of Green Mountain Self-Advocates cautioned that case managers will need to use good judgment about how and when they ask individuals about their preferences in housing and residential support. If asked in the presence of family caregiver or a home provider, some self-advocates may be reluctant to say that they would prefer a different home.

Recommendation 6: Survey Need through Case Management Organizations	
Who	DAIL
What	Refine data quantifying the need for service-supported housing for developmental services participants. • Use Case Management Organizations to ask individuals directly about their current and future housing needs (immediate, within 1 year, within 3 years, etc.). • Collect age of family caregivers and of shared living providers. • For planning purposes, create a matrix crossing SIS-A score, county of desired residence, and indicator of when housing is needed (immediately, 1 year, 3 years, etc.).
When	As soon as possible, with an initial report due early in 2025.
Cost	No cost; work is within current organizational capacity.

Recommendation 7: Map Assessed Need to Available Resources

The State Housing Authority suggested to the Committee that data is also needed to better understand the supply of potentially appropriate service-supported housing. This should include mapping where project-based housing vouchers exist, with an eye toward prioritizing some of these vouchers for people participating in DDS as these vouchers become available.

Recommendation 7: Map Need by County to Available Resources	
Who	VHCB in collaboration with the Vermont State Housing Authority.
What	Map project-based Section 8 vouchers and estimated need for service-supported housing for people in the developmental disabilities services system by county. • Revise as information quantifying regional needs becomes more refined (Recommendation 6).
When	As soon as possible.
Cost	No cost; work is within current organizational capacity.

C. Removing Regulatory Barriers

The Committee identified two critically important areas where State regulations specific to the operation of DDS inhibit the development of service-supported housing. Both issues are complex and require more study and further engagement with individuals, families, and service providers, as well as DAIL leadership. The first of these is the type of licensing available to residences that house more than two individuals. The second involves how housing and residential services are paid differently depending upon whether they are provided by a DA/SSA or by a "non-designated entity."

Recommendation 8:
Fast Track a Study and Stakeholder Engagement Process to Develop Licensing Recommendations by June 30, 2026

In Vermont, residential settings that house three to six service participants under one roof must be licensed by DAIL's Division of Licensing and Protection. Settings that house more than six, not only require licensure, but they may operate at this scale only with permission from the Developmental Disabilities Services Division (DDSD). Currently there are no residential settings under the umbrella of DDSD with more than six service participants in a single dwelling.

Historically, three categories of licensure have been available to entities, usually DA/SSAs in the Developmental Disabilities Service system, seeking to create small group living arrangements: The Therapeutic Community Residence (TCR) and two types of Residential Care Homes (Res Care Level III and Level IV). The difference between Res Care III and IV is the degree to which on-site nursing oversight is required.

Traditionally, these licensed group settings have been for individuals who have higher medical and/or mental health needs. However, there are also three licensed intentional communities operated by "non-designated" providers – meaning they are run by entities other than the DA/SSAs. Here residents choose to live together not based on common service needs but rather based on shared values and a desire for a more cooperative lifestyle.

However, a review indicates that Vermont has a more patchwork approach to licensing than a strict reading of the regulations would suggest. In June 2025, there were 21 licensed residential settings that served between three and six service participants.

- 4 are DA/SSA operated and licensed as Therapeutic Community Residences. Collectively, they serve 20 individuals.
- 11 are licensed as Residential Care Homes, Level III. Collectively, they serve 55 individuals.
- 1 is licensed as a Residential Care Home with the level not identified. It serves 3 people.

- 3 are intentional communities operated by private non-profits that contract with DA/SSAs. Collectively, they serve 23 people at this time.[15]

The Level IV Residential Care Home license is not being used currently by DDS, though it has been in the past.

In other examples of group living, the Burlington area designated agency, Howard Center, uses a couple of strategies that allow the State to waive licensing. In collaboration with the Burlington Housing Authority, three residential settings provide service participants with single room occupancy vouchers for their individual bedrooms, conferring both subsidies and tenancy rights. These settings operate as individually leased units, albeit under one roof and with shared common spaces like the kitchen, living room, and bathrooms. This has allowed the operating agency to argue successfully that licensing is not required. Two of these settings have support staff on site 24/7; one has staff available at night on an as needed basis through an electronic call system called Safety Connections. Collectively these houses serve 16 service participants with varying levels of support needs.[16]

Project SUCCEED is another example of residential settings where licensure has been determined to be unnecessary despite some units having more than two residents. At both their North Union Street and Isham Street locations, SUCCEED provides transitional housing for adults who have graduated from high school, are between 18-25, and are interested in developing skills to live independently while in a community home. The residences are a combination of group living apartments for four to five people and attached staffed living apartments for one to two people. Collectively SUCCEED has space for 14 service participants.

There was a clear consensus on the Committee that licensing provided critical protection for health, safety, and individual rights. Even members with concerns about the cost and restrictions of current licensing standards were quick to say that they supported licensing and the oversight it brings. At the same time, Committee members identified several significant limitations to the ways that small group residences are currently operating around licensure.

The regulations for both Res Care Levels III and IV are modeled after nursing home care and include requirements that would not apply in a typical home. For example, rules about providing healthy food and staff control over the administration of medication may not be appropriate or necessary for some residents. They impose limits on personal choice and autonomy that may be in tension with other important regulations like the Medicaid Settings Rule. As currently managed, if one of four residents requires a high level of nursing oversight, the home must be licensed as a Residential Care Home, Level III, applying these regulations to the ways in which all four residents are supported. Strict

[15] Yellow House in Middlebury currently has 4 residents and is seeking a fifth. Heartbeet in Hardwick has 15 residents. Riverflow in North Ferrisburgh has 4 residents.
[16] Avenue 7 currently has 6 residents. Walker House and 7-11 have five residents each.

licensing standards also raise operating costs in the form of additional staff time and monitoring activities.

The Division and Licensing and Protection has said that going forward the TCR license, intended for temporary and therapeutic settings, will no longer be used for intentional communities, which are, by definition, neither temporary nor primarily therapeutic in nature. Committee members noted that this would leave only Res Care III and IV available to license settings for 3-6 people that choose to live together, whether as an intentional community or simply as a group of friends interested in co-living. This has two unintended effects: on the one hand, it dampens interest in developing these types of housing options; and on the other hand, it compromises residents' autonomy and imposes an inappropriately strict and/or medicalized standard of care.

The DAIL leadership team has pointed out that Res Care IV offers the option of seeking a variance to some requirements -- for example, those related to food and visitors. However, some Committee members are skeptical of a system that relies on seeking exceptions to the rules; this is likely to result in inconsistency. Further, as one Committee member put it, a system where providers seek to avoid licensing, as has been the case with Project SUCCEED and other group settings in Burlington, is a "red flag" that indicates something is not working with the current categories available to those who want to create well-regulated, creative, and diverse housing options.

The Committee believes that the patchwork of limited licensing categories and workarounds that avoid licensing is the most significant regulatory barrier to the development of additional models of service-supported housing. However, it was not possible within the limited time for developing this report to fully understand where the best solutions lie. Additional study and engagement with provider agencies, service participants, and families is needed to discern the right course for Vermont.

Recommendation 8: Licensing	
Who	DAIL
What	Convene a committee composed of service participants/self-advocates, families, provider agencies, and DAIL leadership to develop recommendations for improving the licensing of group setting in the Developmental Disabilities Services system of care. The committee's goal should be to find a course of action that encourages the creative development of small group residential settings for those who want this option while at the same time providing strong regulations. The committee should consider if this is best achieved by creating a new licensing category; by expanding the use of the Residential

	Care IV license with variances; or by another means or a combination of these options. The committee should also consider ways that AHS Division of Licensing and Protection can, within their existing capacity, best support agencies and other groups seeking to license a service-supported residence for DDS participants.
When	As soon as possible, with an interim report due to the DAIL Commissioner and legislative committees of jurisdiction in mid-February 2026 and a final report due by June 30, 2026.
Cost	Minor cost for stipends for self-advocates and families participating in this committee. Otherwise, work is within existing capacity.

Recommendation 9:
Set Equitable Rates for Non-Agency Operated Residential Settings

The Committee is also concerned that the residential settings that are not operated by a DA/SSA are at a distinct disadvantage in terms of the rate at which they are reimbursed for the services they deliver. Several factors are at play in creating this disparity. The three non-agency operated homes (Heartbeet, Riverflow, and Yellow House) act as subcontractors to the DA/SSAs that oversee implementing the Individual Service Agreements of the people who live in these homes. To cover the costs associated with administering these subcontracts and ensuring regulatory compliance, the DA/SSAs retain a part of the Medicaid funded rates paid for these residential services. It should be noted that DA/SSAs also carry considerable overhead associated with maintaining their designation status within the DDS system of care.

Non-agency operated homes report that the portion they ultimately receive can be as low as half what agency-operated residential service providers are paid. The three non-agency operated homes report that they are heavily reliant on fundraising to make up for the gap created by low reimbursement rates. They question whether this is sustainable going into the future.

However, the comparison between agency and non-agency operated settings is complicated. In some cases, a single non-agency home may have several different subcontracts, each with a different DA/SSA and each with different requirements and different rates. Non-agency homes argue that greater consistency – for example, a common template for these subcontracts – would reduce confusion, administrative burden, and even cost. But discerning what an equitable rate would be requires more than leveling the playing field between non-agency operated homes. Because the three non-agency operated programs are unique, their services may not map easily onto the service mix typically seen in an agency-operated residence. For example, labor costs are

managed quite differently in these programs where some staff receive considerable in-kind benefits in lieu of wages, including room, board, and access to vehicles. Whether this type of staffing is more widely replicable is open to question, but it does complicate comparison.

Work done to date in Developmental Services Payment Reform provides a strong basis for teasing out a cost-based analysis of non-agency operated residential services – both those costs borne by the contracting DA/SSA and those by the program itself. There is already a group at the Division of DDS working on this issue. The Committee recommends that this work continue with the goal of reaching a resolution by the end of the state fiscal year.

Recommendation 9: **Set Equitable Rates for Non-Agency Operated Residential Settings**	
Who	DAIL through the Developmental Disability Services Division.
What	In the context of payment reform, continue work to develop an equitable, consistent payment structure for non-agency operated residential settings.
When	As soon as possible, with a recommended payment structure on or before June 30, 2026.
Cost	No cost; work is within organizational capacity.

D. Improving Coordination

Developing and sustaining service-supported housing is complex, in part because it requires government entities that have not typically worked together to partner. For individuals and families seeking greater choice in housing, these systems are daunting. The Committee found that the coordination of resources and social capital should be strengthened at several levels: First, to implement this plan, an advisory body should be created; second, housing expertise within the Agency of Human Services should be retained; and third, individuals and families would benefit from assistance in navigating housing options and initiatives at both the personal and systemic level.

Recommendation 10:
Create an Advisory Committee for the Implementation of this Plan

It has been a unique and positive experience to bring together entities that have not typically partnered to develop this plan. The cross-pollination between housing professionals, finance experts, and people deeply familiar with the needs of and best practices for supporting individual with I/DD proved critical to generating fresh ideas and strategies. The Committee finds that sustaining these collaborations will be key to moving this plan forward. They recommend that the legislature establish an advisory group

dedicated to the goals and recommendations of this plan for at least five years. Membership might not entirely mirror this planning group – for example, legislators would not typically serve on this type of committee. However, the other named organizations and stakeholders should be included. Since individuals with disabilities and family members hold the least decision-making authority in managing State resources, they should be represented by more than one member each.

Recommendation 10: **Create an Advisory Committee for the Implementation of this Plan**	
Who	The Vermont State Legislature.
What	Create an advisory group (tentatively called the State Housing and Residential Services Advisory Committee for DDSD) to advocate for and support the implementation of this plan, as well as research additional resources, policy changes, and initiatives, including those named in Category 3 of this report.
When	During the 2026 Legislative Session.
Cost	Minor cost associated with stipends for self-advocate and family representatives on the committee.

Recommendation 11:
Ensure Capacity within the Agency of Human Services

Implementing this plan and sustaining expanded residential capacity in the Developmental Disabilities Services System will require leadership and expertise at the Agency of Human Services (AHS). The AHS Central Office has traditionally had a housing specialist on their team, but this position is currently vacant. The scope of work for this position includes all AHS Departments, which face housing challenges for many different populations. Their role would be to ensure that this plan is carried out in consort with the broader housing objectives of the Agency of Human Services.

Within DAIL, Act 186 created a limited-service position dedicated to supporting the pilot planning grants created by that law, as well as conducting related research. This position was funded with one-time funds through the American Rescue Plan Act (ARPA). Now that the four pilot planning grants have ended – and ARPA funds are closing out – there is no longer a housing specialist within DAIL. Given the scope of need for housing across the populations served by DAIL, including people with I/DD, it is critical that DAIL replace, and even build upon, the work carried out by a department-level housing specialist.

Recommendation 11: Ensure Capacity within the Agency of Human Services	
Who	The Vermont State Legislature.
What	Ensure capacity within the Agency of Human Services to support coordinating housing-related initiatives by: 1. Continue to have a housing specialist on the AHS Central Office team. 2. Convert DAIL's limited-service position for a housing specialist to a classified position and fill this role. Use this position, in part, to support DA/SSAs and other groups seeking to create service-supported housing for the DDS system.
When	As soon as possible
Cost	The Housing Specialist in AHS Central Office is already within the AHS Budget. The DAIL position would represent an increase of $120,000 to the DAIL budget for salary and benefits.[17]

Recommendation 12:
Create a Housing Navigator for People with Disabilities

Several representatives on the Committee were already familiar with the work of the Land Access and Opportunity Board (LAOB).[18] The legislature created the LAOB, which currently operates as an initiative within the Vermont Housing and Conservation Board, in 2022. The LAOB seeks to engage with Vermont organizations working on housing equity and land access "to recommend new opportunities and improve access to woodlands, farmland, and land and home ownership for Vermonters from historically marginalized or disadvantaged communities who continue to face barriers to land and home ownership."

As the LAOB has built out its programs, it has taken a broad view of their charge, recognizing that ownership starts with basic access. The LAOB Co-Directors have partnered with the parent-led Developmental Disabilities Housing Initiative to understand the significant barriers that stand between people with I/DD and the safe, affordable and service-supported homes where they want to live. The LAOB is in the process of developing three positions for housing navigators. Each navigator will be assigned to a specific population that lacks equitable access to housing and housing programs. The navigator's role will include both individual client assistance and systems change work.

[17] Assumes this position is a Pay Grade 26, Step 2, which is similar to other specialists in DDSD.
[18] More information about the LAOB can be found at: https://vhcb.org/land-access-opportunity-board/

Recommendation 12: Create a Housing Navigator for People with Disabilities	
Who	Land Access and Opportunity Board (LAOB) at VHCB.
What	Support a Housing Navigator embedded in the LAOB who (1) supports individuals with disabilities and their families in securing permanent, affordable, service-supported housing; and (2) supports the LAOB and its partners in system change work to improve access to housing for people with disabilities.
When	Early 2026.
Cost	Budgeted request by the LAOB at $157,500 for salary and benefits which would recure annually with customary increases for cost of living and merit.

Recommendation 13:
Ensure this Plan is a Statewide initiative

DA/SSAs are facing many changes. Starting October 1, 2025, case management services moved out of regional agencies and into administration by two Case Management Organizations; this change was required by new federal rules. In addition, agencies began receiving prospective payments for services that were based on new rates and a new payment structure. In development for almost a decade, this new way of reimbursing agencies for the services they deliver goes under the title of DDS Payment Reform.

In light of these system changes, Committee members are concerned about the capacity of DA/SSAs to partner with DDSD and regional housing authorities to take on new housing initiatives. New housing options that favor only the more well-resourced parts of Vermont would not meet the CMS mandate for housing choice. The shortage of home providers and the challenges faced by aging family caregivers are clearly statewide issues. Similarly, the desire by many self-advocates to assume greater independence and more opportunities to live with or close to their peers – all with appropriate support -- is widespread.

The Committee struggled with how best to incentivize DA/SSAs to take on the additional work involved in partnering with housing developers and public housing authorities. As described above, several have already risen to this challenge through Act 186 pilot planning grants and subsequent housing development projects. How best to build on this success and replicate these efforts in other parts of the state?

Reducing the perceived burden associated with licensing may help (Recommendation 7), as will increased capacity to support his work through DAIL (Recommendation 11). With better data collection, clarity about regional housing needs for DDS participants could also help DA/SSAs to identify a meaningful target for their organization (Recommendation 6).

However, additional incentives may be needed to ensure statewide capacity. Most importantly, adequate financial resources would have to be in place for this work (Recommendations 1-5).

The Committee elected to take a wait-and-see approach during the first year of this plan. DDSD and the State Housing and Residential Services Advisory Committee for DDSD should continue to learn from providers – especially those less familiar with developing housing partnerships – what will best support them in this work.

Recommendation 13: Ensure this Plan is a statewide initiative	
Who	DAIL through the Developmental Disabilities Services Division.
What	Work with each Designated Agency to identify an appropriate local goal for the development of service-supported housing. Provide resources and technical support to assist each agency in meeting that goal. Technical assistance from the State could include tool kits, assistance around licensing, and templates for master leasing, among other supports.
When	Beginning State Fiscal Year ’27.
Cost	See Recommendation 11 for cost associated with increasing DDSD’s capacity to support agency-level work on housing.

Category 2. High Priority, Continue and Expand

Recommendations in this category are actions that the Committee found to be ongoing and critically important to the goals of this plan. Unlike the actions in Category 1, this work is aimed at fundamental challenges faced by the Developmental Disabilities Services System across not only residential services but other programs as well.

The ability to support people appropriately in new service-supported housing is inextricably linked to addressing the direct care workforce shortage, maintaining and expanding quality assurance efforts, and combating the impact of ableism and low expectations on Vermonters with I/DD. In some cases, the Committee found statewide standards to be in place but inconsistently communicated. In other cases, the Committee found that individual agencies are permitted to opt in or out of offering specific support like Safety Connection, which offers technology-based check-ins, reminders, and environmental monitoring.

Recommendation 14:
Workforce Retention and Training

Workforce shortages continue to challenge DA/SSAs and the DDS system of care. Payment reform has brought to light the degree to which direct support hours – hours that DDS participants have been found to need – are not being filled. These are the hours when a Direct Support Professional (DSP) might take someone out for errands, recreation, appointments, and employment. Statewide, only 55% of those hours are filled. By design, residential services, which would include home providers and staff at group residential settings, are filled at much higher rates, closer to 100%. However, DSPs are a critical part of the team that supports someone. When direct support hours go unfilled, it means family caregivers, home providers, and residential staff step in often taking on more than they can manage. Low rates of fulfillment strain the whole system.

Recommendation 14: Workforce Retention and Training	
Who	DAIL
What	Continue and expand initiatives aimed at increasing the number of well-trained direct support and residential services professionals. • Ensure consistency across DA/SSAs in how they staff service-supported housing and the training received by residential staff. • Ensure consistency across DA/SSAs in the funding for and standards related to technology that supports residential settings. Statewide availability of these programs ensures equal access and can help stretch limited staff resources.

	• Consider staffing patterns that reward and retain the best direct support professionals as front line staff, rather than incentivizing them to move to management positions.
When	Ongoing.
Cost	No added cost; work is within existing organizational capacity.

Recommendation 15:
Addressing Ableism and Low Expectations

> If we truly want to end ableism and the discrimination that people with intellectual disabilities face, we must give them real choices to live like other adults without disabilities.
>
> Vermont is falling behind. In states like Connecticut, it's more common for people in their 20s to move into housing that gives them more freedom and independence.
>
> We deserve the same freedoms as everyone else, people without disabilities. For housing, it is more than just making sure everyone has a place to live. Our freedom! People with disabilities deserve to have the same freedoms as people without disabilities.
>
> Comments by Max Barrows, GMSA
> See Appendix B for full comments

This Report would not do justice to the Committee's discussions if it failed to mention that attitudinal barriers are experienced by many self-advocates who want to move to residential settings that better meet their goals. The Committee's representative from Green Mountain Self-Advocates (GMSA) Max Barrows often brought forward barriers to housing choice that are rooted in ableism and the low expectations that society has for people with intellectual and developmental disabilities.

GMSA has created safe spaces for self-advocates to share their experiences around housing and residential services. This provides a unique window on some of the issues that may prevent adult Vermonters with I/DD from experiencing authentic choice in their housing. For example, GMSA is aware that some self-advocates are reluctant to speak up about their desire to live independently from their parents, even when they are at an age where this is appropriate. This may be because they are worried about hurting the feelings of family members, or because they fear their desire will be dismissed as impractical or too risky. In some cases, there is a concern that the family household is dependent upon the contribution that someone's SSI provides.

Another practical impact of ableist bias is housing discrimination. As valuable as tenancy support is, roughly half of all Housing Choice Vouchers, are returned to the PHA because the recipient cannot find a landlord willing to accept the voucher and rent to them. People with I/DD may face this sort of discrimination, especially if they are wrongly perceived as

less capable potential tenants. Educating landlords is one role that a Housing Navigator (Recommendation 12) could play.

The Committee made a practice of listening to the voices of impacted individuals at each meeting, typically by including a statement or story, one by a self-advocate and one by a parent of a service participant. Rather than try to summarize these rich conversations, this Plan included two reflections as Appendices – one from GMSA and one from the parent-led Developmental Disabilities Housing Initiative.

The Committee also recommends continued support for the work of GMSA.

Recommendation 15: Combating Ableism and Low Expectations	
Who	DAIL, in partnership with Green Mountain Self-Advocates and other community partners.
What	Educate widely about self-advocacy, the dignity of risk, disability rights, and the value of community inclusion. Fund peer support providers throughout Vermont who are trained to assist DDS participants in speaking up about their current and future residential service needs and preferences.
When	Ongoing.
Cost	To be determined. Additional resources may be needed to support peer support providers.

Recommendation 16: Quality Assurance Activities

Through DDHI, family members have been key leaders in the advocacy that has brought legislative action to bear on the housing issues for people with I/DD. Along with DDHI's representative on the Committee, at least a dozen other parents attended Committee meetings and shared thoughts during time set aside for public comment. A common theme during public comment was the need for greater quality oversight and more consistency in provider practice. While DDHI advocates for models other than shared living, there is a recognition that adult foster care will continue to be part of the DDS System of Care, one that works well for some people. Family caregivers emphasize the need for more quality monitoring including, but not limited to, shared living arrangements.

Quality review is an area where DDSD has done a lot of work in recent years. The Vermont legislature added five quality review staff for the Department of Disabilities, Aging and Independent Living (DAIL) through Act 78 of 2023. These positions were filled starting in January 2024, enabling DDSD to implement a new Quality Services Review (QSR) as part of a broader effort to maintain and improve the quality of services. Other components

supported by the review team include monitoring and follow-up with regard to: agency designation, waiver eligibility, housing safety and accessibility, monitoring of critical incident reports, and training and other technical assistance as negotiated with each agency.

Beginning in January 2026, the Quality Review cycle will return to an annual cycle with each developmental disability services provider participating in a quality review each year. With strong support from stakeholders, the quality review process will include face-to-face interviews with 10% of an agency's Home and Community Based Services caseload, but not more than 40 individuals. Again, GMSA and other advocates note that interviewers should use good judgement about how they conduct these interviews and who is present. Especially considering workforce shortages, some service participants struggle with speaking up about things that are not going well because they fear being seen as a "troublemaker."

The addition of two staff able to assist with data collection and analysis in early 2026 will also increase capacity to monitor the DDS system of care in ways that have not been possible previously. These are welcome changes but must be accompanied by a willingness to share out the results of quality monitoring with service participants, families, the State Program Standing Committee for DDS, and policy makers.

Recommendation 16: Expand Quality Assurance Activities	
Who	The Developmental Disabilities Services Division (DDSD).
What	Continue to build DDSD's capacity for quality monitoring and for sharing the results of these activities transparently with state leaders, service participants, and family members.
When	Ongoing.
Cost	No additional cost as new quality assurance staff have already been added to DDSD.

Category 3. For Further Study

The Committee surfaced many other ideas that have strong potential to accelerate the development of permanent, affordable service-supported housing for DDS participants. However, given the tight timeframe for this report set out in Act 69, the Committee could not investigate these opportunities. The State DDS Housing and Residential Services Advisory Committee (Recommendation 10) should continue to research these and other avenues for funding innovative housing and addressing regulatory or other barriers to this work. Information about these ideas and others should be summarized in the committee's annual report to the legislature:

- Public-private partnerships, including but not limited to, philanthropic support for service-supported housing, a revolving loan fund, and collaboration with the Vermont Community Foundation.
- Barriers to and solutions that support home ownership for DDS participants, especially access to existing programs for Section 8 home ownership.
- Any opportunity to expand on Recommendation 2 and include information about the Vermont ABLE Saving Program in conversations with case managers about future housing needs as one resource to prepare for meeting those needs.
- Tax relief for service-supported housing, including forgiveness of or substitute payments for property taxes on affordable housing and/or Accessory Dwelling Units for DDS participants.
- Transfer of unused state-owned property for the purpose of creating service-supported housing.
- Cost containment measures for building permanent, affordable, service-supported housing – for example, standard architectural designs, a template for master leasing, a standard subcontract between designated agencies and non-agency operated residential settings.
- Opportunities in Vermont's Global Commitment Waiver to use Medicaid funding flexibly for developing or operating service-supported housing.
- If/how Coordinated Entry through Vermont's two continua of care could be used by DA/SSAs to access housing in crisis situations for DDS participants.

Conclusion

The Committee would like to thank the legislature for the opportunity to address the housing needs of Vermonters who participate in DDS. The case for increasing capacity and options for permanent, affordable, and service-supported housing is compelling.

Individual Committee members look forward to working with lawmakers and other state leaders to ensure that this plan becomes a reality.

As one parent summarize: “A stable home is the foundation of an independent, inclusive life. Every Vermonter with I/DD, regardless of support needs, deserves to live with dignity, safety, and self-determination in the community they call home.”[19]

[19] See Appendix C for full comments.

Appendices

Appendix A, Summary of Recommendations

Category 1. Highest Priority

Recommendation 1: **Create Vouchers Supported by State General Funds**	
Who	The Vermont legislature.
What	Create 75-150 state-funded housing vouchers for DDS participants modeled after, and in parity with, state-funded housing vouchers available to individuals served by the Department of Mental Health.
When	Beginning with the 2026 legislative session; maintained and expanded thereafter in the state budget.
Cost	Approximately $1 million to $2 million annually depending on the number of vouchers.

Recommendation 2: **Educate DDS participants about housing options, including Section 8**	
Who	DAIL, in collaboration with Case Management Organizations, DA/SSAs, advocacy groups, and the State Housing and Residential Services Advisory Committee for DDS (Recommendation 10)
What	Ensure that service participants & family members receive comprehensive and accurate information about their housing options, including Section 8 rental assistance and, if available, state-funded vouchers. • Create training for case managers at CMOs and staff at provider agencies. • Create plain language information about rental subsidy programs. • Create webpage(s) with comprehensive information about housing options.
When	As soon as possible and in advance of Recommendation 3.
Cost	No added cost; work is within existing organizational capacity.

Continued, next page.

Recommendation 3: Open Waiting Lists Temporarily for DDS Participants	
Who	The Developmental Disabilities Housing Initiative (DDHI) and appropriate partners will initiate this recommendation, which will enlist the assistance of the Vermont State Housing Authority (VSHA) and other Public Housing Authorities (PHAs). The Developmental Disabilities Services Division (DDSA) should identify which entities (for example, DA/SSAs, case management organizations) within the DDS system of care should be tasked with assisting individuals and families in filling out applications and collecting supporting documentation, as well as tracking the results of this outreach effort.
What	Make a formal request to the Vermont State Housing Authority (VSHA) asking that they open the waiting list at the next available opportunity in accordance with this plan. Further, ask the VSHA to coordinate with other PHAs in identifying additional opportunities for placing this population on waiting lists for subsidized housing and rental assistance.
When	Once Recommendation 2 is well underway, which is anticipated to be by July 1, 2026.
Cost	No added cost; work is within existing organizational capacity.

Recommendation 4: Invest $10 million annually for at least five years	
Who	The Vermont State Legislature
What	Invest $10 million annually for at least 5 years in approximately 50-65 units/year of new, permanent affordable housing for people receiving DDS. This funding stream should be managed by the Vermont Housing and Conservation Board (VHCB) in close collaboration with community partners, DDS stakeholders, and the State DDS Housing and Residential Services Committee (Recommendation 10).
When	Beginning with the 2026 legislative session and maintained thereafter for a minimum of five years total.
Cost	$10 million/year for five years would be a total cost of $50 million.

Recommendation 5: Apply for HUD's Section 811 Program if/when available	
Who	The Vermont State Housing Authority, in collaboration with VHCB and the State DDS Housing and Residential Services Committee (Recommendation 10).
What	Apply for the Section 811 Supportive Housing for Persons with Disabilities program through HUD if/when a Notice of Funds Available is issued by HUD.
When	As available through HUD.
Cost	No cost to apply; work is within existing organizational capacity. Cost for administering the program should be built into the grant application.

Recommendation 6: Survey Need through Case Management Organizations	
Who	DAIL
What	Refine data quantifying the need for service-supported housing for developmental services participants • Use Case Management Organizations to ask individuals directly about their current and future housing needs (immediate, within 1 year, within 3 years, etc.) • Collect age of family caregivers and of shared living providers. • For planning purposes, create a matrix crossing SIS-A score, county of desired residence, and indicator of when housing is needed (immediately, 1 year, 3 years, etc.)
When	As soon as possible, with an initial report due early in 2026.
Cost	No cost, work is within current organizational capacity.

Recommendation 7: Map Need by County to Available Resources	
Who	VHCB in collaboration with the State Housing Authority
What	Map project-based Section 8 vouchers and estimated need for service-supported housing for people in the developmental disabilities services system by county. • Revise as information quantifying regional needs becomes more refined (Recommendation 6).
When	As soon as possible.
Cost	No cost; work is within current organizational capacity.

Continued, next page

Recommendation 8: Licensing	
Who	DAIL
What	Convene a committee composed of service participants/self-advocates, families, provider agencies, and DAIL leadership to develop recommendations for improving the licensing of group settings in the DDS system of care. The committee's goal should be to find a course of action that encourages the creative development of small group residential settings for those who want this option while at the same time providing strong regulations. The committee should consider if this is best achieved by creating a new licensing category; by expanding the use of the Residential Care IV license with variances; or by another means or a combination of these options. The committee should also consider ways that AHS Division of Licensing and Protection can, within their existing capacity, best support agencies and other groups seeking to license a service-supported residence for DDS participants.
When	As soon as possible, with an interim report due to the DAIL Commissioner and legislative committees of jurisdiction in mid-February 2026 and a final report due by June 30, 2026.
Cost	Minor cost for stipends for self-advocates and families participating in this committee. Otherwise, work is within existing capacity.

Recommendation 9: Set Equitable Rates for Non-Agency Operated Residential Settings	
Who	DAIL through the Developmental Disability Services Division
What	In the context of payment reform, continue work to develop an equitable, consistent payment structure for non-agency operated residential settings.
When	As soon as possible, with a recommended payment structure on or before June 30, 2026.
Cost	No cost; work is within organizational capacity.

Recommendation 10: Create an Advisory Committee for the Implementation of this Plan	
Who	The Vermont State Legislature
What	Create an advisory group (tentatively called the State Housing and Residential Services Advisory Committee for DDSD) to advocate for and support the implementation of this plan, as well as research additional resources, policy changes, & initiatives, including those named in Category 3 of this report.
When	During the 2026 Legislative Session.
Cost	Minor cost associated with stipends for self-advocate and family representatives on the committee.

Recommendation 11: **Ensure Capacity within the Agency of Human Services**	
Who	The Vermont State Legislature
What	Ensure capacity within the Agency of Human Services to support coordinating housing-related initiatives by: 1. Continue to have a housing specialist on the AHS Central Office team. 2. Convert DAIL's limited-service position for a housing specialist to a classified position and fill this role. Use this position, in part, to support DA/SSAs and other groups seeking to create service-supported housing for the Developmental Disabilities System.
When	As soon as possible
Cost	The Housing Specialist in AHS Central Office is already within the AHS Budget. The DAIL position would represent an increase of $120,000 to the DAIL budget.

Recommendation 12: **Create a Housing Navigator for People with Disabilities**	
Who	Land Access and Opportunity Board at VHCB
What	Support a Housing Navigator embedded in the LAOB who (1) supports individuals with disabilities and their families in securing permanent, affordable, service-supported housing; and (2) supports the LAOB and its partners in system change work to improve access to housing for people with disabilities.
When	Early 2026
Cost	Budgeted request by the LAOB at $157,500 for salary and benefits which would recur annually with customary increases for cost of living and merit.

Recommendation 13: Ensure this Plan is a statewide initiative	
Who	DAIL through the Developmental Disabilities Services Division.
What	Work with each Designated Agency to identify an appropriate local goal for the development of service-supported housing. Provide resources and technical support to assist each agency in meeting that goal. Technical assistance from the State could include tool kits, assistance with licensing, templates for master leasing, and other support.
When	Beginning State Fiscal Year '27.
Cost	See Recommendation 11 for cost associated with increasing DDSD's capacity to support agency-level work on housing.

Category 2. High Priority, Continue and Expand

Recommendation 14: Workforce Retention and Training	
Who	DAIL
What	Continue and expand initiatives aimed at increasing the number of well-trained direct support and residential services professionals. • Ensure consistency across DA/SSAs in how they staff service-supported housing and the training received by residential staff. • Ensure consistency across DA/SSAs in the funding for and standards related to technology that supports residential settings. Statewide availability of these programs ensures equal access and can help stretch limited staff resources. • Consider staffing patterns that reward and retain the best direct support professionals as front line staff, rather than incentivizing them to move to management positions.
When	Ongoing.
Cost	No added cost, work is within existing organizational capacity.

Recommendation 15: Combating Ableism and Low Expectations	
Who	DAIL, in partnership with Green Mountain Self-Advocates and other community partners.
What	Educate widely about self-advocacy, the dignity of risk, disability rights, and the value of community inclusion. Fund peer support providers throughout Vermont who are trained to assist DDS participants in speaking up about their current and future residential service needs and preferences.
When	Ongoing.
Cost	To be determined. Additional resources may be needed to support peer support providers.

Recommendation 16: Expand Quality Assurance Activities	
Who	The Developmental Disabilities Services Division (DDSD).
What	Continue to build DDSD's capacity for quality monitoring and for sharing the results of these activities transparently with state leaders, service participants, and family members.
When	Ongoing.
Cost	No additional cost as new quality assurance staff have already been added to DDSD.

Appendix B: How does Ableism Impact Housing?

Based on comments from Max Barrows, Outreach Director, GMSA
Shared with the Act 69 subcommittee on barriers to housing, 9/26/25

People with intellectual disabilities are looked down on more than they are looked up to. Society continues to send a strong message that we are not capable -- we are too slow. Honestly, for some people with intellectual disabilities, the people in our lives laugh at us when we talk about our dream jobs. They think it will never happen. It ties into the false idea that people with intellectual disabilities are not able to do a lot of things for ourselves, like adults. Unfortunately, it is a pretty broadly accepted mindset. It is huge. It casts a shadow over our desires to work, go to college, get married, have kids, live on our own or with friends, the list goes on and on.

Often people with disabilities are left out. We are left out because the world is not built with us in mind. The world we live in is built for people who do **NOT** have disabilities. We assume that everyone can see, walk, and hear.

Ableism is not just about how one person treats another person. Being polite to people with disabilities will **not** fix ableism. Ableism affects decisions people make about our lives. These decisions add up. Sometimes they turn into laws or programs that treat disabled people unfairly, like institutions and segregated classrooms. Ableism is built into our society. Disabled people don't have the same chances in life. We are often kept apart from other people.

One way this has a big impact on housing is that people with intellectual disabilities are some of the poorest Vermonters. The poverty rate for working-age Vermonters with disabilities is more than twice what it is for Vermonters without disabilities. These problems are made worse by unfair treatment, limited access to education, and fewer chances to get good jobs. As a result, many people with disabilities remain stuck in a cycle of poverty and financial stress.

I think you may already know about reports of housing discrimination in Vermont. One study in 2024 found that 30% of people said they faced discrimination. The most common reasons were disability and receiving public assistance, according to the National Low Income Housing Coalition. The report describes discrimination happening by:

- Refusing to rent or sell a home
- Lying and saying housing is not available
- Pushing people toward certain neighborhoods
- Giving unfair lease rules or conditions
- Using threats, bullying, or harassment
- Posting ads that discriminate

And all of this is further complicated by the fact that many people with disabilities have more than one identity. We are people of color, we are LGBTQ. For myself, when I face discrimination, being left out, I often don't know if it is because I am Black or is it because I am autistic.

We need to give people with intellectual disabilities real options to live like other adults without disabilities. There is a lack of options given to people with disabilities. Some family members do not think that their sons or daughters with intellectual disabilities will be safe living without their parents. Even those of us with full-time jobs are not being seen as capable of living on our own.

There is also the problem of internalized ableism: If all your life you have been told you are not capable, many of us lose faith in ourselves and believe we are not able to live on our own.

Self-advocates want to be part of the mix – to live places where people without disabilities live. We don't want gated communities, separate facilities just for people with disabilities.

Sometimes, landlords do not provide accommodations for people with disabilities. There was a case in Vermont where a condo would not allow someone to install a chair lift so they could get to their apartment on the

second floor. Today in Montpellier at 2 Prospect Street, the elevator has been broken for 2.5 months. The housing authority says they are working on it and they are making sure people have food and supplies - but a few people with mobility issues who live on the 3rd floor have been unable to leave their apartments for 2 and half months.

And sometimes, ableism happens to us without us noticing or being aware of it. (A landlord may not want to rent their facility out to people with disabilities, especially with significant disabilities).

Please keep this important matter in mind while moving forward. Thanks for the work being put in and listening to people with disabilities to make housing more inclusive for everyone.

Appendix C: Why Service-Supported Housing Matters

Provided by the Developmental Disabilities Housing Initiative

All people deserve choice in where and with whom they live. There is no "one size fits all" housing model. Just as Vermont has diversified housing and care options for older adults over the past fifty years, individuals with intellectual and developmental disabilities (I/DD) must also have access to a variety of service-supported housing (SSH) options that reflect the full spectrum of support needs and lifestyles within our state.

Who We Are

The Developmental Disabilities Housing Initiative (DDHI) is a Vermont parent-run advocacy group representing more than 175 families statewide. Our mission is to advance the creation of stable, affordable, service-supported peer residences for adults with I/DD who qualify for Medicaid Home and Community-Based Services (HCBS) and have significant support needs.

Since our grassroots founding in 2021, DDHI has worked collaboratively with the Department of Disabilities, Aging and Independent Living (DAIL), the Developmental Disabilities Services Division (DDSD), legislators, and partner organizations to expand housing choices beyond Shared Living—Vermont's predominant, foster-care-based model. Our goal is to ensure that every adult with I/DD can live in a safe, stable home, surrounded by peers and support, when their parents are no longer able to provide daily care.

Why Service-Supported Housing Matters

Service-supported housing enables adults with I/DD to thrive in their own homes and communities, not just live in them.

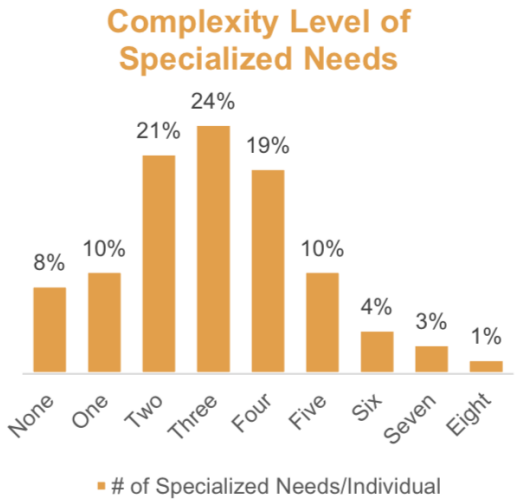
- Residents choose where and with whom they live.
- Individualized, person-centered support, funded by Medicaid HCBS waivers, provides assistance with daily living, communication, and community inclusion.
- Peer-based settings build lasting friendships, promote safety, and foster belonging.

Service-supported homes provide a lifelong foundation -- a stable home that can adapt to changing needs, safeguard autonomy, and ensure that adults with I/DD are not at risk of homelessness, institutionalization, or unnecessary placement in nursing homes.

DDHI Surveys

DDHI's statewide Needs Assessment Survey (2022) documented the urgent demand for new housing models and the complex support needs of adults with I/DD. Families overwhelmingly reported that no suitable long-term housing options currently exist for individuals with higher or specialized support needs, confirming that Vermont must diversify its residential service system.





A follow-up Support Services Survey (2024) revealed the depth of Vermont's staffing crisis and its impact on daily life for individuals and families:

- 18% of families reported receiving *zero* of their budgeted support hours.
- Individuals with less than 24/7 support were receiving only 53% of their authorized direct support hours -- equating to a loss of roughly 13 hours per week.
- 26% of families had to leave employment or reduce work hours to provide care due to staffing shortages.

These findings mirror DAIL's SFY 2024 data showing a statewide utilization rate of only 55% for HCBS service hours. Without a reliable workforce of trained Direct Support Professionals (DSPs), service-supported housing cannot function effectively. Addressing the workforce crisis is essential to Vermont's success in expanding SSH options.

Conclusion

Vermont must build a future in which every adult with I/DD has genuine choices for a permanent, person-centered home and the staffing support necessary to sustain it. A stable home is the foundation of an independent, inclusive life. Every Vermonter with I/DD, regardless of support needs, deserves to live with dignity, safety, and self-determination in the community they call home.

The state's shift under Acts 186 and 69 toward recognizing the need for diverse housing marks critical progress, and it must be paired with systemic change within DDSD and the Designated Agency system to make these options real statewide. Vermont must modernize DDSD policies, funding structures, and DA expectations so that service-supported housing becomes a core element of the developmental-services continuum, not the exception. The promise of Act 69 will only be realized when adults with I/DD have the same assurance as all Vermonters: a permanent, person-centered home in their chosen community that is viable and sustainable, supported by a well-trained, well paid, and respected workforce.

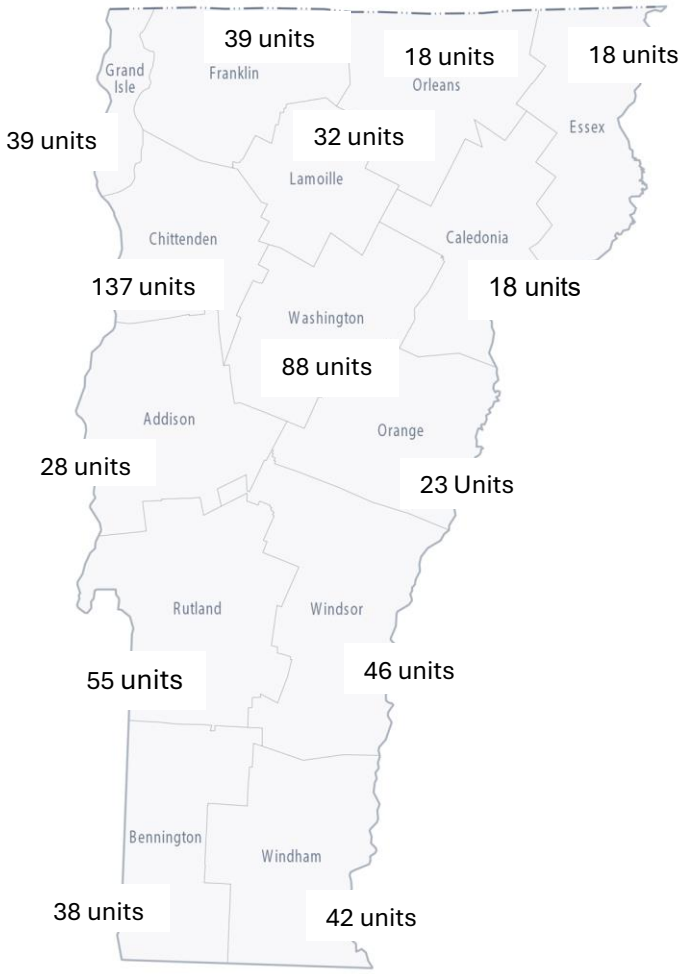
Appendix D: Roster, Designated & Specialized Service Agencies

Abbreviation	Agency Name	Primary Office
CCS[2]	Champlain Community Services	Colchester
CSAC[1]	Counseling Service of Addison County	Middlebury
FF[2]	Families First	Brattleboro
GMSS[2]	Green Mountain Support Services	Morrisville
HCRS[1]	Healthcare and Rehabilitation Services	Springfield
HC[1]	Howard Center	Burlington
LCMH[1]	Lamoille County Mental Health	Morrisville
LSI[2]	Lincoln Street, Inc.	Springfield
NCSS[1]	Northwestern Counseling and Support Services	St. Albans
NKHS[1]	Northeast Kingdome Human Services	St. Johnsbury & Newport
RMHS[1]	Rutland Mental Health Services	Rutland
SCC[2]	Specialized Community Care, Inc.	Middlebury
UCS[1]	United Counseling Service	Bennington
UVS[1]	Upper Valley Services	Randolph
WCMH[1]	Washington County Mental Health	Barre
T-II[3]	Transition II	Burlington

1. Designated Agency
2. Specialized Services Agency
3. Supporting Intermediary Service Organization

Appendix E: Map Illustrating County Level Housing Need

See Table 2 in this report for the related data table



Appendix F: Minutes, Final Meeting of the Act 69 Committee

November 12, 2025

Act 69 State Housing and Residential Services Planning Committee

Committee members present: Collins Twing (DDHI), Jennifer Garabedian (DAIL), Justin Davis (AHS), Kirsten Murphy (VTDDC), Jenny Hyslop (VHCB), Gloria Quinn (VCP), Sarah Mearhoff (AGC/VT), Ashlynn Doyon (Treasurer's Office), Rep. Anne Donahue (Vermont House), Sen. Alison Clarkson (Vermont Senate), Shaun Gilpin (DHCD). Committee members absent: Max Barrows (GMSA). Others present: Rebecca Silbernagel

Welcome Establishing quorum	The meeting started 2:02 PM The Chair welcomed committee members. There was a quorum present.
Minutes from Nov. 4, 2025	The Chair shared the draft minutes and reviewed them with the Committee. Collins Twing moved that the minutes be adopted. Rep. Donahue second. The Committee voted to adopt the minutes as reviewed.
Updates	The Chair asked to hear from Committee members who represent a state leader named in Act 69, Sec. 5. • Jennifer reported that she and Rebecca Silbernagel were able to meet with Commissioner Bowen, who has no concerns about the Report. • Ashlynn has spoken with Treasurer Pieciak, and she is authorized to vote to adopt the Report. • Shaun Gilpin has spoken with Commissioner Farrell. He is authorized to vote to adopt the Report. • Justin Davis has spoken with Secretary Samuelson. He is authorized to vote to adopt the Report.

	Shaun asked if voting in favor of the Report committed Executive Branch leaders to specific budgetary asks. Rep. Donahue pointed out that the Report answers the legislature's question as to how much it would cost to create 600+ units of services supported housing but does not commit to a specific "ask" for funding. In several places, the Report says that the actions recommended can be scaled to meet available resources. Sarah Mearhoff noted that her name is misspelled in the Committee Roster (page 3). The Chair will check all the names on the roster for any errors.
Vote to adopt the report	MOTION: That the Committee adopt the report titled "The Road Home, A Plan for Creating Permanent, Affordable, Service-Supported Housing for Vermonters Participating in Developmental Disabilities Services," as presented and marked "final version." Sen. Clarkson made the motion. Collins Twing seconded. Vote was by role call, with all members present voting in favor.
Submitting the Report	The Chair clarified that once the Report is delivered to the legislative committees of jurisdiction, it is a public document. It will be posted on the Committee's website. The Committee agreed to add the minutes for this meeting to the end of the Report as an Appendix. This will make the vote a matter of public record.
Closing	There were many thank you' s. The Chair spoke with appreciation for all the Committee members, as well as the members of the public who have followed this process closely. Senator Clarkson said that, while this process has been entirely online, she hopes that Committee members can come together in person, perhaps at the Statehouse during the coming legislative session.
Adjourn	The meeting ended at 2:15

Notes prepared by Susan Aranoff, VTDDC