



## Guided Notes

### General Terms

- A/I/DD = People with Autism or an Intellectual or Developmental Disability
- LTSS = Long-Term Support Services
- ADU = Accessory Dwelling Unit (granny flat / tiny home)

### The Evolution of Residential Options for Adults with A/I/DD

- **State Schools/Institutions** – Medicaid could be used to pay for these placements. If you chose to keep your loved one home, there was no funding.
- **Community Integration** – The Olmstead decision helped move people into the community.
- **LTSS Innovation** – Consumer-controlled service delivery emerges

### Statistics

- 150,166 people in Wisconsin have an I/DD. This many people could **fill Lambeau Field 1.8 times!**
- Wisconsin has 981 mainstream housing choice vouchers and non-elderly disabled vouchers. Only **26** are from a public housing authority serving northeast Wisconsin.
- 20,800 adults with I/DD in Wisconsin live with caregivers who are 60 or older.
- Only 32% of people with A/I/DD are accessing comprehensive residential services in Wisconsin

### Affordable Rent

- Affordable rent is generally considered to be 1/3 of income.
  - Minimum Wage Worker can afford: \$377/month for rent
  - Single person living on SSI: \$323/month for rent
  - There are virtually no apartments available for \$300 or less per month.
- **1-Bedroom fair market rent<sup>1</sup>: \$960/month**
  - People would need to make **\$38,400/year** to afford it.
  - A person earning minimum wage (\$7.25/hour) would need to work **102 hours per week** to make that much.
- Research shows that most people with A/I/DD work around 20 hours per week due to challenges with transportation, medical, etc.
- **2-Bedroom fair market rent: \$1,236/month**
  - People would need to make **\$49,440/year** to afford it.
  - Two roommates earning minimum wage would need to work **66 hours per week each** to make that much.
  - Or, if each roommate would need to make **\$23.77/hour** if working 40 hours/week.

<sup>1</sup> Fair Market Rent is for Outagamie & Calumet Counties in 2026.

- **Housing Innovation** – Where we are right now!
- **32%** (48,432) of people with I/DD receive comprehensive Residential Services In WI. Of the people, **62%** (30,086) of them receive it in their family home.
- To be truly person-centered, plans should address ways to support people in getting and keeping employment or meaningful volunteer opportunities. We want to create supportive communities where housing and support services are not hard to access.

### **Until now, people have had two basic options**

- **Provider-Controlled** – You pick an agency; they provide the housing, programs, and staff. This takes pressure off the family, but all of these things are connected. If you don't like the house and/or staffing, you have to move and your staffing will change. If you don't like the agency, you have to give up your house, program, and staff and enroll with a new agency.
- **Consumer-Controlled** – You pick every part. If you dislike staff, you replace them and don't lose your home. They are all separate but under your control – but it is difficult to coordinate all of this, especially when it comes to staffing (shortage, call-offs, vacations, etc.).

*Relates to question 25*

### **Financial Options**

- Medicaid only pays for housing in institutional settings (group homes, ICF, nursing homes, etc.)
- Rental Assistance: very competitive, lottery style. Many people apply for these options, which can be tricky to navigate, and the options may not be suitable for their needs.
- Subsidized options: also difficult to secure.
- Rent a room in a provider-controlled setting

### **Living in Your Own Home**

- Bequeathed family home
- Add an ADU to family or friend's property
- Purchase a home
- Purchase a percentage of a home with another person (share the mortgage)

## **LTSS Delivery Model**

### **Remote Support**

#### Benefits:

- Help without another individual in home - Doesn't matter if someone calls in sick because can be replaced by virtual assistant
- Increases sense of independence, but in-person help can be deployed if needed

#### Considerations:

- May not feel supported enough (safety/security)
- Some people prefer or need in-person support
- Could feel isolating and not empowering.

*Relates to question 20*

### **Agency-Based Rotational Staffing**

#### Benefits:

- Agency recruits, trains, and schedules staff for your needs.
- lots of people to interact with, get to know, and form relationships with. I
- If someone calls in sick or is on vacation, the agency provides back-up staff.

#### Considerations:

- Too many new people can be overwhelming
- Not involved in selection/scheduling of staff
- High turnover rates disrupt predictable, familiar routines, and sometimes people become anxious or upset when people are unfamiliar with their needs or communication modes.
- Examples: Seen in licensed settings.

*Relates to question 20*

## **Self-Directed Support**

- **Benefits:** Choose who you spend time with, train them how YOU want things done, adjust pay rates depending on budget to reward staff you appreciate, boundaries and expectations are based on what you want. Family and friends can work for you if you'd like that.
- **Considerations:** Recruiting and training staff is time-consuming, and staffing shortages make it even harder and more time-consuming. When there are open shifts, people call off, etc., family members don't have help and must provide coverage.
- **Examples:** IRIS benefits through medicaid is a program that allows you to self-direct support services using a budget for your needs.

*Relates to question 20*

## **Shared Living**

- **Benefits:** Some people prefer one caregiver that lives with them in their home. It is the same person to provide support across settings, days, shifts. Less transitions.
- **Considerations:** The caregiver may feel burned out at times or want space, and there are no designated back-ups.
- **Examples:** Live-In Caregiver is an option in Self-Direction. You choose and hire a person to live with you to provide your care with your consumer-controlled, self-direction budget.

*Relates to question 20*

### **Host Family**

- **Benefits:** Provider-controlled model where the individual lives in the home of their provider. They rent a room from them, and in return, the household members support the person. Feels family-like.
- **Considerations:** Not living in a familiar home and may not like the boundaries or setup in that setting. If the relationship becomes strained, they might be forced to move, and transitions can be stressful.
- **Example:** Adult Family Home

*Relates to question 20*

### **Paid Neighbor**

- **Benefits:** Not a lot of people coming in and out of your home, but a safety net is close by to assist day or night. This could be especially helpful when overnight staff is not available and there is an emergency that occurs “after hours.” This person can access the home when needed (has key, security pin, etc.) and the individual directs how they support them. May transport them to and attend appointments with them.
- **Considerations:** May not be enough support but could work to complement some traditional options. They may support more than one neighbor and not be immediately available when you alert them.
- **Example:** You can pay a neighbor with your IRIS self-directed budget benefit.

*Relates to question 20*

## **People with A/I/DD should have as many options as neurotypical individuals**

### Neuro-Inclusive Housing Framework

#### **Property Types (“Bricks & Mortar”)**

- ADU or Tiny Home
- Small cottage or patio home
- Apartment/condominium
- Townhome
- Single Family Home

*Relates to question 28*

#### **Development Types**

- Scattered Site: Property that is located in the community but not in a planned community. CASS Housing from slide show.
- Neuro-Inclusive Planned Community: housing community targeted for people with A/I/DD
- Neuro-Inclusive Mixed Use: Focus on A/I/DD but everyone is welcome, also has stores or public spaces on-site.
- Co-Housing Community: North Street Neighborhood, created and managed by residents. VIDEO example. Families buy the houses

*Relates to questions 27*

## **Physical Amenities**

- Universal Design: most people can use, regardless of age or ability, eg. wheelchair accessible, door openers, ramps, etc.
- Adaptable Design: adapt to changing needs, also called age-in-place features
- Biophilic Design: design connects people to nature
- Cognitive Accessibility Features: voice alerts, color-coded wayfinding, pictures and icons more than words
- Easy to Clean Features: to decrease dependence on others (waterproof, no grout, raised toilets)
- Extra Durable Materials and Fixtures: no-scratch floors, push-button toilets
- Security Features: key card access, front desk, check-in and out, cameras, link to others in case of emergency
- Sensory Friendly Design: noise reduction, neutral colors/textures, low light options to reduce migraine triggers, sensory room
- Smart Home Features: Oven turns off if someone steps away longer than expected to prevent fires, motion detection, smart locks
- Pedestrian Oriented Design: can walk to most places and interact with neighbors, limits traffic
- Transit access: near public bus stops
- Common area space: designed to have areas of interaction outside of residential units.
- Deescalation space, such as space for self-directed calming
- Relaxation amenities: such as room with soothing sounds, hammocks & beanbags.

*Relates to question 35*

### **Supportive Amenities**

Traditionally, we think of these as separate from housing, but some communities build these into their design.

- Benefits Counseling-help with public benefits
- Community Life-coordinates hobby groups or planned activities
- Community Navigator- on-site staff help with community integration and off-site activities
- Health & Fitness Activities on-site to promote fitness, wellness, health
- Housekeeping Services-hired staff regularly help w/light house cleaning
- Life-Skills Training- residents learn & practice daily activities for independence
- Concierge or front desk staff -for questions & extra support
- Meal service -option to purchase prepared meals from on-site cafe.
- Transportation assistance

*Relates to questions 36*

## **Resources for After the Education & Input Session**

### **Aging & Disability Resource Centers**

#### **Statewide website**

<https://www.dhs.wisconsin.gov/adrc/index.htm>

844-WIS-ADRC (844-947-2372) for help finding your local ADRC or Tribal ADRC

#### **Brown County ADRC**

920-448-4300

<https://adrcofbrowncounty.org/>

#### **Calumet County ADRC**

833-620-2730

<https://www.calumetcounty.org/158/Aging-Disability-Resource-Center>

#### **Outagamie County ADRC**

866-739-2372

<https://www.outagamie.gov/County-Services/Health-Human-Services/Aging-and-Long-Term-Support/Aging-Disability-Resource-Center-ADRC>

#### **Winnebago County ADRC**

877-886-2372

<https://www.winnebagoountywi.gov/183/ADRC>

#### **The Arc – Center for Future Planning**

<https://futureplanning.thearc.org/>

#### **Think Ability Wisconsin Center**

A one-stop resource center that empowers people with disabilities throughout their entire life span.

<https://www.thinkabilitywi.org/s/>

#### **Family Voices of WI**

Family Voices helps families navigate health care and community support and services by providing learning lessons, information and resources.

<https://familyvoiceswi.org/>

#### **Disability Rights WI**

Disability Rights Wisconsin is a non-profit organization that protects the rights of people with disabilities statewide.