VCIL Vermont Center for Independent Living

People with disabilities working together for dignity, independence, and civil rights

LCAR Testimony
October 15, 2026

Thank you for the opportunity to testify today.

My name is Sarah Launderville, and I am the Executive Director of the Vermont Center for Independent Living and the President of the Vermont Coalition for Disability Rights.

VCIL is Vermont's statewide center for independent living. We are a cross-disability organization led by and for people with disabilities, working to advance dignity, independence, civil rights, and full community participation.

VCIL submitted detailed comments to the Department regarding these proposed rules. While some improvements were made, the changes did not adequately address several significant concerns we raised.

VCIL supports the goals of Act 143. We share the Legislature's vision that homelessness in Vermont should be rare, brief, and nonrecurring. However, supporting the goals of the law does not mean remaining silent when implementation risks creating barriers for the very people the law was intended to help.

These concerns are not theoretical. They reflect what VCIL staff are seeing every day as more Vermonters with disabilities experience homelessness.

Over the past several years, VCIL has seen a dramatic increase in the number of people with disabilities seeking our assistance while also experiencing homelessness. Too often, we find ourselves supporting individuals while navigating systems that were intended to help but instead create additional barriers.

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One individual we are working with has been homeless and lives with a seizure disorder. Because his disability prevents him from driving and transportation is limited, he has struggled to access consistent neurological care. The lack of medical documentation and ongoing treatment has created barriers not only to healthcare but also to obtaining the benefits and supports he needs. When systems rely heavily on engagement, documentation, and formal verification, people like him can easily fall through the cracks despite clearly having significant disabilities and support needs.

Another individual that VCIL worked with experienced homelessness while trying to maintain connections to services, benefits, and advocacy opportunities. With support from community partners, he was eventually able to secure housing and successfully obtain SSDI benefits. His experience demonstrates what is possible when systems focus on removing barriers rather than creating new ones. Stable housing gave him the opportunity to reconnect with his community and continue contributing his skills and talents.

More recently, VCIL supported a young woman with an intellectual disability who had very little resources available to her. The immediate challenge was not her willingness to engage. The challenge was navigating multiple service systems quickly enough to ensure she had food, stability, and support while housing solutions were being identified. Her success depended largely on flexibility, collaboration, and community partners working together to remove barriers rather than insisting on rigid procedural requirements.

And while we are here testifying today, one of our VCDR partners, Another Way, is grieving more loss than ever as a psychiatric survivor drop-in center. This is important and life-saving work that does not end at the end of an eight-hour day or a work week.

These are not isolated examples. They illustrate an important

reality which is homelessness among people with disabilities is rarely the result of a single issue. It is often the cumulative result of transportation barriers, healthcare access barriers, poverty, disability discrimination, benefit delays, inadequate community supports, and housing shortages.

That is why VCIL remains concerned about any rule that could inadvertently turn assessments, documentation requirements, or service engagement into gatekeeping mechanisms. The people we work with do not need additional hurdles. They need flexible systems that recognize the realities of living with a disability while experiencing homelessness.

Act 143 contemplates assessments as tools to identify needs, reasonable accommodations, and connections to services. They should help people obtain housing and supports.

The rules continue to leave critical questions unanswered regarding how assessments may affect eligibility, prioritization, service levels, and continued participation in the program. For people facing homelessness, that uncertainty has real consequences.

For many people with disabilities, participation in an assessment may be affected by accommodation needs related to disability, including communication barriers, trauma histories, literacy challenges, or difficulties obtaining documentation. These barriers should never be interpreted as a lack of cooperation or become a reason someone loses access to housing assistance.

This is critical because we continue to see disability-related barriers misinterpreted as unwillingness to cooperate, and we continue to see inconsistent implementation of reasonable accommodations across service systems.

Whatever the intent, these rules still contain provisions that could function as gatekeeping mechanisms for people experiencing homelessness and disability. Assessments should be clearly limited to identifying needs, accommodations, and connections to

support. They should not become barriers to participation in housing assistance programs.

VCIL also remains concerned about provisions that allow termination based on failure to engage in supportive services.

Act 143 recognized an important principle: housing should not be conditioned on compliance with services. The legislative discussions surrounding Act 143 consistently reflected the understanding that supportive services should be encouraged and offered, not imposed as requirements for maintaining housing assistance. These rules risk moving away from that principle.

People with disabilities have the right to self-determination. They should not face the loss of housing assistance because disability-related barriers affect their ability to engage with services in ways the system expects.

Supportive services are valuable. They should remain available, accessible, flexible, and responsive to individual needs. However, access to housing should not depend upon compliance with services.

We are testifying at a moment when disability rights and community integration are under increasing pressure nationally. Across the country, we are seeing proposals and policies that make it harder for people with disabilities to access supports, retain benefits, and remain in their communities.

This is not a hypothetical concern. Disability advocates are increasingly being forced to defend rights that previous generations fought to secure. Vermont should be especially careful not to adopt rules that create new barriers at the very moment disabled Vermonters are facing growing threats to their rights.

How Vermont responds matters. The decisions made here can either strengthen our commitment to community living and disability rights or contribute to a broader erosion of those

principles.

DCF has indicated that suitability will be determined through an individual's housing plan. While we appreciate that clarification, we remain concerned that the rules do not explicitly address institutional settings, and we need clear standards.

For decades, VCIL has advocated before the Vermont Legislature, state agencies, and policymakers for the right of people with disabilities to live in their communities rather than in segregated institutional settings. The principle of independent living is the foundation of our organization and the broader disability rights movement.

People with disabilities have historically been directed toward nursing facilities, psychiatric institutions, and other segregated settings when community-based options were unavailable. This history is precisely why the Americans with Disabilities Act and the landmark *Olmstead v. L.C.* decision established that unnecessary segregation of people with disabilities is a form of discrimination and that individuals have the right to receive services in the most integrated setting appropriate to their needs. The federal government continues to identify community integration as a central requirement of disability civil rights law.

Against that backdrop, Vermont's leadership on disability rights is more important than ever.

The Committee should not assume that community integration will remain protected simply because Vermont has historically supported it. Protections are only meaningful when they are clearly stated and consistently applied.

We believe the rules should explicitly state that institutional placements are not presumed to be suitable housing simply because they provide shelter. A nursing facility, psychiatric institution, or other segregated setting should never be treated as an acceptable housing solution simply because the community based options are not accessible to disabled people.

Without explicit protections, there is a risk that a person with a disability experiencing homelessness could be told that an institutional placement constitutes a "suitable housing" option, even when it conflicts with the principles of community integration that Vermont has long embraced.

A clear statement that institutional placements are not presumed to be suitable housing would better align these rules with Vermont's longstanding commitment to community living, disability rights, the principles established under *Olmstead*, and the Legislature's intent that homelessness solutions promote stability, dignity, and inclusion rather than segregation.

VCIL also raised concerns about the requirement that disability verification be limited to providers licensed or certified and practicing in Vermont. We understand the Department has identified this as a legislative issue, but it remains an important concern.

For many Vermonters, particularly those living in border communities, healthcare is routinely provided by physicians and specialists in neighboring states. Vermonters regularly receive care from providers in New Hampshire, New York, Massachusetts, and Maine. This is simply the reality of healthcare access in our region.

A person's disability does not become less legitimate because their physician practices a few miles across a state border.

When someone is experiencing homelessness, every additional documentation hurdle matters. Requiring an otherwise eligible person to obtain additional Vermont-specific verification when their disability is already documented by a qualified provider who regularly treats them creates delay without improving accuracy.

At a minimum, we urge policymakers to continue examining whether this aspect of implementation reflects the practical realities facing Vermonters with disabilities and whether it unintentionally creates barriers for otherwise eligible applicants.

VCIL appreciates that DCF added references to the Americans with Disabilities Act in response to our feedback.

However, disability rights are meaningful only when individuals understand how to exercise them and providers understand how to implement them.

We encourage continued attention to clear processes for requesting reasonable accommodations, accessible communication, assistance obtaining documentation, additional time when disability-related barriers arise, and protections against disability-related conduct being mischaracterized as noncompliance.

Without clear implementation, protections may vary significantly from community to community.

Public feedback improved these rules, and several recommendations raised by disability advocates were incorporated. Those changes matter.

However, significant concerns remain unresolved, particularly regarding assessments, service engagement requirements, disability verification standards, and the definition of suitable housing.

These are not minor administrative details. They will directly shape who can access housing assistance, who remains housed, and who may be excluded from support.

We urge the Committee to address these issues before final adoption of the rules and to ensure the final regulations reflect both the intent of Act 143 and Vermont's longstanding commitment to disability rights, community integration, self-determination, and equal treatment under the law.

Thank you for your time and consideration.

Respectfully submitted,

Sarah Launderville
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