

Housing Innovation Subgroup:
Recommendations to Meet Maine’s Urgent Need for Housing
for People Who Use Home and Community Based Services (HCBS)
Final Report to OADS DS Innovation Work Group ♦ October 2021
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Recommendations:

1. Increase Home and Community Based Services (HCBS)-compliant supportive housing options across Maine for people who use HCBS.

How? Establish a permanent HCBS Housing Specialist position within OADS, tasked with developing a collaborative partnership between OADS and the Maine State Housing Authority to work toward systemic housing innovations statewide for people who use HCBS, such as:

- Requiring a portion of affordable housing apartment developments to welcome people who use HCBS within larger multifamily developments, including people needing permanent supportive housing.
- Incorporating point incentives in the Qualified Allocation Plan for Low Income Housing Tax Credits to include permanent supportive housing for people who use HCBS.
- Requiring incorporating universal design in new/renovated Maine State Housing projects to increase accessible housing stock and facilitate aging in place.
- Communicating directly with affordable housing developers and consulting and financing organizations to demonstrate OADS’ commitment to partner in expanding supportive housing options for people who use HCBS.

2. Provide information resources regarding essential elements of housing and community life for people using HCBS in Maine.

How? Establish a permanent Housing Resource Information Specialist position within OADS, tasked with developing, updating, and maintaining a digital resource center for people who use HCBS, family members, interested community members, service providers, and housing developers.

This digital resource center would provide information regarding essential elements of housing and community life for people who use HCBS, including:

- Locating, developing, and choosing HCBS-compliant housing options. A digital *Housing Choices Toolkit* would offer “how to” materials on such topics as:
 - Housing 101: Terminology, funding options, affordability programs, rental vs. home ownership (with information sufficiently detailed to meet all interested audiences’ needs)
 - Streamlined home ownership procedures
 - Finding a home
 - Finding a roommate
 - Connecting roommates to a relationship coach (to assist roommates and their staff)

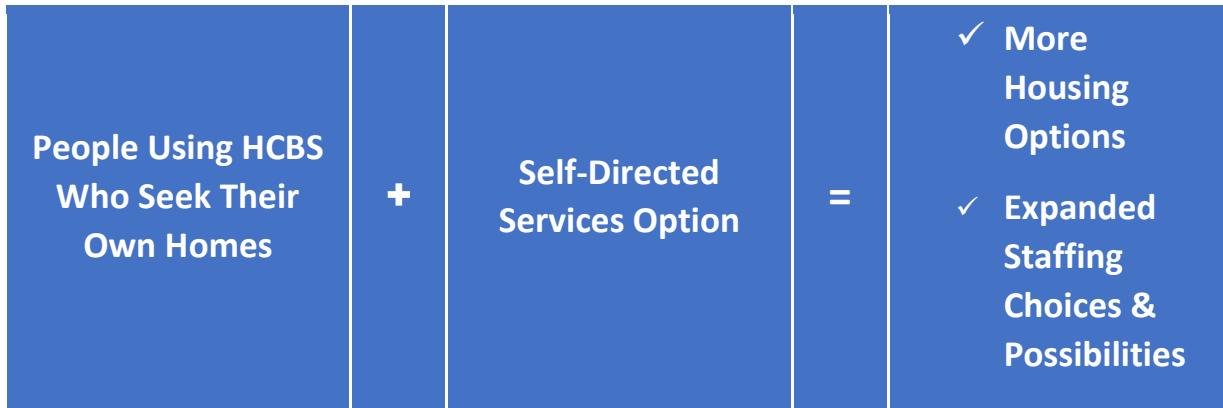
- Making meaningful connections in and contributions to community life. A digital *Creating Supportive Communities Toolkit* would offer examples and strategies to use within inclusive apartment developments and other residential communities to build helping, social, vocational, and lifelong learning relationships.
- Networking and interconnecting with the Maine Coalition for Housing and Quality Services (and other groups as applicable) for broad information sharing.
- Exploring new models/enhancements/alternatives to the current “vendor call” system to share current housing availability information. One such enhancement might be to develop a listing of available housing options that people using HCBS and their families could access. For example:
 - If someone wanted to become a shared living provider, they could post some general information about themselves for families who might be considering shared living; or
 - If someone who uses HCBS is looking for a roommate, they could post information about the roommate opportunity so others could contact them.

3. Provide people using HCBS in Maine with the opportunity to direct how to spend their MaineCare waiver funding, to enable more housing opportunities and expand staffing choices and possibilities.

How? Establish and implement a robust self-directed services option for people who use HCBS who have Medicaid/MaineCare waiver funding (see pp. 3-5). Essential components of this self-directed services option would be:

- Full budget authority
- Full employer authority
- State-provided supports to assist participants per Federal guidelines:
 - Information about how a self-directed care program works; and
 - Resources, counseling, training and assistance—such as use of supports brokers and financial management services.

Innovation Needed for People Using HCBS Who Seek Their Own Homes: Self-Directed Services Option



Self-Directed Support: Definition

“An individual who needs long-term services and supports (LTSS) is given a budget to spend on their LTSS based on an assessment of their support needs. They are responsible for recruiting, hiring, training, scheduling, and firing support staff.”

From *A Place in the World: Fueling Housing and Community Options for Adults with Autism and Other Neurodiversities*, Denise D. Resnik & Desiree Kameka Galloway, Eds. (2020)

Self-Directed Services Option: Essential Component #1 = Full Budget Authority

Full Budget Authority means giving participants the ability to manage an individual budget in dollars to:

- Select the rate of pay for their support staff,
 - Purchase home and community-based support services and respite services, and
 - Purchase individual-directed goods and services with budget dollars, including the ability to hire someone to help with the paperwork/computer forms. (Note: MaineCare covers some goods and services—e.g., assistive technology, mental health services.)
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Self-Directed Services Option: Essential Component #2 = Full Employer Authority

Full Employer Authority means giving participants the ability to:

- Direct and monitor the implementation of an individual’s person-centered plan via staffing and staff supervision.
 - Recruit, hire, train, schedule, fire, and direct home and community-based support staff and respite staff.
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Self-Directed Services Options: Essential Component #3 = State-Provided Supports to Assist Participants

Federal Medicaid guidance* requires states to provide or arrange for “a system of supports ... in developing the person-centered service plan and budget plan, managing the individual’s services and workers, and performing the responsibilities of an employer.” Examples of such supports (taken from Federal guidance):

- Information regarding how a self-directed care program works;
- Available resources, counseling, training & assistance, such as use of:
 - Supports brokers, and
 - Financial management services (FMS).

* <https://www.medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html>

Key supports broker responsibilities typically include coaching participants and families on recruiting and hiring staff, managing a budget, and being an effective employer, as well as assisting with the development of service plans that best position participants to achieve their long-term goals.

Additionally, because supports brokers are often steeped in knowledge of a geographic area’s community offerings, they can serve as community developers for the participants in locating and identifying such connections as garden clubs, humane societies, nature-based volunteer opportunities, cooking classes, knitting circles, karaoke gatherings, and music- and sports-related activities.

How can self-directed services enable more housing options?

People who use HCBS:

- Can seek housing and receive supports paid for with their waiver funding even if no agencies provide support services in their communities.
- Are not vulnerable to provider agency’s operational continuity (or decisions) in order to receive support in their homes.
- Can live in affordable housing in their own community with a diversity of neighbors—and receive needed support services paid for with their waiver funding.

How can self-directed services expand staffing choices and possibilities?

People using HCBS can use their waiver funding to:

- Spend on a menu of services (rather than being restricted to support offered in programs). Examples: direct support & personal care, goods & services (stove auto-shut off, YMCA membership), transportation, paid neighbor.
- Address crisis staffing shortages and limited local provider options with creative incentives (e.g., higher pay, flexible scheduling, gas & mileage).

- Avoid support program “silos” and thus (for instance):
 - Receive various supports at home, in the community, and/or at work from one trained direct support staff who knows and works well with that person.
 - Enable direct support staff to also act as personal care assistant as needed.
- Pay for person-specific staff and family training, including modules on mental health (e.g., strategies to support a person with anxiety, motivation support for a person experiencing depression, etc.).
- Cut across MaineCare silos to access psychiatric, psychological, and behavioral support services for the member—as well as for their family members who provide natural support, their direct support providers, and those providing supervision and continuing education to staff.
- Locate and connect with regional centers for those who have chosen to self-direct their HCBS, as connections may spark the creation of community classes at YMCAs/YWCAs, yoga studios, music and dance schools, and nature walks (such as “slow yoga or karate,” sensory-aware dance classes, etc.) that may attract people across ages and communities.

For more about self-directed services option recommendations, see the Maine Developmental Disabilities Council’s report: [Self-Directed Option Recommendations 2020_08_20.pdf](#)