The purpose of the Americans with Disabilities Act (ADA) is to provide equal opportunities, full community participation, independent living, and economic self-sufficiency. It prohibits discrimination against people with disabilities and provides them with the right to receive services in the most integrated community-based setting appropriate to their needs. Community living is fundamental to fulfilling the promise of the ADA.

For many people with disabilities of all ages, community living requires that they have access to affordable, accessible housing and voluntary services1 to assist with long-term service and support needs. These services include community services like Medicaid-funded home and community-based services (HCBS), mental health and substance use services, tenancy supports, and more.

Without access to appropriate housing and services, many people with disabilities end up in an institution or experience homelessness. Data from the Department of Housing and Urban Development (HUD)'s Annual Homeless Assessment Report indicates that as many as 48.5% (approximately 550,000) single adults and heads of households who used homeless shelters over the course of a year report having a disability. A combination of affordable housing and access to community services is vital to help them obtain housing and remain housed.

Ensuring community living has taken on even greater urgency due to COVID-19. While most Americans sought safety from the COVID-19 pandemic by staying in their homes, people in congregate settings like institutions and homeless shelters faced high risk of COVID-19 transmission, illness, and even death. Providing people with housing and services is critical to protecting people with disabilities and older adults from COVID-19 and other infectious diseases.

In order for people with disabilities of all ages to have access to both the housing and the services and supports they need to live in the community, there must be collaboration and coordination between housing and service systems at all levels of government. That's why the Department of Health and Human Services (HHS) and HUD are announcing a federal partnership to coordinate and align each Department’s respective resources and to work together to build and strengthen partnerships between our networks and grantees at the state and local levels.

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1 The term “voluntary services” means that people choose the services they want and are not required to use services provided by the housing provider.
This partnership will advance key priorities of the Biden-Harris Administration, including expanding accessible, affordable housing; addressing homelessness; expanding HCBS; and addressing the institutional bias in America’s long-term care system. A major focus of this partnership will be to help states and communities take full advantage of the opportunities in the American Rescue Plan Act of 2021 (ARP) that support community living including the historic investments in housing assistance and the investments in HCBS.

The Administration, HHS and HUD have already taken steps to advance these goals, detailed below. The partnership between HHS and HUD will build on that progress, as both agencies work together to make community living a reality for all.

**Coordinating ARP Funding for Community Services and Housing**

The ARP, passed by Congress and signed by President Biden in March 2021, included a range of funding to assist people with disabilities, older adults, and people experiencing homelessness with access to affordable housing and community services. The partnership between HHS and HUD—and the work building partnerships between state and local housing and service agencies—is critical to coordinating and leveraging this new funding.

➤ **ARP Funding for Medicaid HCBS**

The ARP provided an estimated **$12.7 billion** to states’ HCBS systems through a 10 percentage point increase to the federal medical assistance percentage (FMAP) states can receive for certain Medicaid HCBS expenditures, including Medicaid-covered housing-related services and supports. The increase is available for one year, from April 1, 2021 to March 31, 2022, and states have an additional two years (through March 31, 2024) to spend the additional funding.

This additional federal funding must be used to enhance, expand, or strengthen, Medicaid-funded HCBS for people with disabilities and older adults who need such services to live in the community, including services to help people currently living in institutions transition to the community. HHS’ Centers for Medicare & Medicaid Services (CMS) administers this funding. The funding can be used for a variety of housing-related activities, including:

- Expanding a community transition program to additional populations or institutional settings;
- Building Medicaid-housing partnerships;
- Providing transition coordination services to eligible individuals who had to relocate to a nursing facility or institutional setting from their homes during the COVID-19 public health emergency (PHE), or moved into congregate non-institutional settings as a result of the COVID-19 PHE, as well as for temporary relocation of residents from various types of congregate settings to community-based settings to reduce the risk of COVID-19 infection during the COVID-19 PHE; and
Facilitating individuals transitioning from an institutional or another provider-operated congregate living arrangement (such as a group home or homeless shelter) to a community-based living arrangement in a private residence where the person is directly responsible for his or her own living expenses. One-time community transition costs may include payment of necessary expenses to establish a beneficiary’s basic living arrangement, such as security deposits, utility activation fees, and essential household furnishings, for example.

**ARP Funding for Substance Abuse Prevention and Treatment & Community Mental Health Services Block Grants**

The ARP provided $3 billion for substance use and mental health block grants for state mental health authorities and single state agencies, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), to help states and territories meet the increasing behavioral health needs of their residents due to the COVID-19 pandemic.

**Substance Abuse Prevention and Treatment Block Grants** (SABG) are intended to plan, carry out, and evaluate prevention, intervention, treatment, and recovery support services for individuals, families, and communities impacted by substance use. The overall goal is to support and expand the full continuum of substance use disorder services, including prevention, treatment, and recovery.

**Community Mental Health Services Block Grants** (MHBG) support community-based mental health services for children with serious emotional disturbance (SED) and adults with serious mental illness (SMI). Funding is intended for a variety of treatment and recovery services, which may include case management, assistance in obtaining benefits, and other support services to assist clients with finding housing, and for planning, infrastructure, support, training, and educational activities.

**ARP Funding for Affordable Housing**

The ARP provided HUD with $5 billion to fund 70,000 Emergency Housing Vouchers to assist public housing authorities (PHAs) to meet the housing needs of people experiencing homelessness; at-risk of experiencing homelessness; and fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. The vouchers can also be used to provide rental assistance to people who are recently homeless to prevent homelessness or a high risk of housing instability.

These vouchers can also serve people with disabilities leaving institutional settings who are considered at-risk of homelessness because they lack stable housing and have low incomes and limited social supports. For these vouchers, PHAs must partner with homeless Continuums of Care to identify and refer eligible and priority populations, as well as provide guidance to aid communities in leveraging existing resources, such as Medicaid HCBS and SAMHSA block grants, to help meet their supportive services needs.
In addition, the ARP provided HUD with $5 billion through the HOME Investment Partnerships program (HOME-ARP) that can help communities meet the housing needs of people experiencing or at-risk of homelessness, including people with disabilities. While these funds have a variety of uses, HUD is encouraging communities to use these funds to expand permanent supportive housing opportunities for people experiencing and at-risk of homelessness.

ARP Funding for Fair Housing

The ARP also provided HUD with $20 million for the Fair Housing Initiatives Program (FHIP). The additional resources for FHIP will support non-profit fair housing partners in addressing fair housing inquiries, complaints, investigations, and education and outreach activities related to the COVID-19 pandemic. HUD is committed to ensuring that people with disabilities are protected against discrimination in the housing sector, particularly during the COVID-19 pandemic.

Reauthorization of the Money Follows the Person (MFP) Program

The MFP program helps people who are in institutional settings, like nursing homes, move back to the community. More than 100,000 people with disabilities and older adults have transitioned to the community through the MFP program since its inception. The program was recently reauthorized through September 30, 2023 in the Consolidated Appropriations Act, 2021, which also expanded participant eligibility in important ways:

- It reduced the minimum length of time in an inpatient facility before an individual can qualify for MFP from 90 days to 60 days; and
- It allowed the days a person receives skilled nursing services or skilled rehabilitative services in a certified skilled nursing facility to be counted toward the length-of-stay requirement.

Coordination between services and housing is key to the success of state MFP programs, and many MFP programs include a housing coordinator. The MFP program can cover one-time transition costs, such as first month’s rent, utility deposits, and essential furnishings.

MFP is an optional program within Medicaid. Thirty-three states and Washington, DC are currently participating, and several states are in the process of reactivating their programs as a result of the reauthorization. Additional states will have an opportunity to join the program this fall.

HUD-HHS Transition Collaboration

Increased availability of housing choice vouchers coupled with recent changes to the MFP program and the enhanced federal funding available to states under the ARP have created an unprecedented opportunity for community, tribal, state and national partnerships to help individuals seeking to transition from institutions back to the community achieve their goal.
As discussed above, states’ MFP programs provide a critical resource to assist people with disabilities and older adults in transitioning to the community. The Administration for Community Living’s (ACL) disability and aging networks also play a key role in transitions to the community. Transitions are a core service for Centers for Independent Living (CILs). Many Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs) also offer transition services to support assisting with transitions back home from hospitals, nursing homes, or other institutions.

CMS and ACL are collaborating with HUD to bring together PHAs with available Mainstream vouchers targeted to non-elderly people with disabilities who are transitioning from or at risk of entering institutions with their state’s MFP programs and disability and aging networks involved in transitions. This state-level technical assistance is helping HHS and HUD identify best practices for overcoming barriers to collaboration and coordinating between state and local housing and service systems.

A new resource to assist with state and local collaborations is HUD’s new Housing Choice Vouchers Dashboard. This dashboard provides information on housing choice vouchers, including Mainstream vouchers. Its dashboard also provides:

- Budget and leasing trends;
- Reserve balances;
- Program admissions and attrition; and
- Per-unit cost and leasing potential.

HHS and HUD will continue to develop additional tools in collaboration with national associations, state human service agencies, housing authorities and state associations, and PHAs, housing providers and community-based organizations (CILs, AAAs, ADRCs).

**Affirmatively Furthering Fair Housing (AFFH) Regulations**

The Fair Housing Act prohibits discrimination in housing-related transactions based on race, color, religion, national origin, familial status, sex, and disability. In addition to prohibiting discrimination, the Fair Housing Act requires that HUD and recipients of HUD funds affirmatively further the policies and purposes of the Fair Housing Act. This obligation is known as the duty to “affirmatively further fair housing” or “AFFH.”

The duty to AFFH requires recipients of HUD funds (e.g., states, local governments, and PHAs) to take meaningful actions to overcome past discrimination and segregated living patterns. It also requires them to foster inclusive communities free from barriers that restrict access to opportunity based on disability and the other characteristics protected by the Fair Housing Act.

What does this mean for individuals with disabilities? Persons with disabilities face a profound and longstanding housing crisis, including the lack of safe, affordable, accessible, and integrated housing. These circumstances make it difficult for people with disabilities to live and participate in their communities and leave many people with disabilities at risk of institutionalization or at risk of experiencing homelessness. The AFFH obligation requires states, local governments, and PHAs to leverage their housing and community development resources to overcome the segregation, historic discrimination, and lack of access to opportunities that individuals with disabilities have long faced.
For individuals with disabilities, the duty to AFFH means that states, local governments, and PHAs need to leverage their resources to improve access to safe, integrated, affordable, and accessible housing where individuals with disabilities can live while accessing the voluntary long term services and supports they need and enjoying equal access to the opportunities their community provides.

Under the leadership of Secretary Fudge, HUD recently published an interim final rule to restore the implementation of the AFFH requirement. To support compliance with AFFH, HUD will provide a voluntary process that funding recipients can use to identify the fair housing concerns that exist locally and commit to specific steps to remedy them. HUD will provide technical assistance and support to funding recipients that carry out this voluntary fair housing planning process. The interim final rule will go into effect on July 31, 2021.

HUD also intends to engage in a separate rulemaking to establish a mandatory process that HUD funding recipients will use to AFFH going forward. Publication of a new proposed rule on AFFH will occur in the next few months. Individuals with disabilities and stakeholders are encouraged to watch for the proposed rule in the Federal Register and submit comments. HUD will consider all public comments as it crafts a final AFFH rule.

HUD is committed to increasing the opportunities individuals with disabilities have to live in safe, accessible, integrated, and affordable housing and participate fully in community life. To learn more about AFFH or HUD’s commitment to providing equal housing opportunities, visit www.hud.gov/fairhousing.

For more information on the agencies participating in this partnership:

U.S. Department of Health and Human Services: www.hhs.gov
- Administration for Community Living (ACL): www.acl.gov
- Office of the Assistant Secretary for Planning and Evaluation (ASPE): aspe.hhs.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov


For more on the federal government’s efforts to end homelessness: