



**EMPOWERME  
LIVING**



**2025**

**GREATER  
CINCINNATI**

**Neuro-Inclusive Housing  
Market Analysis**



**Data Driving a Place in the World for Autistic Adults and  
Others with Intellectual/Developmental Disabilities**

*The team at EmpowerMe Living would like to extend our gratitude to:*

The self-advocates and families who invested the time and effort into sharing their feedback and participating in this important work.

The Greater Cincinnati Foundation and the generous financial contributors who helped make this work possible.

The team at First Place AZ Global Leadership Institute for their dedication, brilliance and commitment to this project.

The critical readers for their insightful review and commentary.

The community members who gathered for our Local Leaders Workshop, especially Julie and Joe Kline and Lisa Byrne for sharing their stories.

Our advisors, Dan Connors, Bill Courtney, Madeleine Ludlow and Patty Manning.

Our family and friends who brighten our spirits and illuminate our paths.

The organizations listed below that helped promote the survey, host watch parties and spread the word about the Greater Cincinnati Housing Market Analysis.

- Autism Connections
- Butler County Board of Developmental Disabilities
- Butler Tech and Hamilton County Educational Service Center (ESC)
- Clermont County Board of Developmental Disabilities
- Hamilton County Board of Developmental Disabilities
- Inspiring Purpose
- Ken Anderson Alliance
- Regional Autism Advisory Council (RAAC) of University of Cincinnati
- Stepping Stones
- Down Syndrome Association of Greater Cincinnati
- Timothy Freeman, MD, Center for Developmental Disabilities
- TruCare Provider Services
- UC IDD Education Center
- Warren County Board of Developmental Disabilities

FUNDERS



The Kline Family | Leslie Aberlin | The Hemler Family

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**RECOMMENDED CITATION**

Resnik, D. D., Adesoye, T., Kameka Galloway, D. & Mickens, A., (2025). 2025 Cincinnati housing market analysis: Data driving a place in the world for adults with autism and/or intellectual/developmental disabilities. First Place Global Leadership Institute. [www.firstplaceaz.org/leadership-institute/housing-market-analyses](http://www.firstplaceaz.org/leadership-institute/housing-market-analyses)

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Cincinnati is home to the largest consumer goods company in the world, Procter and Gamble. This company has existed for over 185 years because of a critical guiding principle: Make what people want to buy. P&G doesn't guess. It asks their customers. It conducts focus groups, test products, analyze feedback, and iterate to make their products better.

When my husband, Mark, and I started EmpowerMe Living in 2022, we assumed the existence of quality data on the housing needs and preferences of individuals with autism or other intellectual/developmental disabilities (A/I/DD)—especially in Cincinnati, where consumer research is in our DNA. We were shocked to learn about the canyon-sized data gaps for people with I/DD in general, let alone in the housing sector. According to the University of Minnesota's RISP data, only about 22% of the total I/DD population is known to their state system. That means most decisions about housing, policy and funding are made with a very narrow and often incomplete set of data. Oftentimes, direct feedback from self-advocates and their families is rarely considered in policy or planning decisions.

We are one of those families. Our son Luke

and apraxia of speech. His verbal communication is limited, but his thoughts, preferences and worth are not. We've had experiences with people, including medical professionals, who assume Luke is not competent or capable because of his disability. We've also experienced people expressing their pity, which can come across in a manner that suggests Luke is a charity case. These assumptions diminish his worth as a human being and strip him of his agency.

We invested in this research to challenge existing misconceptions, stereotypes and the status quo. Luke is a consumer like everyone else. He deserves the opportunity to make decisions about his life, including where and how he lives. In fact, most respondents in this report preferred consumer-controlled housing settings, where they can be in charge of their housing and support provider instead of the provider determining their housing.

The current system does not reflect the wide range of housing choices and supports people with I/DD want and need, further reinforcing why we invested in this undertaking. Systems lack the capacity to provide support to the hundreds of thousands of Ohioans with A/I/DD. Systems also lack the flexibility to

adapt to varying needs or plan as people age into retirement.

Time is of the essence! In Ohio alone, over 77,000 adults with I/DD live with a caregiver older than 60. That's more than the capacity of Paycor Stadium. That's not just a statistic—it's an urgent call to action. Housing for adults with A/I/DD is an overlooked and often forgotten segment of the affordable housing crisis currently plaguing our country.

It's easy to give up in the face of the tremendous hurdles to solving this crisis. But we believe we can start here. Our city is home to astronauts and legendary athletes, long-standing and transformative cultural institutions, breakthrough scientific innovations, world-class hospitals and steadfast industry leaders like Procter & Gamble. We like to say, "Cincinnati invented hustle." That spirit is reflected in the scores of leaders and organizations that support our work and for whom we are deeply grateful.

Ohio has the potential to be the most neuro-inclusive state in the country. We have exemplified what is possible when we prioritize inclusion. Innovators like the Cincinnati Art Museum, Cincinnati Zoo & Botanical Garden and others; expert healthcare

providers at Cincinnati Children's Department of Developmental and Behavioral Pediatrics; innovative programs at University of Cincinnati's IDD Education Center; Project Life at Butler Tech; expansion of the pioneering interdisciplinary primary care and behavioral health model at UC Health's Timothy Freeman, MD, Center for Developmental Disabilities; and one of the largest Buddy Walks in the country, thanks to the Down Syndrome Association of Greater Cincinnati. The list goes on but is missing a critical component: more housing choices.

We know we can come together and deliver on the vision of becoming the most neuro-inclusive state in the country by ensuring we have adequate housing for people A/I/DD that reflects their needs and preferences. We all believe everyone deserves a chance to, in the words of former Cincinnati Reds broadcaster Marty Brennaman, "round third and head for home."

*Juncta juvant*—strength in unity, as the seal of Cincinnati reminds us.

Emily Kendall, Co-Founder and President, EmpowerMe Living

“ I am nonverbal and nonambulatory with physical and health limitations. It is important to my family and me that I have safe and accessible housing that accommodates the equipment needed for my care, as well as dependable 24/7 care providers.”

— Survey Respondent



# EXECUTIVE SUMMARY

Over the past 40 years, the movement to deinstitutionalize individuals with **autism and/or intellectual/developmental disabilities (A/I/DD)**<sup>i,ii,iii.1</sup> has compelled states to provide support that helps these individuals remain in their community, often living in their family homes with their parents as caregivers. Yet, limited services and a lack of affordable, accessible housing place

adults with A/I/DD at risk of displacement from their community into inappropriate or non-preferred settings, **institutionalization**<sup>iv,2</sup> or homelessness. Funding for supportive housing or rental assistance is scarce and not tailored to A/I/DD needs.

As the prevalence of the diagnosis of A/I/DD increases, there has been no corresponding

*i For this report, the term Adults with Autism and/or Intellectual/Developmental Disabilities (A/I/DD) refers to those with a diagnosis of an autism spectrum disorder (ASD), intellectual disabilities (ID) and/or developmental disabilities (DD). Where data and/or a study is specific to those with only ASD, only ID, only DD or I/DD in general, the specific terms are used.*

*ii This report uses both person-first and identity-first language, recognizing that autistic individuals and/or those with a diagnosis of intellectual or developmental disabilities may prefer one or the other. Our goal is to respectfully share the perspectives of the individuals and/or their families who participated in this report and recognize that language is important and ever evolving. For more please see: National Institutes of Health (2023). Writing respectfully: Person-first and identity-first language. U.S. Department of Health & Human Services. <https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/writing-respectfully-person-first-identity-first-language>*

*iii All citations and references in the executive summary are in the main report.*

*iv There are different definitions of an institution that focus on various attributes of a given facility. These characteristics are important in telling us if services for individuals with disabilities are unnecessarily segregated from the general community.*

Approximately  
**297,282**  
people in Ohio  
have an I/DD.




That's four times the capacity  
of Paycor Stadium.

In Ohio, there are  
**8,311**  
mainstream housing choice and  
non-elderly disabled vouchers.



Of those, 204 are from Public  
Housing Authorities serving  
the Cincinnati area.

Approximately  
**77,293**  
Ohio residents with  
an I/DD live with family



caregivers over age 60.

increase in access to support services or affordable, accessible housing options. Adults with A/I/DD often live with family members out of necessity rather than choice. Of Ohio's estimated 297,282 people with A/I/DD, the majority live in family homes, and 26% live with family caregivers over age 60, making up an estimated 77,293. As family caregivers age, they may face their own aging-related healthcare challenges that may prevent them from being able to care for their loved ones with A/I/DD. Consequently, individuals with A/I/DD living with aging family caregivers may find it increasingly difficult to remain in their family home and receive ongoing support.

When adults with A/I/DD face a housing crisis, they may be placed in unsuitable settings or risk becoming homeless. This can displace them from their communities and into settings like a mental health facility, nursing home or other restrictive or unsuitable environment. To offer data-driven recommendations to mitigate these potentially traumatic outcomes, the Greater Cincinnati Housing Market Analysis (HMA) explored the needs and preferences of adults with A/I/DD and/or their families/caregivers in Greater Cincinnati.

This study aims to fill critical data gaps on the housing needs and preferences of adults with A/I/DD to help expand community and housing options.

Data for this study were gathered through primary and secondary sources. A survey was given to adults with A/I/DD and their family members in Cincinnati. Survey instructions required only one response per person with A/I/DD. Responses could be entered by an adult with A/I/DD or by a family member, caregiver or provider filling out the survey on behalf of the adult. There were 155 responses to the survey.

Data from the Ohio Department of Developmental Disabilities, the U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control (CDC) and other research institutes were included as secondary sources to identify data gaps for this population, including those in housing and services.

## Secondary Source Key Findings

*The following is a snapshot of key findings from prior studies noted throughout the report. These studies are cited in the Background section of this report.*

- **Significant data gaps:** Ohio does not track the number of adults with A/I/DD, making it challenging to plan housing and services. Based on prevalence data, this study estimates that about 23,000 individuals with A/I/DD reside in Hamilton County, 11,000 in Butler County, 7,129 in Warren County and 6,400 in Clermont County, totaling nearly 47,000 people. These counties comprise the Greater Cincinnati area as represented in this report.
- **The number of people living with caregivers age 60 or older may be at risk of displacement.** More than 11,823 individuals live with aging caregivers in the Greater Cincinnati area. Many individuals will face a crisis, including but not limited to homelessness and inadequate care, if aging caregivers are no longer able to care for or house them.
- **Limited access to services:** As of 2020, 101,645 individuals with A/I/DD received services through the Ohio Department of Developmental Disabilities. This accounts for only 34% of the total number of people with A/I/DD receiving long-term services and supports (LTSS).
- **Waitlists:** In 2024, the Kaiser Family Foundation reported that there were 1,624 individuals with I/DD on the waitlist for waiver services in the state.

- **Limited suitable housing:** Housing assistance through the Ohio Department of Developmental Disabilities (DODD) is limited. While housing supports exist for populations such as those experiencing homelessness, exiting incarceration, **serious mental illness**,<sup>3</sup> domestic violence or aging, there remain few options specifically tailored to adults with autism or I/DD.

**“The ever-growing housing shortage is quickly becoming a crisis for families with aging caregivers. The limited housing supply is nowhere close to the demand.”**

— Matt Renie, Executive Director  
The Cincy Hat Foundation



## Greater Cincinnati HMA Key Findings

*The following is a snapshot of key findings from the survey data:*

- **High support needs:** 37% of survey respondents reported having high support needs. Of those with high support needs, only 72% receive LTSS, underscoring the critical need for expanding the accessibility of such services.
- **Identified disabilities and co-occurring mental or physical health conditions:** 58.7% of respondents report having more than one physical, developmental or mental health challenge.
- **Employment challenges:** Of respondents over age 18, 50% are unemployed or not engaged in volunteer activities. Of those who work, only 23% earn more than \$900 a month.

- **Public benefits:** For respondents over age 18, 43% of respondents receive **supplemental security income (SSI)**, 17% receive support from the **Supplemental Nutrition Assistance Program (SNAP)** and 32% receive Social Security disability insurance (SSDI).
- **Housing cost burden:** With fair market rent in Cincinnati at \$919 for a one-bedroom apartment, only about 40% of respondents could afford rent with the help of family members or friends. If an individual is willing to have a roommate, 68% of respondents could afford a shared, two-bedroom apartment. Even when considering the addition of family financial support, most respondents require subsidized housing or a **housing choice voucher (HCV)** through the Metropolitan Housing Authority. The vouchers are limited and often have substantial waiting lists. Yet, without housing assistance, they would be severely **cost-burdened**.

- **Underutilized benefits:** Despite having a low income, few respondents reside in subsidized housing units or units with rental assistance. Even fewer respondents utilize HCVs or energy assistance. Only 4% of those living alone, outside of family homes, group settings or facilities reported living in a housing unit with rental assistance. Even fewer, about 3%, utilize HCVs.
- **Housing preferences:** Another key finding indicates that 46% of respondents express a preference for renting versus purchasing a home, with strong preferences for physical amenities such as easy-to-clean, smart-home and security features, as well as universal and adaptable design. The top five preferred community amenities include proximity to grocery stores, restaurants and health clinics, as well as access to public transportation. Residents also prioritize walkable communities with access to recreational activities.
- **Community integration challenges:** Individuals with A/I/DD experience loneliness, with 87% reporting feeling disconnected from people outside their families, mainly due to a lack of natural supports; 79% face barriers to engaging

with their community, including feeling overwhelmed, having a lack of transportation or outside activities of interest.

- **Reliance on family for transportation:** Surveys indicate that 87% of respondents rely on family members for transportation, underscoring the need for greater public transit options.
- **Interest in independent living:** Finally, 79% of respondents want to live independently; 50% are interested in attending residential transition programs to help them attain this goal, with 26% interested if there is payment assistance and 24% interested even if private pay were the only option.

In this study and a review of previous completed studies, we have found that there are few affordable and supportive housing options that meet these needs and preferences.

Housing models for adults with A/I/DD must be adaptable to personal growth, because static approaches will not meet evolving needs. An array of options gives individuals the dignity of adjusting supports as their circumstances change.

In this study and a review of previous completed studies, we have found that there are few affordable and supportive housing options that meet these needs and preferences. Housing models for adults with A/I/DD must be adaptable to personal growth, because static approaches will not meet evolving needs. An array of options gives individuals the dignity of adjusting supports as their circumstances change.

“ I loved how this report focused not just on physical accessibility and amenities but also on what types of supportive amenities people with disabilities need when living on their own. Independent living means so much more than just a building to live in; the report highlights many additional supports that must be considered.”

— Patrick Ober, CEO, Ken Anderson Alliance



## BACKGROUND

Approximately 8.38 million people in the U.S. were diagnosed with an intellectual/developmental disability (I/DD) in 2020,<sup>4</sup> marking an increase of almost one million from the previous year. About 20% of children and 44% of adults were known to have received services through state I/DD agencies. Of those in the nation with I/DD, an estimated 1.4 million people received **long-term services and supports (LTSS)**<sup>5</sup> through state developmental disabilities departments.<sup>4</sup> Researchers and clinicians have demonstrated significant growth and positive improvements in the quality of life for individuals with A/I/DD who receive supportive services.<sup>6</sup> The advent and subsequent evolution of Medicaid-funded programs are a driving force for providing access to these essential lifelong supports.<sup>7,8</sup>

It is worth noting that Medicaid can fund housing-related services that enhance health

and community integration, such as assistance with housing placement and home modifications for those transitioning from institutional settings. However, it cannot cover rent or room and board except in specific **provider-controlled settings**.<sup>9</sup> Data and tools used by the affordable housing industry do not target the needs of adults with A/I/DD.<sup>10</sup>

The Background section highlights data gaps in the prevalence of A/I/DD diagnoses that hinder community planning and housing development. The evolution of Medicaid-funded programs and subsequent rulings, legislation and case law emphasizes the complexity of housing and supportive services for individuals and families with A/I/DD. The discussion of **heightened scrutiny**<sup>11</sup> aims to help connect the rules, legislation and guidance on housing to state implementation and compliance. This section also includes information on the scarcity of

| County       | Population       | Population Under 18 | Population 18 and over | A/I/DD Estimate Children | A/I/DD Estimate Adults | A/I/DD Total  |
|--------------|------------------|---------------------|------------------------|--------------------------|------------------------|---------------|
| Hamilton     | 837,359          | 190,918             | 646,441                | 16,343                   | 6,464                  | 22,807        |
| Butler       | 399,542          | 92,294              | 307,248                | 7,900                    | 3,072                  | 10,973        |
| Warren       | 256,059          | 60,430              | 195,629                | 5,173                    | 1,956                  | 7,129         |
| Clermont     | 214,123          | 46,679              | 167,444                | 3,996                    | 1,674                  | 5,670         |
| <b>Total</b> | <b>1,707,083</b> | <b>390,321</b>      | <b>1,316,762</b>       | <b>33,411</b>            | <b>13,168</b>          | <b>46,579</b> |

affordable housing for adults with A/I/DD, as well as person-centered planning and other barriers specific to housing and community engagement faced by adults with A/I/DD.

## Prevalence of A/I/DD

Researchers across the nation estimate the prevalence of A/I/DD to better quantify the number of people in the country with the diagnosis.<sup>12,13</sup> One reason for estimating is that no census data is collected on the number of individuals with A/I/DD. Data gaps for these individuals, especially those not enrolled in Medicaid, make it difficult to ascertain the number of individuals needing affordable housing.

Based on national prevalence data, the estimates below reflect the number of individuals with A/I/DD in the four counties. Nationally, about 8.56% of children have A/I/DD.<sup>14</sup> The prevalence of children with A/I/DD has been increasing, in part due to the availability of resources, early diagnosis and data tracking. However, there has been no equivalent research or data tracking the prevalence of A/I/DD in adults. The most recent prevalence of A/I/DD in adults is based on the 1994/1995 National Health Interview Survey.<sup>15</sup> From that study, the estimated prevalence of adults with A/I/DD is

approximately 1%. The Kansas University State of the States data estimated that about 26% of those with I/DD are living with or relying on caregivers over age 60.<sup>16,17</sup>

An estimated 297,282 individuals with autism or other I/DD live in Ohio,<sup>4</sup> with an estimated 77,293 living with caregivers over the age of 60.<sup>4,17</sup> See the chart above for the estimated population in the counties surveyed for this study.

This model is limited for estimating the population. There is a need for better data to track the prevalence of A/I/DD in both children and adults. Children who were diagnosed in the 1980s, 90s and early 2000s have since become adults.<sup>18</sup> At the same time, more individuals are being diagnosed, and the prevalence of adults with A/I/DD is increasing.<sup>4,12,13,19</sup> The estimated number of individuals with A/I/DD in the counties and state may be significantly higher than listed in the chart at right.

Despite limitations in tracking the prevalence of A/I/DD, estimates are vital for understanding population size and how to meet their needs. It is crucial to focus on individuals who are reliant on family caregivers over age 60. When family members can no longer offer support due to economic circumstances, aging, health concerns or death, individuals

| County       | A/I/DD Estimate Children | A/I/DD Estimate Adults | Estimated living with family caregiver over the age of 60 |
|--------------|--------------------------|------------------------|---|
| Hamilton     | 16,343                   | 6,464                  | 5,930   |
| Butler       | 7,900                    | 3,072                  | 2,853   |
| Warren       | 5,173                    | 1,956                  | 1,854   |
| Clermont     | 3,996                    | 1,674                  | 1,474   |
| <b>Total</b> | <b>33,411</b>            | <b>13,168</b>          | <b>12,111</b>   |

with A/I/DD are at risk of homelessness or other healthcare crises. Additionally, as children age into adulthood or as current adults become seniors, demands for supportive services will increase, alongside the growing need for senior care among aging adults.

## History and Evolution of Support Services and Impact on Housing

**Medicaid home- and community-based services (HCBS) waiver programs**<sup>20</sup> are the largest funding sources for individuals with A/I/DD to help provide LTSS for individuals to live within their communities and receive services.<sup>21</sup> This has not always been the case. Medicaid began funding medical services for Americans in 1965.<sup>22</sup> At the time, a disproportionate percentage of Medicaid funding for people with disabilities was available only through institutions or nursing facilities.<sup>23</sup> Unnecessary institutionalization negatively impacted children and adults with A/I/DD. They were often forced to separate from their families and live in institutions to receive needed services, often for the rest of their lives.<sup>24</sup> By 1981, the move to deinstitutionalize was underway after it was found that unnecessary use of Medicaid institutional care was more costly than providing care in integrated

community settings. Institutional settings were also too restrictive, leading to poorer outcomes.<sup>25</sup> In many cases, those in institutional care experienced profound abuse, neglect, exploitation and a lower quality of life.<sup>26</sup>

Through the Omnibus Budget Reconciliation Act of 1981, a new provision in Medicaid funding allowed individuals with A/I/DD and their families to “waive” the institutional entitlement and access services in their homes and communities. By expanding Medicaid to provide services in homes and communities, states had considerable flexibility in structuring Medicaid programs.<sup>8</sup> The waivers allowed states to customize and expand coverage for people in need of long-term care.

HCBS is a federal-state partnership, with states contributing costs and the federal government, through the **Centers for Medicare and Medicaid Services (CMS)**,<sup>27</sup> matching state dollars. The government's share of most Medicaid expenditures is called the Federal Medical Assistance Percentage (FMAP). The FMAP rate is typically determined annually; for 2025, it was 64.60% for Ohio.<sup>28</sup> This means that the state of Ohio is responsible for the remaining 35.40%. The **Ohio Department of Developmental Disabilities (DODD)**<sup>29</sup> oversees Medicaid-funded HCBS

waiver programs to provide LTSS in community-based settings. While DODD oversees waiver programs, waiver services are administered at the county level through the corresponding county developmental disability services.

- Following the implementation of HCBS waivers in the 1980s, individuals with A/I/DD, their families and supporters began to advocate for access to, and greater choice among, community-based services. On June 22, 1999, the United States Supreme Court held in **Olmstead v. L.C.** that unjustified institutional segregation of persons with disabilities constituted discrimination in violation of Title II of the **Americans with Disabilities Act (ADA)**.<sup>30,31</sup> The Supreme Court ruling mandates that individuals with disabilities be provided with services in the most integrated settings that are appropriate for their needs.<sup>30</sup> This means individuals with disabilities should have the opportunity to live in community settings instead of placed in institutions when such living arrangements are considered appropriate by treatment professionals, consistent with the individuals' preference and are reasonably supported given the available resources and the needs of others with disabilities. The Supreme Court affirmed that it "recognizes the States' need to maintain a range of facilities for the care and treatment of persons with diverse mental disabilities, and the States' obligation to administer services with an even hand." This decision provided a legal framework for the efforts of federal and state governments to integrate individuals with disabilities into their communities.

## HCBS Waivers in Ohio

In Ohio, 101,645 people received long-term services and supports (LTSS) in 2020.<sup>4</sup> This is about 34% of the total number of people with I/DD in the state. A home- and

community-based services (HCBS) waiver is developed by the state to meet the needs of people prefer to receive LTSS in their community or home instead of an institutional setting.<sup>32</sup> A HCBS waiver program must follow four basic rules: 1) The program must demonstrate that providing waiver services won't cost more than providing these services in an institution; 2) ensure the protection of people's health and welfare; 3) provide adequate and reasonable provider standards to meet the needs of the target population; and 4) ensure that services follow an individualized and person-centered plan of care. Certain requirements on the Medicaid website under the HCBS section can be waived by the state.

The Ohio DODD operates three HCBS waivers for individuals with developmental disabilities as an alternative to institutional care. Each waiver offers different support services for varying levels of support needs and has different funding limitations. The most comprehensive is the **Individual Options Waiver (IO)**.<sup>33</sup>

**"I'm disabled and so is my boyfriend. We both have low-support needs but still require some help. I would like accessible housing where we could live independently together with occasional help. We have yet to find options that meet our needs."**

— Survey Respondent



The IO waiver allows individuals to live in the community setting of their choice with supports based on their needs. This waiver offers 22 types of support, from adult day support, waiver nursing, vocational habilitation, transportation and career planning to homemaker/personal care, nutrition, money management and **self-directed transportation**.<sup>34</sup> Support and funding authorization is based on individuals needs as determined by the completion of the Ohio Developmental Disabilities Profile.

The second waiver is the **Level One Waiver**<sup>35</sup> for those who do not require as many paid support staff for their services.<sup>35</sup> This waiver offers many of the same supports as the IO waiver while also offering waiver nursing delegation, functional behavioral assessment, participant/family stability assistance and participant-directed goods and services.

The third waiver is the **Self-Empowered Life Funding (SELF) waiver**,<sup>36</sup> which is designed for individuals who wish to self-direct their

services.<sup>36</sup> Under this waiver, individual with A/I/DD can hire and schedule their own direct support staff without going an agency. This waiver offers some of the same services as the previous waivers while also offering home-delivered meals, **support brokerage**<sup>37</sup> and clinical/therapeutic intervention.

The chart below shows the total number of people receiving waiver services in the Greater Cincinnati area by county.

| County          | Total number of people served by county developmental disability service |
|-----------------|--|
| Hamilton County | 10,430 <sup>38</sup>   |
| Butler County   | 4,207 <sup>39</sup>  |
| Warren County   | 2,400 <sup>40</sup>  |
| Clermont County | 635 <sup>41</sup>  |



## HCBS Settings Rules and Implementation

In 2014, CMS released new regulations to ensure Medicaid-funded HCBS waiver programs provided person-centered support in noninstitutional settings. This required all states to submit an HCBS **statewide transition plan (STP)**<sup>42</sup> outlining how the state would ensure compliance with key aspects of the **HCBS Settings Rule**.<sup>43</sup> Under this rule, people receiving services must have full access to the benefits of community living and receive services in their preferred home and community. The settings rule protects individual autonomy to make choices and control the decisions in their lives, a right most people take for granted.<sup>44</sup> CMS would then review state compliance with the settings rule by making site visits or heightened scrutiny visits to providers, institutions or other settings that serve people with developmental disabilities. See Ohio regulations on implementation of setting rule and the subsequent section on the results of CMS heightened scrutiny visits.

### *Some components of the HCBS Settings Rule require that all settings must:*

- 1 Be fully integrated into the broader community to the same degree as individuals who are not receiving HCBS.<sup>45</sup>
- 2 Be selected by individuals among options, including non-disability specific settings and an option for a private unit in a residential setting.
- 3 Ensure individual rights of privacy and autonomy.
- 4 Facilitate individual choice regarding services and supports, as well as who provides them.
- 5 Be a specific place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services. The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the jurisdiction's landlord/tenant law or equivalent.
- 6 Give individuals privacy in their sleeping or living unit.
- 7 Allow individuals to have visitors of their choosing at any time.
- 8 Be physically accessible.

## Ohio Regulations on HCBS Settings

Ohio Revised Code § 5123.165 addresses the provision of supported living services to individuals with developmental disabilities, specifically concerning the relationship between the provider and the residence.<sup>46</sup>

### KEY PROVISIONS OF § 5123.165

**General Prohibition:** A person or government entity cannot provide supported living services to an individual with a developmental disability if they also provide their residence.

**Exceptions:** The prohibition does not apply if:

- The provider resides in the same residence as the individual and does not provide supported living to more than three individuals with developmental disabilities at any time.
- The provider is an association of family members related to two or more individuals with developmental disabilities in the residence and does not provide supported living to more than four individuals with developmental disabilities at any time.

Ohio law only permits provider-controlled settings under limited circumstances. Specifically, a setting that provides both supported living and a residence for people with developmental disabilities may only accommodate up to three individuals at any given time.

Ohio defines supported living as a setting where services are provided to an individual with a developmental disability for up to 24 hours a day and funded by public or private resources, including the individual's own funds, that enhance community integration and quality of life.<sup>47</sup> Supported living includes:

- Housing, food, clothing, habilitation, staff support, professional services and related supports ensuring health and safety.
- Continuous supervision, training, assessment and evaluation, including costs for materials, transportation and supplies.
- Personal care and homemaker services.
- Household maintenance (excluding structural modifications).
- Respite care.
- Program management as defined in section 5126.14 of the Ohio Revised Code.

In practical terms, this definition of supported living has limited the development of **planned communities**<sup>48</sup> and created obstacles to innovative housing options that support individuals with A/I/DD. This definition also discourages individual choice in living arrangements because the code does not distinguish between those living together within the same unit and those residing within the same property—such as an apartment complex—but in separate units. For example, planned communities and farmsteads that support more than three unrelated individuals with a developmental disability who receive a waiver may be prohibited, even when the individuals supported do not reside in the same apartment or unit within the same property.

## KEY PROVISIONS OF OAC RULE 5123-9-02

Ohio Administrative Code (OAC) Rule 5123-9-02<sup>49</sup> establishes standards to ensure that individuals receiving services through HCBS waivers administered by DODD receive services in settings that meet requirements for HCBS established by CMS.

### Home- and Community-Based Services

**Provider-controlled/provider-owned setting**— A residence where the landlord:

- Is an entity wholly or partially owned by the individual's independent provider.
- Is an immediate family member of the individual's independent provider.
- Is an immediate family member of an owner or management employee of the individual's agency provider.
- Is affiliated with the agency provider (e.g., the landlord).
- Employs a person who is also an owner or management employee of the agency provider.
- Shares a board member with the agency provider.
- Is an entity wholly or partially owned by an owner, management employee or immediate family member of the agency provider.
- Is an owner or management employee of the agency provider.

### A setting offering shared living:<sup>48</sup>

- Refers to personal care and support for an adult in the individual options waiver where at least 20% of the support is provided by adult caregivers living in the same home. It involves living together as part of everyday life.<sup>50</sup>
- Does not delineate between rotational staffing and **shared living** as defined in this study.
- Is a setting owned by an independent provider residing there and providing services to a resident.
- Is a residential facility licensed under section 5123.19 of the Ohio Revised Code.

**“ A major issue is finding agencies... We have been through eight in 10 years and still have never found agencies to fill all shifts.”**

— Survey Respondent

**Private residence:** The individual's residence is presumed suitable for HCBS if it is integrated into the community, selected by the individual, ensures privacy and dignity, optimizes autonomy, and facilitates choice regarding services and support. Private residence enhances but does not stifle individual initiative, autonomy and independence in making life choices. It supports the individual's right to choose services, supports and providers.

### Components of a suitable private residential setting:

- **Role of Service and Support Administrator (SSA):** The County Board SSA provides individuals with information about available services and settings, ensuring that choices promote autonomy and minimize dependency on paid support staff.
- **Service delivery requirements:** Services must be appropriate to meet assessed needs, supplement **natural supports**,<sup>51</sup> support individuals cost-effectively and in the least restrictive manner, and not be available through other resources.

### Settings Presumed Unsuitable for HCBS

Specific settings presumed unsuitable for HCBS include:

- Provider-owned residential settings that do not meet specific exceptions.  
  
The exceptions are
  - A setting where shared living is provided.
  - A setting owned by an independent provider who is living in the setting and provides service(s) to an individual who is also living in the setting.
  - A residential facility licensed under OAC 5123.19.
- Hospitals, institutions for mental diseases, **intermediate care facilities for individuals with intellectual disabilities**,<sup>52</sup> nursing facilities or other locations determined to have institutional qualities.
- Settings located in or adjacent to facilities that provide institutional inpatient treatment.

### Individual Requirements

Individuals enrolled in HCBS waivers must:

- Communicate personal preferences about services.
- Inform the service and support administrator of significant changes affecting services.
- Utilize services identified in the individual's Ohio Individual Service Plan (OISP).
- Cooperate with the county board in the performance of Medicaid's local administrative authority.

## HEIGHTENED SCRUTINY VISITS

In May 2022, CMS and the **Administration for Community Living (ACL)**<sup>53</sup> performed site visits<sup>54</sup> at residential or community locations providing HCBS identified by the Ohio Department of Medicaid or stakeholders as having the qualities of an institution and requiring a **heightened scrutiny**<sup>51</sup> review to determine compliance with the HCBS Settings Rule criteria.<sup>55</sup> Four sites were visited. Of the four sites, one was an adult day center and the rest were assisted living facilities.<sup>56</sup> The May 2022 heightened scrutiny visit was the latest of three heightened scrutiny visits by CMS.

The May site visits revealed four major issues:

- 1 The settings were not fully integrated into the community and did not support individuals to allow them to fully receive services. Opportunities such as employment in competitive, integrated settings, engaging in community life or controlling personal resources like those not receiving waiver services were limited.
- 2 The setting did not allow or ensure individual rights to privacy, dignity and/or respect, as well as freedom from coercion and restraint.
- 3 Individuals were unable to have visitors of their choosing.
- 4 Modifications of additional conditions of the HCBS Settings Rule were not supported by specific assessed needs in the person-centered service plans.

Ohio submitted a **corrective action plan (CAP)**<sup>57</sup> to demonstrate compliance, indicating that extra time would be needed to ensure full provider compliance for full integration into

the community.<sup>58</sup> Such integration included being supported in full access to their community, engaging in community life and receiving services in the community. Another area in which HCBS service providers needed additional support was housing options for individuals served outside the family home, including those not considered to have disability-specific settings. Compliance was to be achieved no later than March 31, 2025.

Settings rules provide a series of standards to which states receiving federal waiver funding must adhere. However, not everyone receives waiver funding. Though many individuals with A/I/DD may be eligible for some Medicaid services based on income, many do not qualify for HCBS waivers or other Medicaid-funded LTSS due to eligibility criteria. Consequently, they fall through the cracks if they cannot earn a living wage or maintain housing due to cognitive impairments. Without other dedicated support staff or case managers to check in and assist when needed, individuals with A/I/DD who are ineligible for Medicaid-funded LTSS are at greater risk of declining physical and mental health, and could experience more negative social outcomes, including homelessness.<sup>59,60</sup>

Due to relentless efforts by families and advocates, individuals with A/I/DD across the country can now live in their own homes, engage in their communities and function in everyday life. Whether helping with daily schedules, morning routines, meal preparation, job coaching or home upkeep, LTSS provided by existing community-based organizations are necessary. Therefore, states should invest more resources to expand LTSS and increase access to HCBS waivers to improve the health and social outcomes of adults with A/I/DD.

## Person-Centered Approaches

Though Medicaid services for low-income households and HCBS waivers were a major step in enabling people with disabilities to receive services in their own homes, access to healthcare and supportive services continues to be limited for many.<sup>61</sup> Hamilton and colleagues (2024) noted that those who received supportive services experienced dissatisfaction with the system. Some reasons

for dissatisfaction were that people in need of care were not offered the opportunity to make their own healthcare decisions or collaborate in their own treatment or support.<sup>62</sup> Dissatisfaction with access to healthcare and supportive services has been noted since the establishment of HCBS waivers. One way to address these concerns was the shift to **person-centered planning**.<sup>63</sup>



Aspects of Person-Centered Planning

Person-centered planning, while varied in implementation, focuses on language, values and actions that respect the views of the person and their loved ones. The approach shifts from a focus on the medical model and/or deficit to a strengths-based, one that sees a person as a whole and offers an opportunity to enter into a genuine partnership with the care system.<sup>64</sup> It involves a collaborative process between a person in need of care and everyone in the person's life whom they identify as supportive, including clinical practitioners and other mental health staff, as well as natural supporters (e.g., family members, friends, representatives from faith communities, etc.), case manager and HCBS provider(s).

The goal of person-centered planning is to develop and implement an actionable plan to assist the person in achieving his or her unique personal goals. People can better learn about the options and interests tailored to their needs, regardless of whether those options are paid or unpaid. Person-centered practices are present when people fully benefit from community living and support designed to assist them as they work toward their desired life goals.

Person-centered planning helps adults with A/I/DD navigate life changes. This takes planning around a person's needs and preferences to create the right individualized program. CMS requires states to incorporate person-centered planning as part of their State Transition Plan.

## Housing as a Social Determinant of Health

Separating a person's healthcare needs from their housing needs can be challenging. Housing is a major social determinant of health.<sup>65</sup> One study found that stress related to housing affordability has a negative impact on mental health.<sup>66</sup> People at risk of or

experiencing homelessness had lower rates of healthcare screening and a lower likelihood of accessing preventive or primary care.<sup>67</sup> Several researchers have found a correlation between housing insecurity and food insecurity, lower access to transportation and education, and housing displacement.<sup>65,67</sup> People experiencing housing insecurity are more likely to prioritize immediate basic needs such as housing over more complex needs like medical care.<sup>67</sup> This occurs even though postponing necessary healthcare can lead to long-term medical expenses that may ultimately surpass short-term housing costs or available income. As a result, adults experiencing housing insecurity are more likely to delay treatment until health conditions become emergencies, ultimately contributing to higher morbidity and mortality rates.

It is worth noting that adults with A/I/DD are more likely to use emergency care than adults without A/I/DD due to various systemic, social and healthcare challenges.<sup>68</sup> Utilization of emergency care could drastically increase without adequate support or housing. One study found that utilization of emergency departments was between 13% and 19% for adults with I/DD who utilized HCBS waivers.<sup>69</sup> Among adults without waivers, utilization of emergency departments was above 28%. Limited studies on families and individuals with A/I/DD connect issues of housing insecurity and health, or life outcomes. Housing insecurity will likely increase the use of emergency departments, resulting in a negative impact on health and social outcomes and increased costs to the system.

Finding and being able to afford housing is difficult for individuals with A/I/DD. When they desire to move out of their family home or other living situation, they are more likely to face housing insecurity due to various physical and mental health challenges, as well as the systemic barriers explored in this report. Residential long-term supports and services projects estimate that only 11% of the nation's



1.38 million people receiving LTSS lived in their own homes.<sup>4</sup> It is essential to develop a holistic approach to meet the housing and support needs of adults with A/I/DD.

## Neuro-Inclusive Housing Framework

The Greater Cincinnati Housing Market Analysis uses the neuro-inclusive housing framework to assess the needs and preferences of adults with A/I/DD. This framework comprises the following three elements for exploring or creating residential options through person-centered planning that meets the needs of adults with A/I/DD. These elements can be addressed through public, private and nonprofit collaborations:

1) **Housing: Sensory-friendly**<sup>70</sup> housing with **cognitive accessibility**<sup>71</sup> in walkable, safe locations that benefits residents with and

without A/I/DD. Local planners and housing developers can use this report to become more aware and plan for the inclusion of adults with A/I/DD in existing and/or future developments.

2) **Individualized LTSS:** LTSS providers can offer individualized services needed to help people in their own homes, as well as give them wider access to the community.<sup>72</sup> This report provides insights into preferences and gaps.

3) **Supportive Amenities:** These additional human resources provide property-specific support to address isolation and foster greater community integration, promote social well-being, build natural support systems, or facilitate employment and/or life skill classes. **Supportive amenities** may be essential for individuals ineligible for HCBS or other LTSS to help tenants connect to their community and remain securely housed.



## Housing Affordability and Limited Choice of Living Arrangements

According to HUD, over a third of U.S. households are cost-burdened.<sup>73</sup> HUD considers housing to be affordable if a person spends less than 30% of their income on housing. Households that spend more than 30% are considered cost burdened.<sup>74</sup> The Joint Center for Housing Studies of Harvard University noted that 62% of renters are cost burdened and find housing unaffordable.

Cost burden is not limited to renters. Nationwide, home prices have soared by 40% over the last four years.<sup>75</sup> The combination of high demand for housing and limited supply over the last decade has led to a drastic increase in home prices. The price of single-family homes rose from 4.2% in the first quarter of 2020 to 13.2% in March 2021. Between the beginning of 2020 and early 2023, rent rose 23.9% while home prices rose 37.5%.<sup>76</sup>

According to the National Low Income Housing Coalition, only 40 affordable homes exist for every 100 families with extremely low incomes.<sup>77</sup> The city of Cincinnati is experiencing its own housing challenges as it grapples with growing demand for homes, rising cost of living and issues related to housing affordability.<sup>78</sup> Since 2021, the city's housing market has been in high demand, with home prices steadily increasing. In March 2025, the average home price in Cincinnati reached \$265,000, a 8.6% increase over the previous year.<sup>79</sup>

The affordability crisis in Cincinnati mirrors national trends where rent increases are outpacing wage growth. In the past year, median rent in Cincinnati increased by 15%,<sup>80</sup> while the median household income saw only a 2.6% rise.<sup>81</sup> This has created a situation where renters are cost burdened, with a significant portion of their income spent on housing costs. More than 45% of renter households in Cincinnati are considered cost burdened. The issue is particularly evident for those earning extremely low incomes.<sup>82</sup> This gap between supply and demand has contributed to a growing number of residents experiencing housing insecurity.<sup>83</sup>

Cincinnati also faces an educational attainment gap, further exacerbating housing affordability. While 89% of the adult population has completed high school, only about 41.3% hold a bachelor's degree or higher.<sup>84</sup> Lower educational attainment correlates with lower earning potential, making it harder for individuals to afford rising rents and home prices.<sup>85</sup> This issue, combined with a rise in unemployment (up from 3.1% in April 2023 to 4.1% in April 2024 and 5.2% in April 2025),<sup>86</sup> has led to increased difficulty for many residents in securing stable housing. In fact, approximately 50% of Cincinnati's renter households earn below the median income.<sup>77</sup>

As rents and home prices soar, understanding the barriers to independent living for people with A/I/DD requires understanding the link between income and housing.<sup>87</sup> In 2023, the Social Security Administration reported that 288,828 Ohioans received SSI: 18,458 were people ages 65 or older, while the remaining 270,370 were those with disabilities.

Most adults with A/I/DD are either unemployed or underemployed due to various socioeconomic, physical, mental health, cognitive or **executive function**<sup>88</sup> challenges.<sup>89</sup> Such challenges make them more likely to rely on SSI. The 2025 federal maximum benefit for Ohioans is \$967 a month, with no additional state supplement.<sup>90</sup> Affordable rent for a person receiving only SSI must be at or below \$290 a month to not be considered cost burdened.

For those employed, the fear also exists that their income may disqualify them from eligibility for programs like Medicaid, SSI, SNAP, etc. Recent national research indicates that approximately 30% to 40% of people experiencing homelessness have a cognitive impairment, including A/I/DD, and became homeless later in life, often due to the death of the family caregiver.<sup>91</sup>

**“ As a financial advisor specializing in supporting families of loved ones with lifelong disabilities, I understand the deep concern surrounding long-term housing. As a parent, I recognize their overwhelming financial challenges—a tsunami of housing expenses and long-term costs. Without careful planning or additional income, many disabled individuals struggle to secure suitable housing with only government subsidies. This often leads to isolation for both individuals and their families, as well as significant financial strain.”**

— Kristina Markiewicz, Financial Advisor, Black Bull Capital Partners



# FINANCIAL RESOURCES FOR AFFORDABLE HOUSING IN CINCINNATI

*Cincinnati has several programs geared toward increasing the affordable housing stock through building new developments, rehabilitating old developments and maintaining the current housing stock. Some are listed below.*

1. **Housing Opportunities Made Equal (HOME)**—HOME is a nonprofit organization with the goal of eliminating unlawful housing discrimination and promoting fair housing in Greater Cincinnati.<sup>92</sup> It offers tenant-landlord mediation, tenant advocacy and fair housing education. HOME also collaborates with local partners to provide eviction prevention assistance and supports initiatives to increase Black homeownership in the region. It also helps create awareness about tax credit initiatives that could help reduce housing costs.<sup>93</sup>
2. **Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP)**—The FHLB's AHP offers direct grants and low-interest loans to support the development of affordable housing projects, including homeownership and rental projects.<sup>94,95</sup> Grants and loans cannot be requested for the same property. Funds support activities such as new

construction, acquisition and rehabilitation of housing for very low-, low- and moderate-income households. Evidence of market analysis, demand and need is required in the application process.

3. **Over-the-Rhine Community Housing (OTRCH)**—OTRCH is a nonprofit organization that develops and manages affordable housing in Cincinnati's Over-the-Rhine, Downtown, Northside and Lower Price Hill neighborhoods.<sup>96</sup> It focuses on providing housing opportunities for individuals with barriers to traditional housing, such as past evictions or criminal backgrounds, and offers supportive services to help residents maintain stable housing.
4. **Hamilton County Community Development**—Hamilton County administers several federal programs to support affordable housing, including Community Development

Block Grants (CDBG) to fund projects—such as emergency home repairs and public facility improvements—that benefit low- to moderate-income areas and residents.<sup>97</sup>

5. **HOME Investment Partnerships Program**—This program provides funding for affordable housing development through activities like acquisition, rehabilitation and new construction.
6. **Emergency Solutions Grant (ESG)**—ESG grants support emergency shelter and homelessness prevention activities. They aim to remove obstacles to affordable housing and support community development initiatives.
7. **City of Cincinnati Affordable Housing Trust Fund (AHTF)**—Established by the City of Cincinnati, the AHTF supports developing and preserving affordable housing for renters and homeowners.<sup>98</sup> At least 50% of the fund's resources are dedicated to households earning at or below 30% of **area median income (AMI)**, with the remainder serving households at up to 61% of AMI. The fund is used for activities such as planning, production, maintenance and expansion of affordable housing, and promoting fair housing in neighborhoods throughout the city.

8. **Affordable Housing Leverage Fund (AHLF)**—AHLF is a collection of funds managed by the Cincinnati Development Fund to support the construction, rehabilitation and preservation of affordable housing in Greater Cincinnati.<sup>99</sup> Funding sources include public, private, corporate and charitable entities, each with its own objectives, terms and conditions.

9. **Cincinnati Development Fund (CDF)**—CDF is classified as a 501(c)(3) nonprofit lending institution. CDF's goal is to strengthen low-income neighborhoods and improve lives through innovative real estate financing for projects.<sup>100</sup> In late October of 2024 CDF announced a \$4 million investment by Hamilton County through a partnership with Hamilton County Board of Commissioners and Living Arrangements for the Developmentally Disabled.<sup>101</sup> The funds were allocated to build nine new smart homes, including in-person support, for adults with developmental disabilities.

These programs collectively enhance housing affordability and stability for Cincinnati residents, addressing various needs from development and preservation to advocacy and support services.

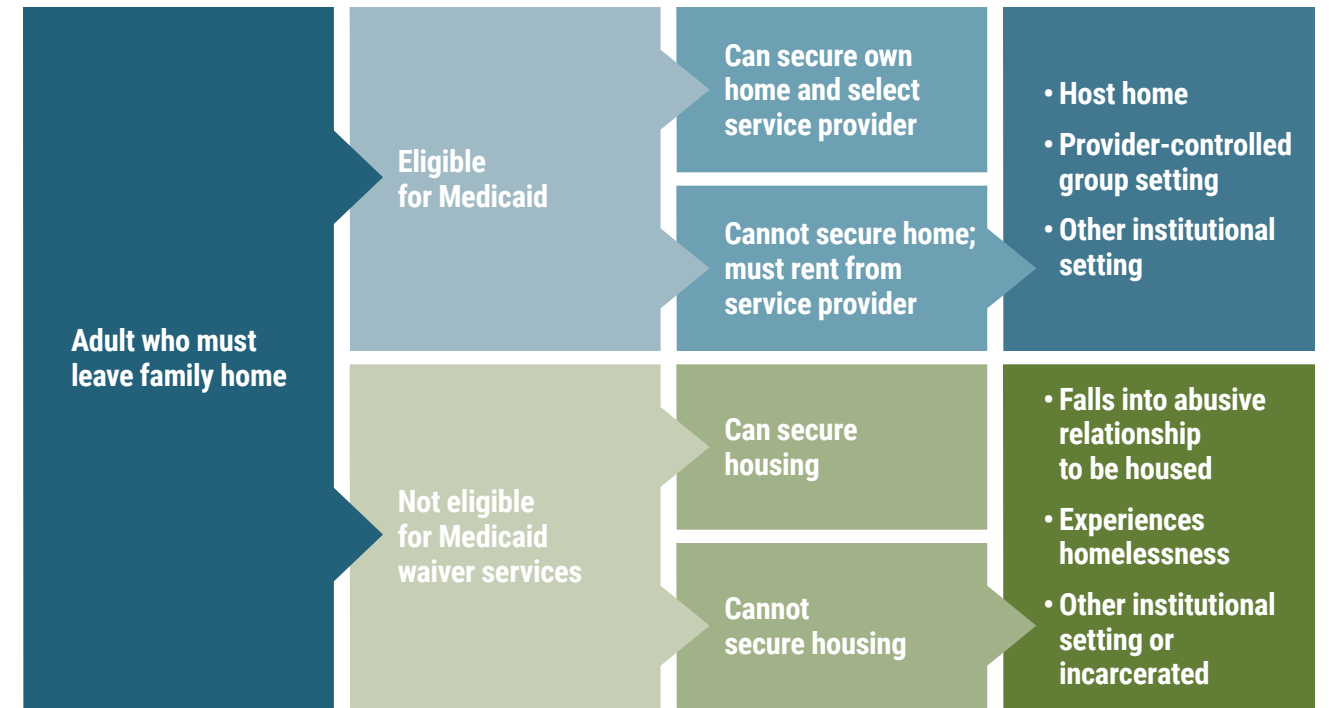
## Affordable Housing Initiatives Through DODD

The Ohio DODD administers two key housing programs designed to support individuals with developmental disabilities in accessing safe, affordable and community-integrated living options: the Community Capital Assistance (CCA) Program and the **Rental Assistance Program**.<sup>102</sup> In September 2022, a law went into effect allocating \$25 million for the CCA program; in January 2025, the Ohio Department of Development announced \$22.4 million in grants to improve access to housing while also providing homeownership and rental assistance for low- to moderate-income families.<sup>103,104</sup>

The CCA Program funds county boards of developmental disabilities, county commissioners and nonprofit organizations to acquire, construct or renovate residential and nonresidential facilities that support individuals with developmental disabilities.<sup>105</sup> This includes the development of accessible housing, such as single-family homes, duplexes or quadriplexes. The program ensures individuals can access community-based living options that comply with federal home and community-based services guidelines.<sup>106,107,108,109</sup> Applicants must demonstrate that the project fulfills a public purpose and complies with specific regulations outlined in Ohio Administrative Code Rule 5123-1-05.<sup>110</sup> Applications for funding can include licensed or non-licensed settings (excluding intermediate care facilities) with four or fewer residents, such as single-family homes, duplexes, quadriplexes or condos.<sup>111</sup> They cannot include mobile homes, trailers or adjacent units that appear clustered. Funding cannot exceed 90% of the development cost.

The **Rental Assistance Program (RAP)**<sup>112</sup> assists individuals transitioning from state-operated developmental centers or intermediate care facilities into community-based housing.<sup>112</sup> Funded through DODD's biennial budget, RAP provides rental subsidies to eligible individuals until they qualify for other local, state or federal rental assistance programs. The amount of assistance is determined based on income and fair market rent for the individual's county of residence as set by HUD. This program supports individuals with a lease or rental agreement, including those with for-profit or nonprofit landlords.

County board staff apply on behalf of eligible individuals who must be enrolled on a DODD waiver, have recently transitioned from a developmental or intermediate care facility, and have an active lease or rental agreement.<sup>112</sup> Applicants for monthly assistance must also be income eligible ( $\leq 30\%$  of gross AMI) and submit a Section 8 voucher application at the local public housing authority, applying when the waitlist opens (if currently closed). Documentation is required for one-time assistance applicants showing their need for support with deposits, one month's rent or other expenses for which no resources exist. RAP applies only to eligible settings, such as privately owned housing with a nonprofit or for-profit landlord, or homes purchased or renovated through Community Capital Assistance funding. Housing must meet fair market rent and safety standards. RAP funding is limited; funds become available for new recipients as prior recipients secure other subsidies. While available to all county boards, RAP must be used as a documented "last resort."



The chart above shows current housing options or choices for adults with A/I/DD.

When a crisis placement is necessary, a **group home**<sup>48</sup> or adult **host home**<sup>48</sup> is often only available to those who qualify for HCBS waivers through DODD. Other state-funded support may be available but may not be A/I/DD specific or encompass the level of support an individual needs. Resources are also limited, as waitlists for housing vouchers may be closed.

### Invisible Need

Individuals with A/I/DD have largely been excluded from the Ohio State Health Assessment (SHA) and the Cincinnati Community Health Needs Assessment.<sup>113,114</sup> These are comprehensive reports examining the social determinants of health in the city and state. The exclusion of those with A/I/DD in such reports means housing and healthcare needs remain largely unknown and unmet due to a lack of data and prioritization in policymaking decisions.<sup>48</sup> This makes

them an invisible population, particularly in the housing market.

Cincinnati is comprised of both urban and suburban areas with a population of 311,097, of which 24.5%, or about 76,200 people, live below the poverty line.<sup>84</sup> A total of 204 housing vouchers are available from two programs: mainstream **housing choice vouchers (HCV)** and **non-elderly disabled (NED) vouchers**.<sup>115,116</sup> These vouchers are not explicitly reserved for adults with A/I/DD. Even if adults with A/I/DD can find an affordable housing unit or obtain a housing voucher, affordable housing units or units accessible with vouchers may not meet their supportive housing needs.

The Hamilton County **Consolidated Plan**<sup>117,118</sup> aims to allocate \$25 million in direct expenditure to achieve these programmatic goals:

- Eliminate blighted properties.
- Advance fair housing.
- Improve public facilities and infrastructure.

- Enhance quality of life for residents.
- Provide, expand and improve affordable homeownership and rental housing.
- Serve homeless families and reduce homelessness.
- Stimulate economic development.

The plan aims to remove barriers to affordable housing, including zoning and land use restrictions, inefficient procedures, resource gaps, deteriorating infrastructure, a lack of neighborhood amenities and challenges in preserving existing housing. However, none of these barriers specifically includes or addresses some of the challenges of inclusivity and housing affordability faced by adults with A/I/DD.

**“Cost-effective housing for families who care for individuals with special needs is hard to find, especially for parents and single moms. A full-time job is almost impossible with appointments, therapies and other things that come up with caring for an individual with special needs.”**

— Survey Respondent

## Additional Barriers

In addition to the cost of housing, individuals with A/I/DD face numerous barriers—even with access to housing assistance or if their families can afford to help them pay rent.



**Systems for access to housing and services for adults with A/I/DD are disconnected and do not include cognitive accessibility features.**<sup>10</sup> Adults with A/I/DD often have challenges with reading and writing, executive function, communication and/or social interactions. Such challenges can make navigating these complex systems necessary for access to housing, services and other public benefits more daunting. They may also lack experience with or knowledge of documentation and system requirements to access various types of assistance. They may have difficulty understanding that they can and should apply to more than one housing authority for assistance.



**Most adults with A/I/DD are on a fixed, extremely low income.**<sup>6,10</sup> Adults with A/I/DD often have low educational attainment, rely on public benefits and have cognitive challenges that make full-time employment difficult. They need access to housing that fits within a fixed-income budget to avoid eviction or loss of housing when housing costs rise rapidly due to inflation. Those employed may also need to identify housing close to their employer because finding a new employer may cause additional hardship.



**Lack of supportive amenities adequate case management persists for individual's ineligible for LTSS.**<sup>10</sup> Individuals with A/I/DD who do not qualify for Medicaid waivers need supportive amenities or regular assistance from case managers to maintain housing, public benefits, connections within the greater community and potential employment. These include identifying and submitting required documents for continued benefits and social opportunities, conflict resolution, breaking down the steps in a task and/or creating a follow-through plan.



**Existing housing stock is often inaccessible.**<sup>48</sup> Individuals may need wayfinding signage or icon cues instead of text only; sensory-responsive features such as natural and low-voltage versus fluorescent lighting; extra-durable fixtures for challenges with **graded movement**;<sup>119</sup> technology to support executive function; or a lift for transfers that may not be weight-bearing without modifications to structural support. Some adults with A/I/DD may also engage in repetitive physical and/or verbal behaviors for self-regulating and/or self-stimulating functions that—without sound-insulating spaces—could disrupt neighbors and/or result in noise complaints.



**Individuals with A/I/DD are at risk of being victims of predatory relationships.**<sup>120</sup> Location and security features must be carefully considered because adults with A/I/DD have a significantly greater risk of being victims of **“simple” assault**<sup>121</sup>, and/or a serious violent crime than other persons with disabilities.<sup>122</sup> Data show that 66.5% of those on the autism spectrum and 62.5% of those with I/DD report being survivors of physical, emotional or sexual abuse.<sup>123</sup> In a study conducted on mate crime, 100% of respondents ages 16 to 25 with autism report they cannot distinguish between someone who is a friend and someone who is abusive.<sup>124</sup>



**Not in My Back Yard (NIMBY).**<sup>125</sup> NIMBY phenomenon is when individuals oppose a development in their neighborhood but do not oppose it elsewhere. This response is typical for properties such as factories and warehouses but also applies to affordable and accessible housing. The objections specific to affordable housing are typically made due to fear and prejudice.<sup>126</sup>

“This powerful housing market analysis was eye opening and the data is rich with insight. Without bold, immediate steps, adults with intellectual and developmental disabilities will continue to face a housing crisis. This work must drive change—our communities depend on it.”

— Sadie Everett, Director, Regional Autism Advisory Council (RAAC)  
University of Cincinnati, IDD Education Center



# HOUSING MARKET ANALYSIS

Educate the neurodiverse community.

Assess needs and preferences.

Approach the housing industry with consumer data.

Increase housing stock that meets local needs.

## Educational Outreach

Many individuals with A/I/DD and their families have not explored options for life beyond the family home. To ensure that respondents were aware of various options, they were required to participate in a learning session informing them of the benefits and considerations of various elements of residential choices. Using the nomenclature from *A Place in the World: Fueling Housing*

and *Community Options for Adults with Autism and Other Neurodiversities*,<sup>48</sup> participants were able to learn about a broad range of choices. While some options presented during the learning session may not currently be available in Ohio, it was essential to include them so participants could express their needs and preferences to help effect change.



EmpowerMe Living also hosted 15 “watch parties” to bring participants together in person to watch the recorded learning session with live virtual presentations and a subsequent live Q&A. A recording of the learning session was also posted on the EmpowerMe Living website for those unable to attend the live events. Fifty community-based organizations were contacted to promote and facilitate this study.

Materials included a recorded, live learning session in plain language, a visual guide to help participants track their preferences during the learning session and a plain-language survey. The plain language survey consisted of a shorter survey that was formatted in a simple, easy-to-understand format. This included the use of everyday words and common vocabulary, short and direct sentences, with more pictures on the survey guide and presentations. Plain-language materials in an easy-to-understand format were created to ensure cognitive accessibility.

Participants made a significant time commitment and demonstrated a willingness to learn about various approaches to residential options, facilitating data collection on the needs and preferences of adults with A/I/DD and their families. During the 30- to 75-minute sessions, each option was introduced and explained using visuals, verbal descriptions and videos (where available). Benefits and considerations of the various elements of residential options were discussed to promote person-centered, meaningful choices. Individuals attending live sessions and watch parties could ask additional questions during and after the presentation.

Once participants completed the learning session, they were invited to complete the Greater Cincinnati Housing Market Analysis Needs & Preferences Survey. This included questions regarding demographics, barriers to community engagement, support needs, housing preferences and utilization of public benefits. Researchers from the First Place Global Leadership Institute reviewed comprehensive plans, consolidated plans, housing plans, and, where available, previous housing analyses from typical housing market needs.

After the surveys closed, the data were analyzed and presented at the Local Leaders Workshop.

## Local Leaders

Participating organizations and individuals comprised county officials, leaders in low-income housing developments and other representatives from community-based organizations and foundations. The presentation allowed stakeholders to review the data and identify potential recommendations for future action. Initial data analysis indicated the variety and demand for residential needs and preferences. Local leaders were eager to discuss possible solutions and address barriers. Details of their discussion and suggestions are highlighted throughout this report and in the Recommendations section. More than 40 people attended this workshop.

“ Real change starts with families who know what’s needed and won’t let go until it happens. Housing is no exception, thanks to Emily’s determination and the thoughtful, data-driven approach she’s taken to move this work forward.”

— Teresa Kobelt, MSW, LSW, Chief Innovation Officer, Ohio Provider Resource Association

## Considerations and Limitations

- **Training materials:** To provide more accessible training materials, the plain-language surveys did not include all questions from the full study, limiting some of the demographic and preference data collected.
- **Data outreach:** QR codes were provided to encourage participation. The survey collection time was extended by two weeks to increase the number of self-advocates respondents.

Respondents were encouraged to fill out the expanded needs and preferences surveys to ensure adequate data. Respondents, both self-advocates and family members, were given a survey guide to assist them in answering the survey questions.

Lastly, the local organizations that collaborated on this study worked largely with adults already receiving DODD services. Many people who responded to this survey were HCBS waiver recipients. This percentage may not represent the population currently eligible for or receiving services in Greater Cincinnati or the state of Ohio.

- **Data translation:** Due to limited exposure to specific service delivery models and development types currently unavailable or underutilized in Ohio, demand data on preferences may shift if recommendations are implemented and choices expanded.
- **Diversity of participants:** About 75% of respondents identify as White or Caucasian, with 6% identifying as Black or African American. Other ethnicities and/or their families were underrepresented in the data.

“ Insights on housing needs and preferences directly from people with lived experience are a game-changer. This data will help us raise awareness, advocate for changes in policy—and open doors to new housing solutions.”

— Emily Kendall, Co-Founder and President  
EmpowerMe Living



## DEMOGRAPHICS

*Unless otherwise noted, demographic data in this section are compiled from the 2025 Greater Cincinnati Housing Market Analysis Needs & Preferences Survey. It provides demographic information for respondents with A/I/DD and/or their families. The following section details future preferences for housing, services and community engagement.*

**T**he sections below address respondent demographic data.

A total of 155 people responded to the survey. Of those respondents, 69% were family members who responded on behalf of their adult or child dependent with A/I/DD; 30% of total respondents were self-advocates. For this study, the term respondent is used to represent individuals with A/I/DD regardless of whether they responded by themselves, or family members or providers/caregivers input the responses on their behalf. The results are also segmented to show how self-advocates responded.

Respondents self-identified their diagnosed disabilities; 95% of total respondents self-identified as having autism and/or intellectual/developmental disability. A total of 58.7% self-identified as having more than one disability, indicating they have one or more co-occurring physical or mental health condition.

The following chart shows the identified disabilities and percentage of respondents.

It is important to note that a person's diagnosis does not dictate the type of housing, supportive amenities or service delivery model they may need or prefer. However, diagnostic information could help clarify

| The disabilities I identify with include:     |     |
|---|-----|
| Intellectual Disability                       | 50% |
| Autism  | 46% |
| Anxiety                                       | 30% |
| Down Syndrome                                 | 21% |
| Other and/or Other Disability Not Specified   | 15% |
| Epilepsy or Other Seizure Condition           | 12% |
| Depression                                    | 12% |
| Other Developmental Disability                | 11% |
| Other Mental Health Challenges                | 8%  |
| Cerebral Palsy                                | 8%  |
| Physical Disability & Use a Mobility Device/s | 7%  |
| Obsessive compulsive disorder (OCD)           | 6%  |
| Blind and/or Visual Impaired                  | 6%  |
| Asperger's                                    | 5%  |
| Traumatic Brain Injury                        | 5%  |
| Bipolar Disorder                              | 4%  |
| Deaf or Hard of Hearing                       | 4%  |
| Self-Injurious Behaviors                      | 3%  |
| Respiratory Conditions                        | 2%  |

**\*(It should be noted that one respondent identified as having Williams syndrome).**

potential barriers to independent living. Survey respondents could self-select one or more disabilities with which they identify.

Given the high rate of co-occurring mental health challenges such as anxiety, depression and obsessive-compulsive disorder (OCD), emerging supportive housing opportunities may include building relationships with mental health providers for on- and off-site mental health support. Other supportive opportunities may consist of therapeutic interventions, counseling, and/or life coaching in a neuro-inclusive and cognitively accessible manner. Finding a provider who accepts one's insurance and understands the needs of people with neurodevelopmental disabilities can also present a barrier. Difficulties with scheduling and transportation exemplify barriers to quality healthcare for individuals.

The chart below shows the age of the person with A/I/DD. Most respondents were between ages 19 and 49.

| Age of person with A/I/DD |     |
|---------------------------|-----|
| 0-13                      | 2%  |
| 14-18                     | 7%  |
| 19-21                     | 14% |
| 22-34                     | 45% |
| 35-49                     | 12% |
| 50-65                     | 3%  |
| 65+                       | 0%  |
| No answer (PL)            | 17% |

## Identified Support Needs

### One-to-One Support



### 24/7 Support



### Memory Care



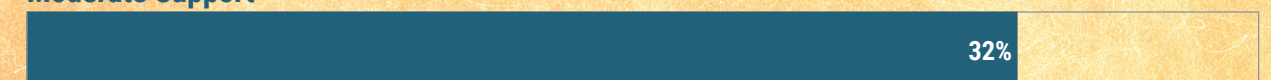
### Support for Physical Disability



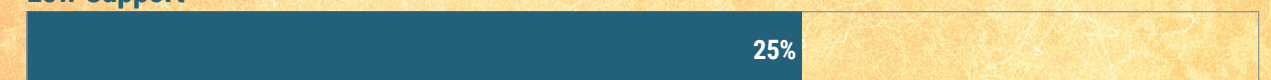
### Daily Medical Support



### Moderate Support



### Low Support



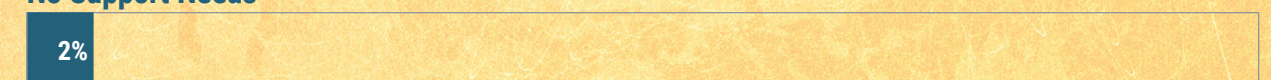
### Drop-In Support



### Daily Living Skills



### No Support Needs



### Other





## Support Needs <sup>48</sup>

### Moderate Support

The individual requires a DSP periodically throughout the day but can be self-sufficient for several hours at a time.

### One-to-One Support

The individual requires the full attention and in-person support of at least one DSP at all times.

### Drop-In Support

The individual requires a Direct Support Professional (DSP) to check in with them every few days or as requested; the individual is self-sufficient the majority of the time.

### Daily Medical Support

The individual requires the attention of a medically trained/certified provider to safely complete daily routine care, such as assistance with eating, breathing (including durable medical equipment), etc.

### 24/7 Support

The individual has access to a DSP at all times, but the DSP may be shared with others; they are not the only person receiving support from the DSP the majority of the time.

### Physical Disability/ADL Needs

Due to a physical disability, the individual may use a wheelchair or mobility device and requires additional DSP assistance with transfers and other activities of daily living.

### Low Support

The individual requires a DSP to support them with a few daily tasks but can be self-sufficient most of the day.

### Memory Care

Due to symptoms of dementia or Alzheimer's disease, the individual requires a safe environment with additional structure and support to navigate throughout the day.

## Identified Support Needs

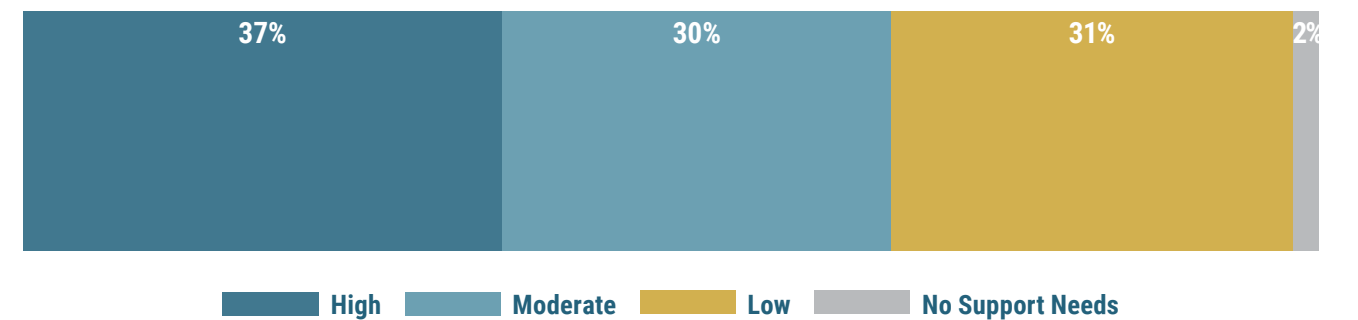
The chart on page 41 shows respondent support needs. Respondents were asked to identify their level of support.

The data on the level of support needs indicate the number of hours a person may need for direct support to live in their own home and participate in the community. Respondents self-identified their level of support. The data was later grouped to show the number of people with

high-, moderate- or low-support needs. High-support needs included individuals with one-to-one support, 24/7 support and those in need of memory care. Those with moderate support needs included individuals who stated they needed support for physical disability or daily medical support, or those who identified as having moderate support needs. The final groups are those with low and drop-in support needs.

The chart below shows the distribution of support needs among respondents.

## Identified Level of Support Needs



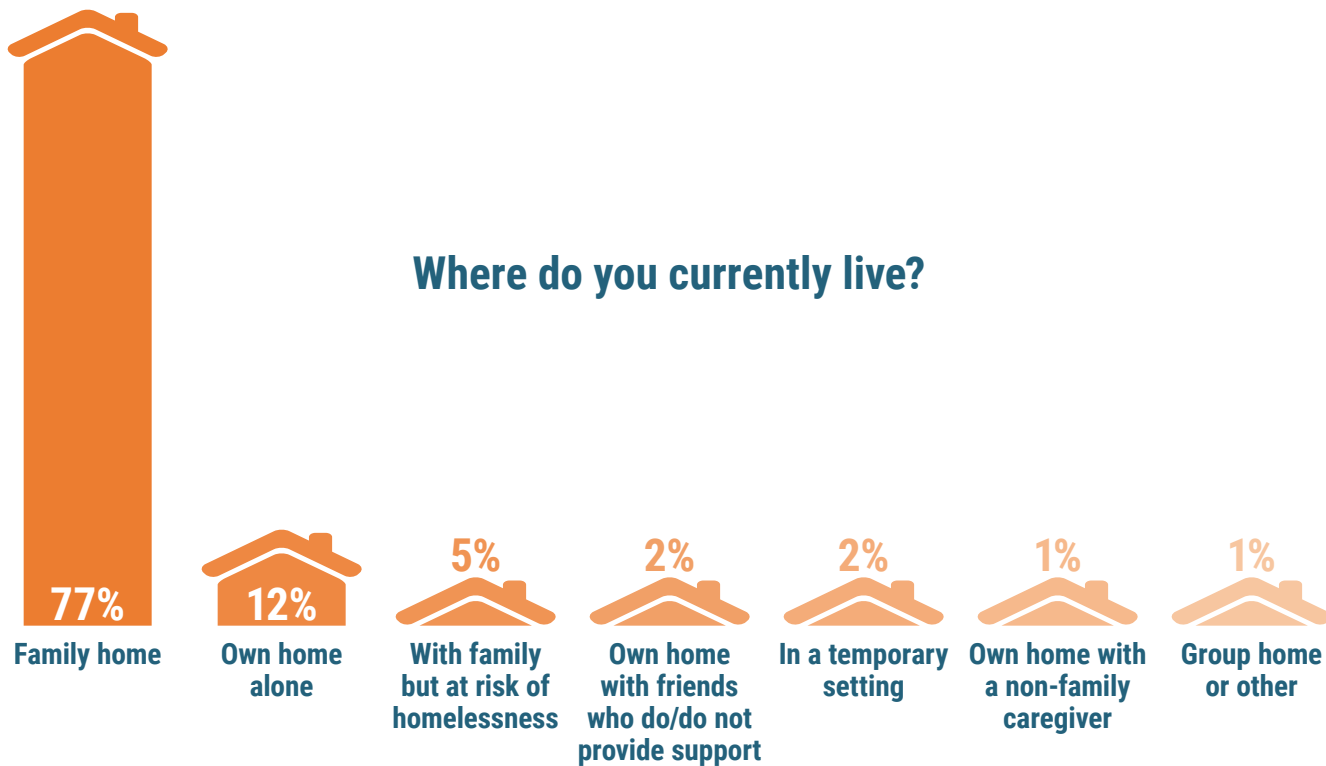


## Where Respondents Live and with Whom

Respondents were asked where they live and with whom. The chart below shows the distribution of responses.

A total of 82% of respondents were identified as living with family. It is worth noting that 39% of respondents live with caregivers over age 60. This data is in line with other studies indicating that the majority of individuals with A/I/DD live with family.

| Age of family caregiver<br>(of those respondents indicating they live with a family caregiver) |     |
|--|-----|
| 18-30  | 0%  |
| 31-45  | 7%  |
| 46-60  | 55% |
| 61-75  | 35% |
| 76+  | 4%  |



## Are you (or a loved one) receiving services through a Medicaid waiver?

Yes, Individual Options Waiver

31%

Yes, Level One Waiver

23%

No or not sure what these are

11%

Applied but waiting for approval

5%

Not applied

4%

Yes, Self-Empowered Life Funding (SELF) Waiver

4%

Other

3%

Not eligible

3%

On a waiver

1%

Yes, Ohio Home Care Waiver

1%

Yes, Assisted Living Waiver

1%

Denied

0%

Yes, OhioRISE, Passport and/or MyCare Ohio

0%

## Utilization of HCBS Services

In addition to support needs, recipients were asked if they receive LTSS through HCBS waiver services. The Ohio DODD administers three different HCBS waivers that cover services and supports for people with A/I/DD,<sup>127</sup> of which the individual options (IO) waiver is the most comprehensive. Programs under the waiver services were highlighted in the survey options since individuals were more familiar with those program names. In general, to be eligible, an individual must:

- have a diagnosis of a developmental disability that manifests before age 22.
- be eligible for the ICF/IID level of care.
- be eligible for Medicaid.
- want to live and receive services in their communities.

Although a person might meet the criteria for receiving waiver services, those services are not guaranteed.<sup>128</sup> Due to high demand, those who may be eligible are often placed on waitlists.<sup>129</sup> There are 1,624 Ohioans on the waitlist for waiver services, all of whom are individuals with I/DD.<sup>130,131</sup> It is also noteworthy that the state screens those on the waitlist for waiver service eligibility.<sup>130</sup> Prescreening for eligibility reduces the number of people on waitlists by identifying those who would not otherwise qualify for services. Prescreening, or waitlist assessment of eligibility, was implemented in the state in September 2018 and led to a reduction of almost 70,000 from the waitlist.<sup>130,132</sup>

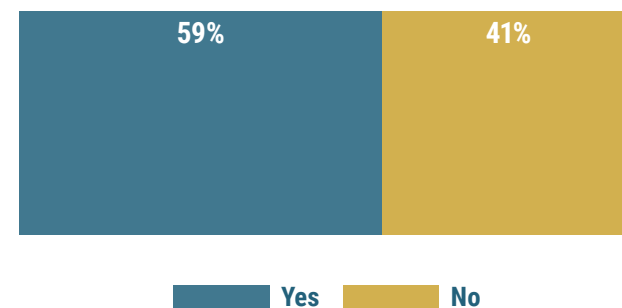
The previous chart shows the distribution of those receiving waiver services.

## Earned Income and Government Benefits

The chart below shows respondent earned income. Respondents were asked if they worked or volunteered. Those who worked were given the option to select their monthly earned income.

According to HUD, for a household of one person, the very low- and extremely low-income limits for Cincinnati residents are \$36,700 and \$22,050, respectively.<sup>133</sup> As shown below, the survey respondents' earned income indicates that adults with A/I/DD are extremely low-income, largely falling below 30% of AMI.<sup>134</sup> With fair market rent in Cincinnati at \$919 for a one-bedroom apartment and \$1,195 for a two-bedroom apartment,<sup>77</sup> only 12% of respondents who work would be able to pay the base monthly market rent, and it would cost them more than 50% of their monthly income. Approximately 10% of total survey respondents make over \$900 a month, and about 15% make more than \$600. This means that very few respondents could afford to rent a one-bedroom apartment or share a two-bedroom apartment without being severely cost burdened.

### Do you work or volunteer?



| Monthly Earned Income of Those Who Work |     |
|---|-----|
| \$0-\$299                               | 31% |
| \$300-\$600                             | 22% |
| \$601-\$900                             | 14% |
| \$901-\$1,200                           | 11% |
| \$1,201-\$1,500                         | 0%  |
| \$1,501-\$2,000                         | 6%  |
| \$2,001+                                | 6%  |
| Work but do not know income             | 2%  |
| Don't earn money from work              | 8%  |

Federal Medicaid waiver dollars are prohibited from funding room and board for those who use waiver-funded services.<sup>135</sup> Recipients of waiver-funded services must pay for their housing, even in provider-controlled settings such as group homes or host homes. This is typically paid for using most of their **Social Security Disability Income (SSDI)**<sup>136</sup> and/or **Supplemental Security Income (SSI)**.<sup>137</sup> Using SSI or other fixed income toward housing leaves little for other household or primary expenses.

As stated in the Background section, the maximum SSI a recipient can receive is \$967. If the person starts work and receives a paycheck, benefits decrease at a two-to-one ratio, as illustrated in the chart below. If an individual receives financial support to cover their housing costs, their SSI benefit is reduced by one-third.

| Income of public benefits plus earned income                            | Total monthly income (earned income + deduction of SSI due to earned income) <sup>o</sup> | Percentage of income needed to afford market rate rent of 1-bedroom apartment (\$919) <sup>77</sup> | Percentage of income needed to share market rate rent of 2-bedroom apartment (\$597.50) <sup>77</sup> |
|---|---|---|---|
| 2024 Maximum SSI benefit  | \$967   | 95%   | 62%   |
| Avg. SSDI adult child survivor benefits <sup>139</sup>                  | \$1,137.29  | 81%   | 53%   |
| 8 hours/week at minimum wage (\$10.45/hr.) <sup>77</sup> plus SSI       | \$334.40 + \$842.30 = \$1,176.70  | 78%   | 51%   |
| 16 hours/week as fast-food worker (\$13.48/hr.) <sup>77</sup> plus SSI  | \$862.72 + \$578.14 = \$1,440.86  | 64%   | 42%   |
| 24 hours/week as stocker/order filler (\$18/hr.) <sup>77</sup> plus SSI | \$1,728 + \$145.50 = \$1,873.50   | 49%   | 32%   |

<sup>o</sup> Calculations: [(Gross Monthly Wages before taxes) - \$76 (general and earned income exclusion)] divided by 2 = Countable Earned Income. SSI Federal Benefit Rate - Countable Earned Income = Reduced SSI Benefit Due to Earned Income. Reduced SSI Benefit Due to Earned Income + Gross Monthly Wages before taxes = Total Gross Monthly Budget amount.

About 41% of respondents stated they worked or volunteered in their communities. Those with A/I/DD who are employed often work fewer than 20 hours per week.<sup>138</sup> Even when working and receiving federal assistance, housing costs in Cincinnati are out of reach for most adults with A/I/DD.

To better illustrate the housing affordability challenge, the chart on page 47 includes sample income and SSI benefits of adults with A/I/DD based on typical jobs and weekly schedules.

According to the last chart, adults with A/I/DD who rely on SSI would be severely cost burdened if they chose to live alone or share an apartment. They would also be severely cost burdened if they chose to share a two-bedroom apartment.

Other public benefits programs are available to households with very low and extremely low incomes. These programs include the Supplemental Nutrition Assistance Program (SNAP)<sup>140</sup> for food assistance and the **Low-Income Home Energy Assistance Program (LIHEAP)**<sup>141</sup> to help cover increased energy costs and housing choice vouchers, which provide permanent rental subsidies. Although they would be income qualified, few adults with A/I/DD utilize these benefits.

The table at right shows the distribution of the utilization of public benefits by survey respondents.

Given that most respondents have very low or extremely low incomes, more respondents could be utilizing benefits like SNAP, housing choice vouchers or **Lifeline**.<sup>142</sup>

One reason for low enrollment may be that 82% of respondents live at home with family caregivers. Living with others may drive up household income, making adults with A/I/DD ineligible for benefits like LIHEAP. Securing a

housing choice voucher is difficult.<sup>143</sup> Though voucher waitlists are open for regular project-based vouchers, they are only available for short periods; often, waitlists are only open for less than a day. Even if an adult with A/I/DD can get on a waitlist and secure a housing choice voucher, limited availability of affordable housing units might prevent them from utilizing the vouchers.<sup>144</sup>

Most adults with A/I/DD need public benefits and housing assistance or affordable housing units if no arrangements have been made with other family members to prevent displacement or homelessness when a crisis occurs.

| Public benefits or assistance utilized by survey respondents |     |
|--|-----|
| Medicaid   | 68% |
| SSI  | 49% |
| SSDI   | 32% |
| Medicare   | 27% |
| SNAP (food assistance)                                       | 17% |
| Not currently enrolled                                       | 10% |
| Don't know   | 8%  |
| Living in a home with rental assistance                      | 4%  |
| LIHEAP   | 3%  |
| Housing choice voucher                                       | 3%  |
| Lifeline   | 3%  |

\*Does not total 100% because respondents could choose more than one answer.

## Potential of Family Investment in Housing Stability

Since most adults with A/I/DD do not earn enough income to afford housing, two subsequent questions were posed to determine whether family members or friends would support respondents in affording housing.

The first question addresses the maximum housing cost respondents could pay without additional financial help from family or friends.

About 63% of respondents could afford to pay \$800 or less. Note that almost 33% of the respondents could pay \$450 or less.

The second question addressed the maximum housing costs families could cover to help adults with A/I/DD.

About 51% of respondents stated that their family members were willing and able to help them cover a maximum of \$800 a month.

In sum, 40% of respondents could afford up to \$919 for rent with help from their family. Only 33% of respondents could afford a two-bedroom apartment at \$1,195 with help from their family. If they wanted to share a house or apartment with a roommate, the fair market rent would be split at \$597.50 each. With rent at \$597.50, about 68% of respondents could afford rent with help from their family.

The parameter for exclusion was adding the maximum rent respondents can pay to the maximum housing costs the family can cover. The total could not be below \$550, as this is the minimum needed to afford a three-bedroom apartment with roommates. Reference the following chart on page 50.

When considering the addition of family financial support, most respondents need subsidized housing or a housing choice voucher to afford housing because family members may also have household costs and personal and/or healthcare or emergency expenses that could prevent them from assisting each month. Adults with A/I/DD with aging parents also may not be able to get housing assistance from their aging parents in the long term.

|   | \$0 | \$300 or less | \$450 or less | \$600 or less | \$800 or less | \$1,100 or less | \$1,500 or less | \$2,000 or less | \$3,500 or less | Over \$3,500 | Other |
|---|-----|---------------|---------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|--------------|-------|
| Maximum housing cost a family member or friend is willing and able to help you cover? | 3%  | 29%           | 10%           | 7%            | 5%            | 7%              | 4%              | 3%              | 4%              | 3%           | 11%   |
| Maximum housing cost you can afford to pay  | 0%  | 21%           | 12%           | 19%           | 11%           | 8%              | 1%              | 3%              | 1%              | 0%           | 8%    |

| Maximum housing cost you can afford to pay | What is the maximum housing cost a family member or friend is willing and able to help you cover? |               |               |               |               |               |                 |                 |                 |                 |
|--|---|---------------|---------------|---------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|
|  | \$0   | \$150 or less | \$300 or less | \$450 or less | \$600 or less | \$800 or less | \$1,100 or less | \$1,500 or less | \$2,000 or less | \$3,500 or less |
| \$0  | 1   | —             | —             | —             | —             | —             | —               | 1               | —               | —               |
| \$200 or less                              | —   | 1             | —             | —             | —             | —             | —               | —               | —               | —               |
| \$300 or less                              | 3   | —             | 15            | 6             | 2             | 1             | 2               | —               | 2               | —               |
| \$450 or less                              | 2   | —             | 7             | 2             | 1             | 2             | —               | 2               | —               | 1               |
| \$600 or less                              | —   | —             | 12            | 2             | 8             | 1             | 3               | 1               | —               | 2               |
| \$800 or less                              | —   | —             | 6             | 2             | —             | 4             | 2               | —               | 1               | —               |
| \$1,100 or less                            | 1   | —             | 3             | 1             | —             | —             | 3               | 1               | 1               | 1               |
| \$1,500 or less                            | —   | —             | —             | —             | —             | —             | 1               | —               | —               | —               |
| \$2,000 or less                            | —   | —             | 2             | 1             | —             | —             | —               | —               | 1               | —               |
| \$3,500 or less                            | —   | —             | —             | —             | —             | —             | —               | —               | —               | 1               |
| Not sure                                   | —   | —             | —             | —             | —             | —             | —               | —               | —               | 1               |



## Planning for the Future

The table below shows the distribution of respondents who have done future planning.

Not all families can help their loved ones with such costs. However, given the estimated 11,823 individuals with A/I/DD living with caregivers over age 60 across the counties, some plans must be in place before aging family caregivers relinquish care. These plans could be in the form of a **special needs trust**<sup>145</sup> funded by family inheritance or other financial contributions that could pay for housing and healthcare needs; or an **Achieving a Better Life Experience (ABLE) account**<sup>146</sup> that might enable adult dependents to save to purchase a home without the additional funds affecting the person's benefits.

It is worth noting that 27% of respondents have not done any future planning. Some do not have the extra income.

| Have you or your family done any future planning? |            |
|---|------------|
| Yes, I have a special needs trust.                | <b>48%</b> |
| Yes, we have met with a special needs lawyer.     | <b>28%</b> |
| Yes, I opened an ABLE account.                    | <b>31%</b> |
| Yes, I am part of a pooled special needs trust.   | <b>3%</b>  |
| No.   | <b>17%</b> |
| No, we do not have extra income to do this.       | <b>10%</b> |

\*Does not total 100% because respondents could choose more than one answer.



Ohio offers a State Treasury ABLE (STABLE) account<sup>147</sup> created by the ABLE Act.<sup>148</sup> It allows individuals with disabilities to save and invest while maintaining eligibility for public benefits. To qualify, one must be blind or have a diagnosed mental or physical impairment with functional limitations before age 26 and lasting at least one year.<sup>149</sup> Beginning January 1, 2026, age eligibility increases from 26 to 46.<sup>150</sup> Applicants must be U.S. citizens and confirm eligibility via SSI, SSDI, the SSA's "List of Compassionate Allowances," blindness or a diagnosed disability. The program costs \$15 annually for Ohio residents and \$27 for those who may have STABLE accounts but live in other states.

Once eligibility is established, accounts can be opened and funded immediately. Deposits up to \$19,000 annually are permitted; employed individuals may contribute an additional \$15,060.<sup>149,150</sup> Account balances under \$100,000 do not affect SSI eligibility. Funds can be withdrawn for qualifying expenses that improve health, independence and quality of life, including living costs, education, housing, transportation, assistive tech, health, legal fees, employment support and burial costs.

“The barriers faced by people with developmental disabilities in finding suitable housing aren’t just challenges—they’re injustices. We must advocate for policies, funding and community-driven solutions that ensure accessible, affordable housing with supports that allow for real choice.”

— Donna S. Murray, Ph.D. CCC-SLP, Adjunct Professor Clinical Pediatrics (Volunteer Status), Division of Developmental & Behavioral Pediatrics, Cincinnati Children’s Hospital Medical Center, University of Cincinnati College of Medicine; Independent Consultant



## CHALLENGES FACED BY THOSE WITH HIGH SUPPORT NEEDS

Individuals with high or complex needs often face systemic barriers to accessing healthcare.<sup>151</sup> Service delivery, diagnosis and mental health support may be severely lacking as primary care providers may not be knowledgeable about the healthcare needs of individuals with A/I/DD.<sup>151,152</sup>

Individuals with high support needs are still more likely to live in highly institutionalized environments.<sup>153,154,155</sup> Such settings offer little to no opportunities for self-determination, person-centered planning and/or community engagement. This may be partly due to the perception that the inclusion of those with higher or more complex needs is difficult to achieve or cost prohibitive.<sup>156</sup> Esteban and colleagues (2021) found that individuals with I/DD with high support needs who live in institutional settings have little or no opportunities to make friends.<sup>154</sup> They also find it

difficult to keep in touch with their relatives or engage in their community.

Inclusion in the community enhances adaptive behavior, self-determination and quality of life for individuals who require support.<sup>157</sup> McCarron and colleagues (2019) and Esteban and colleagues (2024) found that individuals with I/DD who have high support needs benefited more from the transition to community living than their peers with a disability but less intensive needs.<sup>154,158</sup> There were significant improvements in decision-making, community engagement and quality of life, as well as a reduction in the occurrence of maladaptive behaviors. If those behaviors occurred, they were less severe.

In this study, those with high support needs self-identify by indicating their needed support level, including 24/7, one-on-one or

high behavioral support. Fifty-seven respondents indicate high support needs. Of those, 71.9% are on waivers. The high number of those on waivers is due to most outreach being done in collaboration with organizations serving adults already receiving waiver services. However, despite high support needs, 28.1% still do not receive waiver

services. Regarding other public benefits, 63% of respondents with high support needs receive SSI, as shown in the chart at left.

Of those with high support needs, 97% live with family caregivers; 79% of those in family homes have a family member as their primary caregiver. Most caregivers are between ages 46 and 60.

When asked about work, community engagement and friendship, those with high support needs are less likely to identify as having work or volunteer opportunities; 54% report having no friends outside of family members and staff. Of those who noted they have friends, when asked if they spend time with friends, 81% said no.

| Public benefits or assistance utilized by survey respondents with high support needs |     |
|--|-----|
| Medicaid   | 75% |
| SSI  | 63% |
| SSDI   | 14% |
| Medicare   | 14% |
| SNAP (food assistance)   | 12% |
| I don't know   | 11% |
| Not currently enrolled   | 7%  |
| LIHEAP   | 4%  |
| Lifeline   | 4%  |
| Unit with rental assistance  | 4%  |
| Housing Choice Voucher   | 2%  |

\*Does not total 100% because respondents could choose more than one answer.

| Age of family caregiver (of those respondents indicating they live with a family caregiver) |     |
|---|-----|
| 18–30   | 0%  |
| 31–45   | 7%  |
| 46–60   | 62% |
| 61–75   | 29% |
| 75+   | 2%  |

**“ It feels like families are on their own as they try to figure out what happens to their children once [caregivers] are dead. It is terrifying.”**

— Survey Respondent



### Comparison Across Support Groups

Those with high support needs are more likely to be on waivers: 71.9% compared to 59.6% with moderate needs and 50% with low needs. Among individuals with high needs, 91.2% experience loneliness versus

87% with moderate needs and 81% with low needs. Regarding living arrangements, 97% of individuals with high needs live at home with family, compared to 79% with moderate needs and 71% with low needs. Individuals with high needs are also less likely to work or volunteer. See the chart below for percentages of those with different support levels receiving benefits.

| Comparison Across Support Levels |      |          |     |
|----------------------------------|------|----------|-----|
| Public Benefits                  | High | Moderate | Low |
| SSI                              | 63%  | 53%      | 31% |
| SNAP                             | 12%  | 26%      | 15% |
| SSDI                             | 14%  | 36%      | 50% |
| Not currently enrolled           | 7%   | 9%       | 15% |
| LIHEAP                           | 4%   | 2%       | 4%  |
| Lifeline                         | 4%   | 2%       | 4%  |
| Unit with rental assistance      | 4%   | 2%       | 6%  |
| Housing choice voucher           | 2%   | 0%       | 8%  |
| Medicaid                         | 75%  | 74%      | 58% |
| Medicare                         | 14%  | 34%      | 38% |
| Don't know                       | 11%  | 9%       | 4%  |

“The data from the Housing Market Analysis is a clear call to action! Intentional solutions to housing for adults with intellectual and developmental disabilities will be a catalyst for change in our community.”

— Stephanie Dailey, Programming Director  
Down Syndrome Association of Greater Cincinnati



## CHALLENGES FACED BY THOSE WITH DOWN SYNDROME

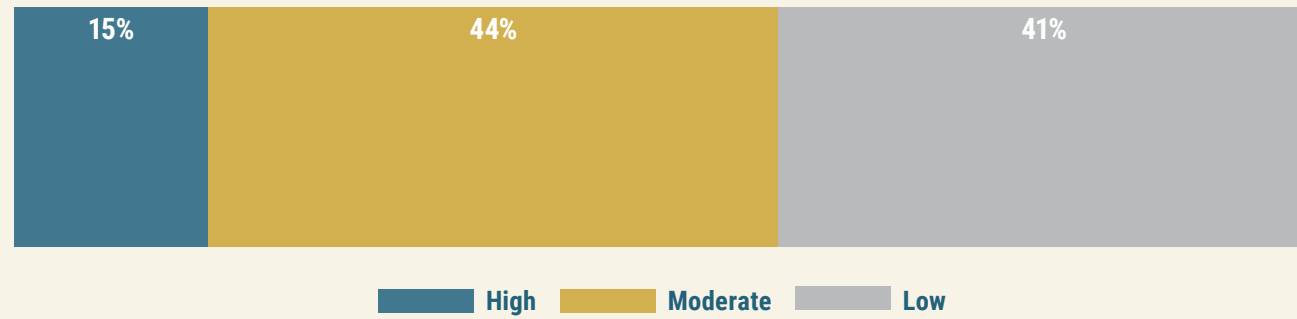
The Greater Cincinnati HMA had the highest percentage (21%) of individuals reporting a diagnosis of Down syndrome of any housing market analysis to date. This allowed for the segmentation of those with Down syndrome in the analysis of wants and needs of this population in the Greater Cincinnati area.

Down syndrome is the most common chromosomal disorder, with approximately 5,700 babies born with this diagnosis annually in the U.S.<sup>159,160</sup> and a prevalence of about one in 640 babies.<sup>161</sup> Individuals with Down syndrome often face health challenges, most notably an increased susceptibility to infection,<sup>162,163</sup> gastrointestinal disorders,<sup>164</sup> mitral valve prolapse,<sup>165,166</sup> Alzheimer's disease,<sup>165,167,168</sup> and obstructive sleep apnea syndrome. Individuals with Down syndrome experience their highest hospitalization rates in the first two years of life, unlike the general population, where hospitalizations peak at age 60 or older.<sup>169</sup> Due

to the heightened risk of co-occurring physical or mental health conditions, extensive health screenings and testing are recommended for Down syndrome families.<sup>170</sup>

Increased rates of medical disorders and diagnoses can have a negative impact on the quality of life of an individual with Down syndrome. Haddad and colleagues (2018) found that co-occurring medical conditions can negatively impact quality of life,<sup>171</sup> affecting not only individuals with Down syndrome but also their family caregivers. Higher medical and support needs often cause added burden on caregivers, increasing stress and reducing overall well-being.<sup>172</sup> **Caregiver burden**<sup>173</sup> can be significantly greater in families of individuals with Down syndrome experiencing **Down syndrome regression disorder (DSRD)**, a condition causing a loss of social, adaptive and cognitive skills.<sup>174</sup> Although burden and quality of life are highly impacted

## Identified Level of Support Needs with Down Syndrome



in caregivers of those with Down syndrome, Mohammed, Eliwa and Zaki (2020) found that the use of instrumental support and planning can increase psychological well-being, which is positively correlated with quality of life.<sup>175</sup>

### Level of Support and Service Preferences

In this study, those with Down syndrome identify the following levels of support needs. (To better understand how support needs are classified, refer to the previous section, "Identified Support Needs.")

When segmenting those with Down syndrome, most respondents report having low or moderate support needs. It is essential to note that low support needs do not necessarily mean that they have no support needs or that support levels would remain the same throughout the life course. Therefore, in providing services and support to individuals with Down Syndrome, it is important to have supports that cater to the individuals' varying levels of needs.

### Living Arrangements and Family Caregivers

A study on a cohort from the Massachusetts General Hospital Down Syndrome Program found that 71% of participants lived with a family member, 13% lived in a group home and 9% lived alone or with a **supported living coordinator**.<sup>176,177</sup> While a high number of individuals live at home, the same study also found that only 50% of respondents would like to live with a family member in the future. The top preferences for future living outside the family home were: 27% in a group home, 15% on one's own with a supported living coordinator and 14% with a roommate. See chart below for "Where do you currently live?" responses.

| Where do you live?                                  |     |
|---|-----|
| Family home   | 78% |
| Own home alone                                      | 13% |
| Own home with friends who do/do not provide support | 6%  |
| With family but at risk of homelessness             | 3%  |

| Age of family caregiver<br>(of those respondents indicating they live with a family caregiver) |     |
|--|-----|
| 18-30  | 0%  |
| 31-45  | 0%  |
| 46-60  | 37% |
| 61-75  | 56% |
| 76+  | 7%  |

Above are responses for "Age of family caregiver" for this study.

In this study, 81% of respondents with Down syndrome live in a family home, 13% live in their own home alone and 6% live in their own home with friends. The age of the family caregiver for all respondents living with a family caregiver is over 45, with 63% 61 or older.

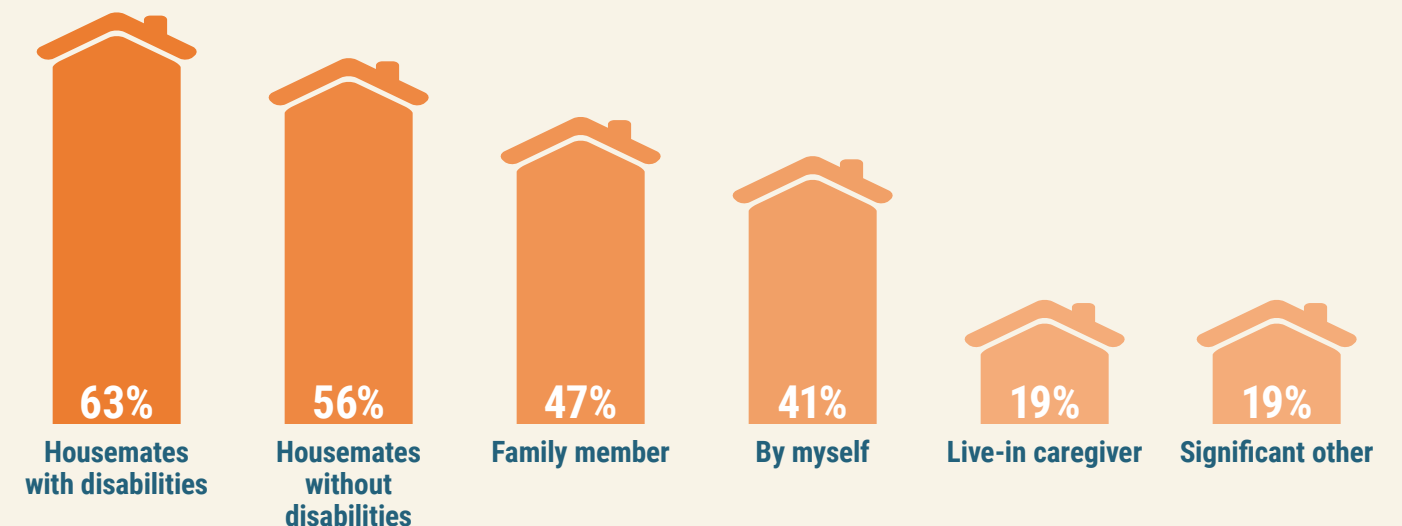
Below are results for the preferred living arrangement.

Although 81% of respondents with Down syndrome live in their family home, only 47% report wanting to live with another family member. Most respondents prefer to live with a roommate with or without a disability. An explanation for this can be seen in Haddad and colleagues' (2018) study, where they found that a lack of friends can lead to a lower quality of life for those with Down syndrome.<sup>171</sup> Having a roommate can lead to friendship.

### Loneliness and Barriers to Friendship

In this study, 63% of respondents with Down syndrome report having friends, but only 27% of those see their friends often, indicating that about 81% experience loneliness. As previously noted, lack of friends can reduce quality of life for individuals with Down syndrome. The main barriers to friendship are difficulty scheduling meetups, not knowing how to build long-term friendships and transportation issues. Lower-rated barriers include insufficient funds, hurtful relationships and anxiety about meeting new people.

### What is your preferred living arrangement?



\*Does not total 100% because respondents could choose more than one answer.

“ As one of the most critical social determinants of health, we cannot ensure a healthy community without housing security. This analysis is a vital step towards improving the overall health and well-being for those with and without disabilities.”

— Kristin Harmeyer, Community Navigator  
 Timothy Freeman, MD, Center for Developmental Disabilities



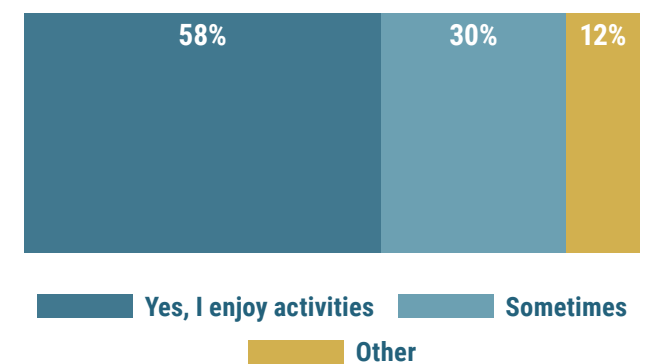
# COMMUNITY ENGAGEMENT & CHALLENGES

## Barriers to Community Engagement

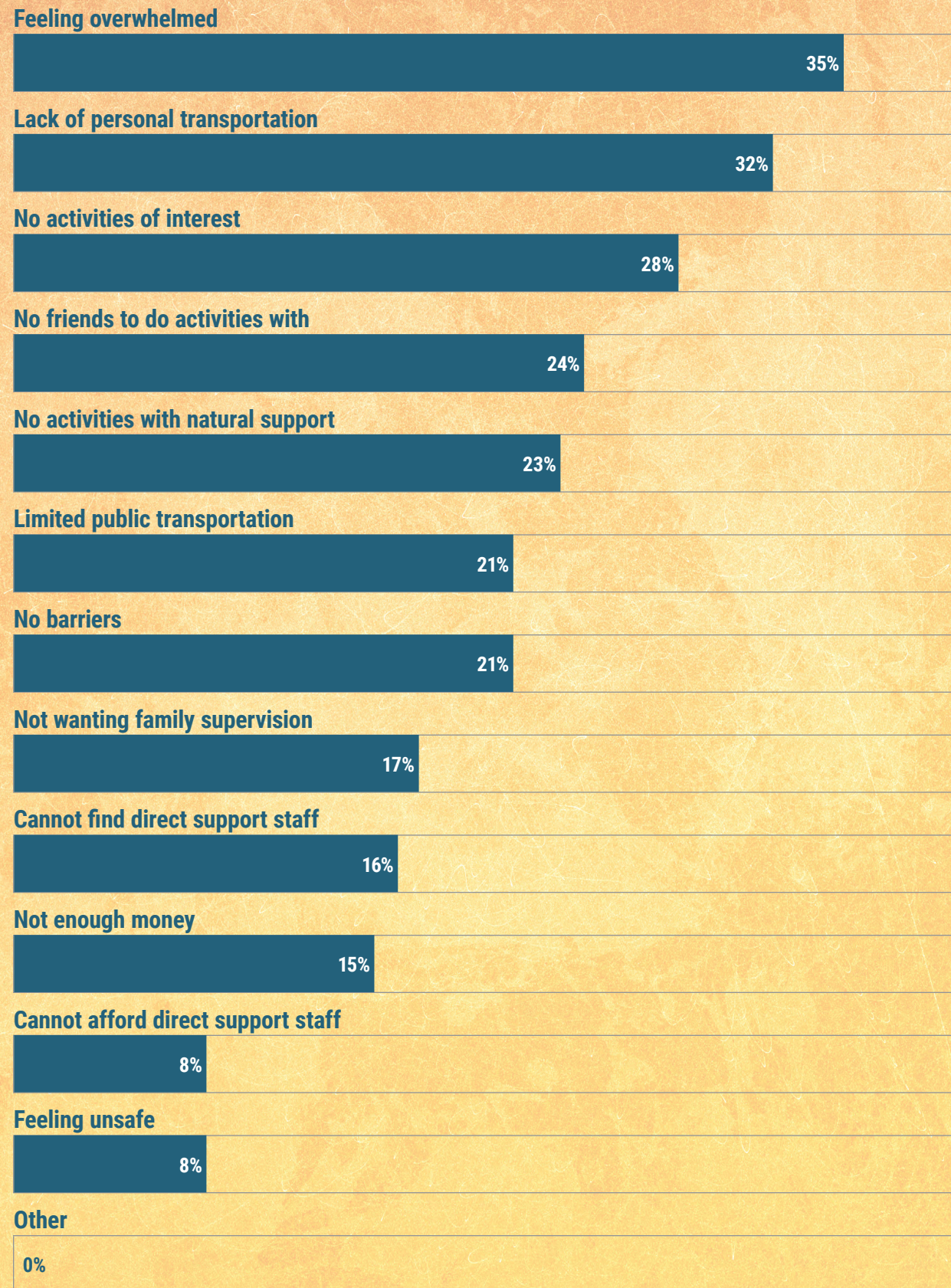
The following charts show whether participants in the survey engage in social activities in their communities. Participants were first asked if they engaged in social activities.

The distribution indicates 58% responded yes, while 30% mentioned they do but only sometimes. Of respondents who engage to some degree, 83% say they are satisfied with their community engagement; 17% express a lack of engagement. When asked about the barriers respondents face in community engagement, the most prominent barrier is that they felt overwhelmed.

## Do you engage in social activities in your community?



## Barriers to Community Engagement



## Transportation

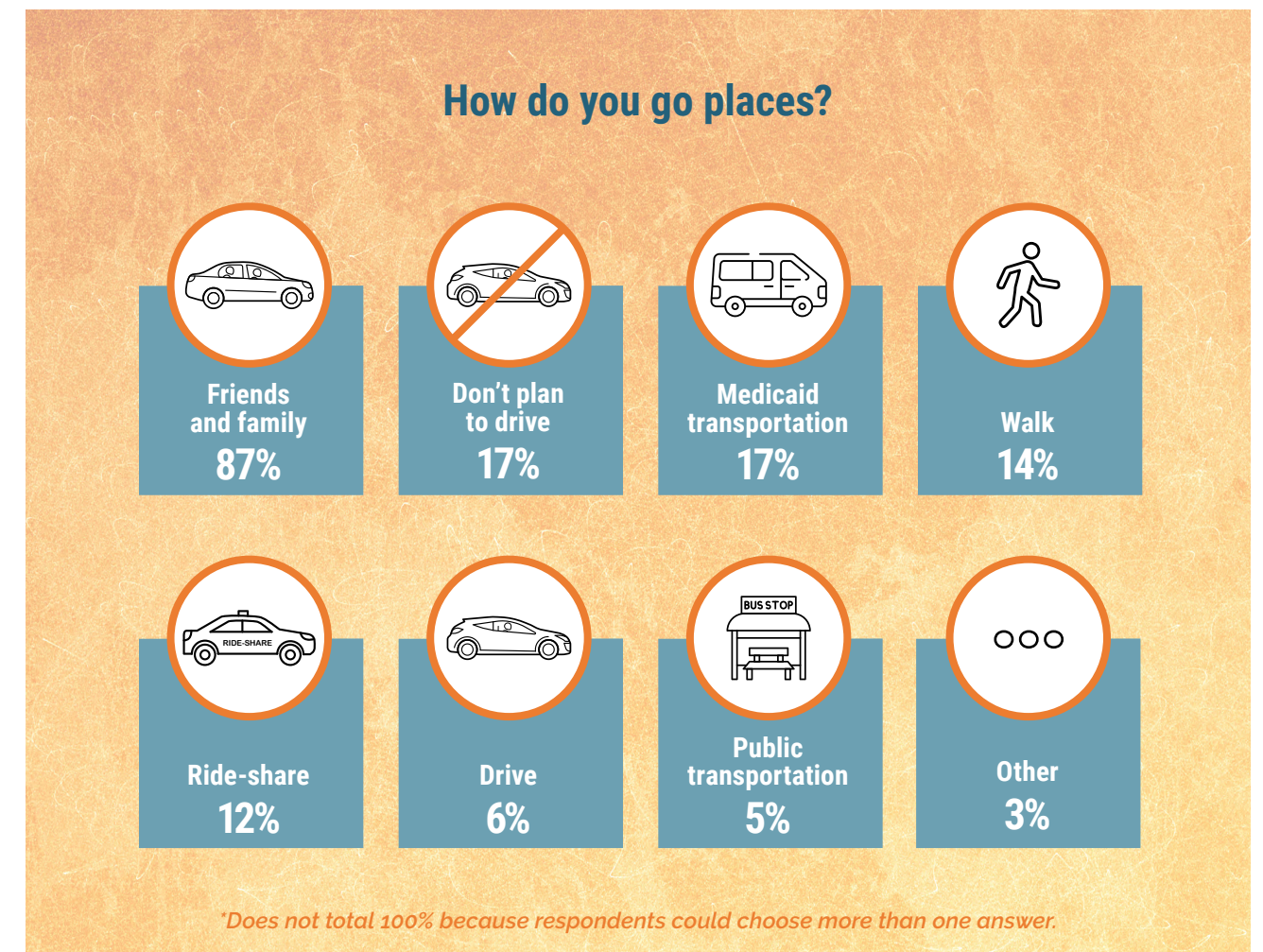
Access to transportation plays a key role in people's lives, from going to work, school, healthcare appointments and restaurants to visiting family and friends. Lack of access to transportation has been linked to increased feelings of isolation and loneliness, stress, obesity, diminished health and other adverse outcomes, as well as intensifying of other physical or mental health conditions.<sup>178,179</sup> One study found that, every year, 3.6 million people in the U.S. delayed or avoided healthcare due to lack of transportation, with about 25% of the nation missing appointments.<sup>180</sup>

Lack of transportation for people with A/I/DD also poses a unique challenge, necessitating the anticipation of transportation-related social situations, such as asking drivers, fellow

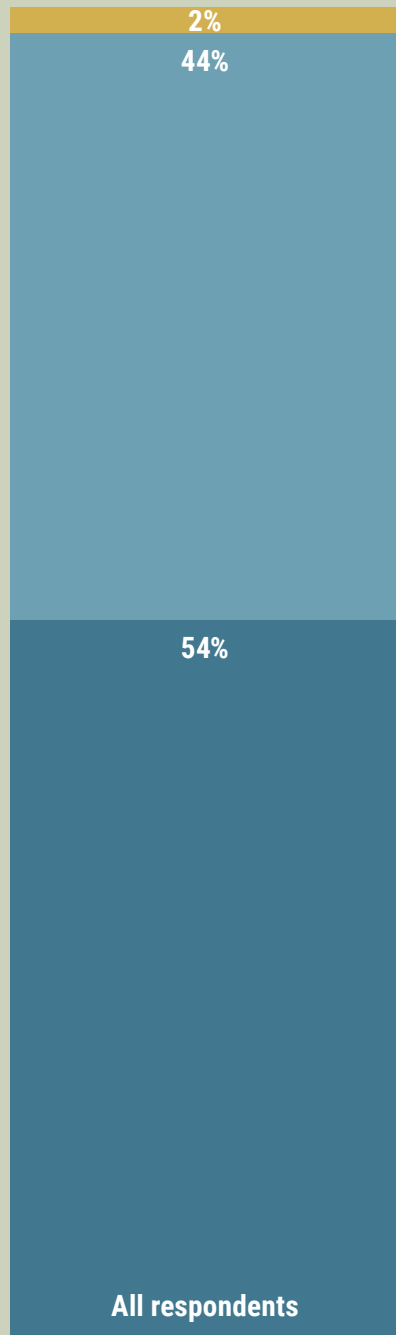
passengers, family, friends, caregivers or passersby for assistance, as well as dealing with social anxiety, loud environments, late schedules and other interactions.<sup>181</sup> Negative experiences could further impact health by influencing feelings of diminished **self-efficacy**<sup>182</sup> and self-advocacy, as well as added stress and perceived social isolation.

In the chart below, respondents were asked how they go places.

Most adults with A/I/DD rely on friends and family to go places. Medicaid covers transportation services to and from medical appointments for those who qualify. State Medicaid programs can also choose to cover non-medical, community transportation through HCBS waivers, under which transportation can be limited by geographic area



## Do you have friends?



- Yes, I have some friends
- No
- Other

and specific disability groups. For example, transportation may be provided to individuals with certain disabilities but only to locations within 20 miles of a particular area within the city. The scope, enrollment and number of trips may also be capped. The three DODD HCBS waivers in Ohio offer non-medical transportation (NMT) and transportation for those receiving a **Homemaker/Personal Care Waiver**.<sup>183,184</sup> These transportation services are only available to those eligible for Medicaid.

Self-directed transportation is also available 24/7 to those eligible for Medicaid, including on weekends and holidays, to promote independence.<sup>183</sup> It can be used to purchase prepaid cards, vouchers, tokens or passes for services like Uber, Lyft, buses and cabs. Family members, neighbors or friends can also provide transportation but must be approved through Financial Management Services. However, the number is limited.

In facilitating community engagement among adults with A/I/DD, neuro-inclusive properties would benefit from **transit-oriented developments**<sup>185</sup> or walkable locations. Emerging developments can utilize this data in the design process to seek parking variances or incorporate sheltered pick-up and drop-off areas. Transportation options to popular places in the community can also be a valuable supportive amenity.

## Drivers of Loneliness

Transportation is important because it facilitates social interaction, which evolves from a basic human need to belong through forming friendships and healthcare relationships or having a support system.<sup>186</sup> Lack of social interaction can lead to social isolation or loneliness. Though no generally accepted definition of loneliness exists, one researcher defines it as "the immediate awareness of being fundamentally separated from other people."<sup>187</sup>

Loneliness is a major public health concern that can have a significant ripple effect on one's mental health and support system.<sup>188</sup> Studies have found that children with autism have significantly fewer reciprocal relationships or friendships than their typically developing peers.<sup>189</sup> Autistic students in social interactions in the classroom and other activities are more likely to be placed at the periphery and experience more social isolation. Another study found that children who are rejected and lack friends in elementary school are more likely to be lonely in adolescence.<sup>190</sup> Stancliffe and colleagues found a correlation between social climate variables: being afraid at home or in the local community, and higher levels of loneliness in adults with A/I/DD.<sup>191</sup> Loneliness has also been associated with mental health conditions and worsening physical health challenges. Adults with A/I/DD often experience cognitive or social impairment due to their disability, making it more difficult for them to establish and maintain social connections than for their neurotypical peers.<sup>192</sup>

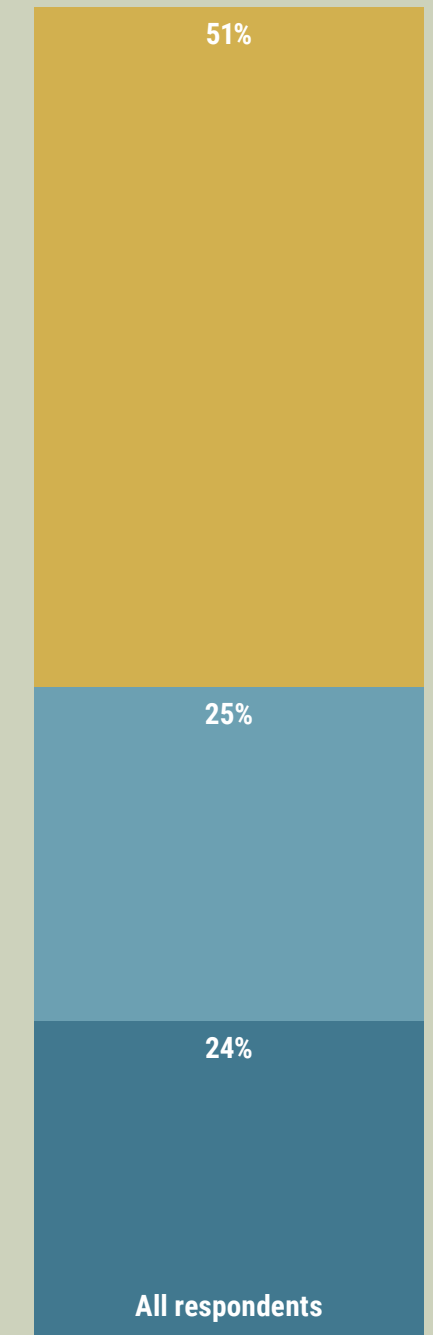
The Cincinnati Housing Market Analysis defines loneliness as the lack of having one's social needs met through friendships. Respondents were asked if they have friends beyond paid staff and family members. Then they were asked to select whether they experienced loneliness and barriers to friendship. A staggering 87% of total respondents in this survey indicate they experience loneliness.

The chart at left shows respondent answers when asked if they have friends.

Of those indicating yes to having friends, less than half visit or hang out with their friends as often as they want. See chart at right.

Out of the 84 individuals that stated they have friends. More often is classified as yes.

## Of those who have friends: Do you hang out with them as often as you want?



- Yes, I engage with friends
- No
- Sometimes

| Barriers to friendship  |     |
|---|-----|
| I do not know how to turn potential friends into long-term relationships. | 33% |
| I have a lack of transportation options.                                  | 32% |
| I have difficulty scheduling to meet friends.                             | 30% |
| I need staff support to see my friend.                                    | 30% |
| I don't know where to go to meet potential friends.                       | 26% |
| People do not understand how to be a supportive friend to me.             | 23% |
| I experience too much anxiety to try to meet new people.                  | 17% |
| No answer (plain language)  | 17% |
| I don't have money to spend on outings with friends.                      | 11% |
| I accidentally do things that have hurt friendships.                      | 9%  |
| No, I see my friends as much as I want.                                   | 6%  |

\*Does not total 100% because respondents could choose more than one answer.

Respondents indicate the top barrier to friendship is not knowing how to turn potential friends into long-term friendships. See chart at left.

Without additional support, barriers to friendship and community engagement faced by adults with A/I/DD will continue to lead to loneliness and isolation. Creating spaces and places for neurotypical adults and adults with A/I/DD to connect within the greater community and build neurodiverse relationships is critical. In housing developments, more common areas and activities can be designed to create avenues for **soft social interactions**<sup>193</sup> within the built environment (e.g., clustered mailboxes, lawn games in open spaces, pedestrian-oriented site planning, etc.). This can include supportive amenities to facilitate more significant social opportunities and engagement, such as an activity or community coordinator, as well as life skills or fitness classes.

**“Going out to hang out or do the things I want to do is hard because it depends on my mom's schedule.”**

— Survey Respondent






**“I am concerned that I will get hurt from seizures and no one will find me for a long time because I am alone.”**

— Survey Respondent

# TOP 5

All respondents concerns for the future

- 1  Loneliness
- 2  Inability to go places
- 3  Inability to find quality staff
- 4  Lack of advocate when family member passes away
- 5  Forced placement in group home or adult foster care

## Future Concerns

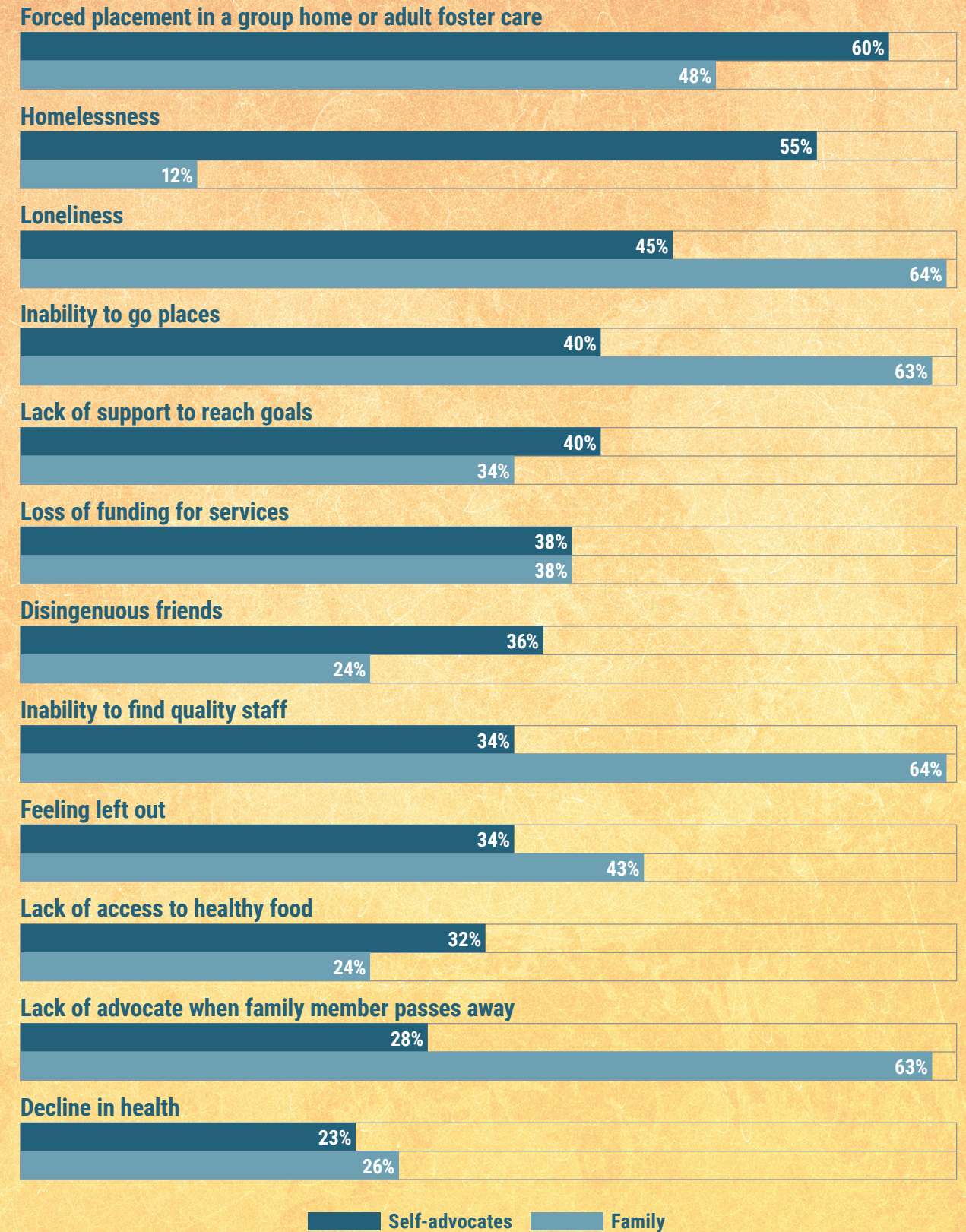
Respondents were asked about future concerns. More were concerned with loneliness, which is in line with the percentage of those experiencing loneliness. See chart on page 66.

The chart at right is a comparison between what self-advocates and family members feel are top concerns.

“I am concerned about how [public] policy will affect my ability to find employment, housing and safe spaces. I am also concerned that misinformation and disinformation may become more prevalent and harder to identify, especially related to hostility directed at disabled people.”

— Survey Respondent

## Future Concerns Comparison



“ [Sharing your opinion about where you want to live] gives people an idea of what to do to make it perfect for you.”

— Joe Kline, Self-Advocate



# HOUSING & SUPPORT PREFERENCES

Adults with A/I/DD and their families have similar desires as neurotypical tenants: safety, respect for privacy, desirable location, good neighbors and the freedom to make decisions. The sections below address respondent housing preferences for supportive amenities or features.

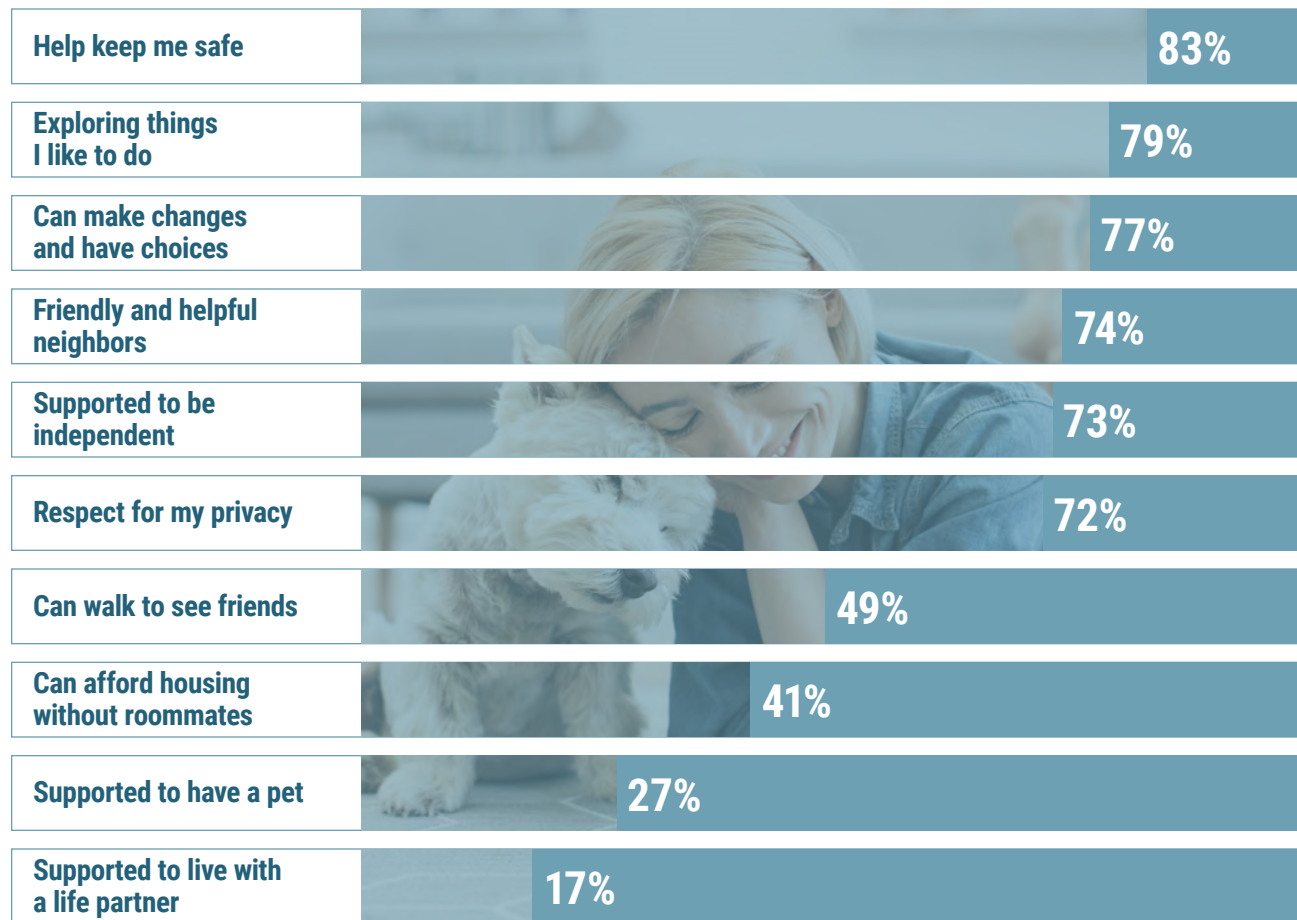
The following chart shows the hierarchy of responses in identifying what is important to respondents in a future home.

It is noteworthy that such commonplace options have not always been available to adults with A/I/DD. As noted earlier, the option to receive LTSS and healthcare services

in their community only began in 1981.<sup>5</sup> Despite the wave of deinstitutionalization that followed, little to no equivalent effort has been made to develop supportive housing options or provide rental assistance needed to make housing more affordable to adults with A/I/DD.<sup>48</sup>

Lack of housing options also means that most adults with A/I/DD must live with family or in provider-controlled settings like group homes. Provider-controlled and some **consumer-controlled settings**<sup>48</sup> may not include options such as respect for privacy, the ability to make changes to living spaces, or having a pet.

## What type of support would you like in your future home?



## Individualized Long-Term Services & Supports

When exploring housing options available to adults with A/I/DD, it is important to distinguish between service delivery models that may impact housing.

Housing and LTSS providers may or may not be connected. One can live in a provider-controlled setting where the service provider secures and maintains housing for those they serve. Another can select a consumer-controlled setting where they find and manage their preferred home and location before selecting a service provider and method of service delivery.

The same single-family home in a typical neighborhood or **planned community**<sup>48</sup> could have various LTSS arrangements individualized for residents. In the following housing arrangement example, Amanda's parents bequeathed their home; she and her housemates pay rent to a special needs trust that financially manages the home. This is a consumer-controlled setting because Amanda can change her service delivery model and/or service provider as desired and stay in her home.

### Examples of possible living arrangements and service delivery options:

A) Amanda lives with two housemates who have A/I/DD; all choose to hire the same

service provider who schedules rotating staff to meet their individual and collective needs.

B) Amanda finds a home and invites a caregiver to live with her. Amanda ultimately owns the home and can change caregivers if needed. For this report, this is known as a shared living<sup>38</sup> arrangement.

C) Amanda lives with two housemates. One of the housemates does not have A/I/DD. Amanda and her support team hire staff

through **self-direction**<sup>194</sup> and her neurotypical roommate might be paid to assist as needed. The third housemate uses a different LTSS agency that provides **remote support**.

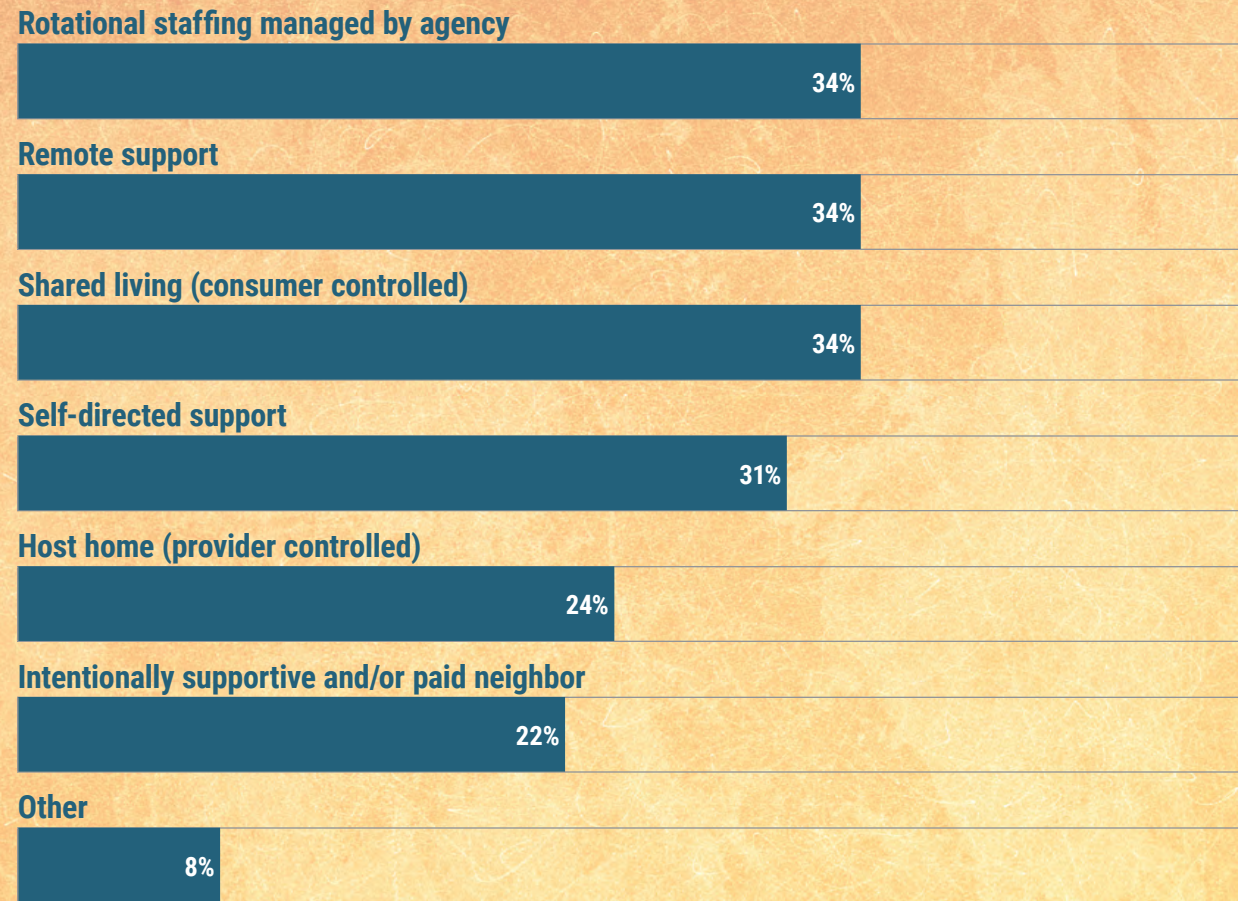
In Ohio, not all adults with A/I/DD can live in a consumer-controlled setting and access needed residential services in their own homes. This may be due to regulations, housing affordability, lack of adequate options and/or a needed level of support.

| Who do you want to control your housing? |     |
|--|-----|
| Consumer-controlled                      | 69% |
| Provider-controlled                      | 27% |
| Either                                   | 1%  |
| Unsure                                   | 3%  |

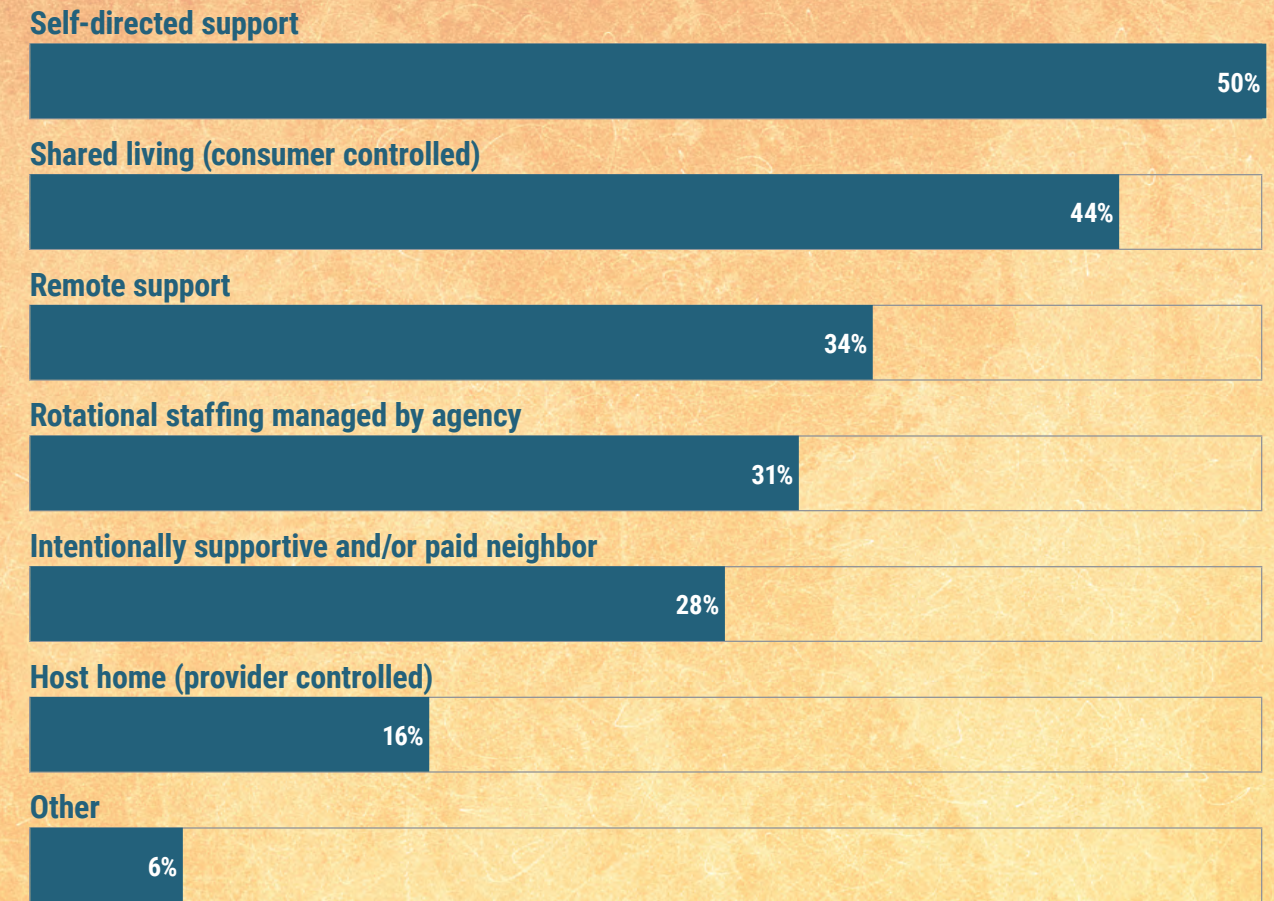
| Who do those with Down Syndrome want to control their housing? |     |
|--|-----|
| Consumer-controlled  | 78% |
| Provider-controlled  | 16% |
| Either   | 3%  |
| Unsure   | 3%  |

| Control of Housing Across Support Levels |      |          |     |
|--|------|----------|-----|
|  | High | Moderate | Low |
| Consumer-controlled                      | 61%  | 64%      | 83% |
| Provider-controlled                      | 37%  | 30%      | 13% |
| Either                                   | 0%   | 2%       | 2%  |
| Unsure                                   | 2%   | 4%       | 2%  |

## Preferred Service Delivery Model



## Preferred Service Delivery Model for Those with Down Syndrome



In this study, respondents were asked who they want to control their housing.

See the chart on page 73 regarding housing preferences of those with different support levels.

A high percentage of individuals with Down syndrome prefer consumer-controlled housing. This might relate to wanting more control over how they receive support.

### Service Delivery Models

Respondents were also asked to select ways they prefer to receive supportive services. See the chart above.

Respondents have a mix of preferences among rotational staffing, remote support and shared living. For this research, shared living is a housing arrangement where an individual with LTSS invites a provider to live with them in their own home. The provider could be a paid friend; paid family caregiver or staff recruited through an agency. This is a consumer-controlled model with individuals with A/I/DD retaining control of their housing. The consumer can request a change in service provider and not be forced to leave the home.

Above are respondents' preferred service delivery models for those with Down syndrome.

**Self-directed support** was the top choice at 50%, followed by shared living at 44% and remote support at 34%. Among all respondents, the leading options were rotational staffing, remote support and shared living. The shift for those with Down syndrome may reflect generally lower support needs. Self-directed support fosters independence by empowering individuals with the ability to choose.

Ohio is a Technology First state.<sup>195,196</sup> Technology First states promote a framework for systems change, prioritizing technology in support options to promote person-centered participation, social inclusion, self-determination and

quality of life for adults with A/I/DD. Starting January 1, 2024, Ohio Administrative Code Rule 5123-9-35 defines remote support for HCBS waivers—Individual Options (IO), Level One and Self-Empowered Life Funding (SELF)—as real-time assistance by agency staff from a remote location using live, two-way communication technologies like video, motion sensors or web monitoring.<sup>197</sup>

Remote support promotes individual autonomy and reduces in-person contact.<sup>195</sup> Provided by staff who are ready to respond from a monitoring base, remote support is unrecorded, tailored to each person's support plan, and developed with their input and that of their team, including a service administrator. Written consent from the individual and household members is required for audio/video use. Depending on personal

### Self-Directed Support

An individual who needs 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. Some states allow family members to be hired as support staff.

### Rotational Staffing

An individual who needs LTSS selects an agency that provides LTSS to recruit, hire, train, schedule and fire support staff for them.

### Shared Living

An individual with LTSS needs invites a person or family member(s) to live in their home to provide LTSS. Because private homes are consumer-controlled settings, the individual can ask their LTSS provider to move.

### Host Home

An individual with LTSS needs lives in the home of their LTSS provider. As a provider-controlled setting, the LTSS provider (host) can ask the individual to move.

### Paid Neighbor

A person who lives on the same property (but not in the same home) as an individual with LTSS needs, who can offer LTSS on a scheduled or on-call basis. This is also referred to as a resident assistant.

### Remote Support/Monitoring

When possible, an individual may have their LTSS needs met via remote service, using technologies such as video conferencing, smart-home devices and other **enabling technology**.

preference, family, friends or paid providers may provide backup support to ensure safety and independence in nonresidential settings. Kansas State University classified Ohio as an expert Technology First state because it has a statewide policy promoting technology for support and active implementation frameworks, as well as prioritizes data-driven decision-making.<sup>196</sup>

For this report, self-directed support is when an individual receiving LTSS is given a budget to spend based on their support needs. Self-direction is incorporated under the self-waiver service.<sup>36</sup> Under this model, a person receiving LTSS can choose where to live, hire staff and plan their support.

Ohio HCBS waiver programs, detailed in the LTSS section, include the IO waiver (remote support, equipment, Ohio Shared Living and self-directed transportation) and the Level One and SELF waivers (remote support and self-directed transportation).<sup>33,35,36</sup> Providers must be certified by Medicaid and DODD, with training from the remote support vendor on equipment use. Services can be offered one on one or in groups, with both paid and unpaid supports.

Ohio Shared Living is only available with the IO waiver and supports individuals residing with a family or paid caregiver, providing at least 20% of their care needs.<sup>33</sup> Up to four individuals with disabilities can co-reside, including with nondisabled roommates if desired. This service includes personal care, supervision, housekeeping, community access and up to 12 hours daily (52 hours monthly) of residential respite.

### Renting Versus Homeownership

As stated above, adults with A/I/DD are unemployed or underemployed and are more likely to rely on a fixed income such



as SSI or SSDI. At the same time, the typical rental market can be unstable for those on a fixed income or with extremely low income.<sup>77</sup> Landlords may or may not renew tenant leases. Continuous rent increases could also price out adults with A/I/DD. Individuals and families may view homeownership over as a more stable option over renting.

The chart at the bottom shows responses to renting or buying a home.

| Do you want to rent or buy a home in the future? |     |
|--|-----|
| Rent   | 46% |
| Buy  | 36% |
| Stay in current family home                      | 34% |

This question directed respondents to select all that apply.

Homeownership and rental subsidies for those who prefer to rent should be incorporated into plans to meet the housing needs of adults with A/I/DD. Only a small percentage of families could rent or purchase a home for their dependent loved one without assistance. Public housing authorities can offer homeownership vouchers to assist individuals in attaining homeownership.<sup>198</sup>

It is important to note that 38% of those who indicated they prefer to buy a home want to add an **accessory dwelling unit (ADU)**<sup>199</sup> to a current family or friend's property. For those who prefer to remain on a property controlled by a family or friend, allowing **use-by-right**<sup>200</sup> ADUs for dependent family members, individuals with A/I/DD or seniors can be a viable alternative and help increase housing options.



## Development Type<sup>48</sup>

### Bequeathed Home

The home in which a neurodiverse family currently resides is maintained as the primary residence for the adult family member/s with A/I/DD when other family members pass away or move out.

### Scattered-Site Housing

A residential unit located within the general housing fabric of a community. It is not part of a housing development that serves a specific residential market. In affordable housing circles, scattered-site housing also refers to affordable housing dispersed throughout the community.

### Planned Community

Small- or large-scale, planned property with multiple residential units and amenities that meets the targeted demand of neurodiverse tenants. Property management helps maintain housing and common spaces with the intent of making life as convenient and enjoyable as possible while supporting connection and belonging.

### Mixed-Use Community

Large-scale residential development of commercial, public and private uses with robust, curated amenities to give residents the experience of living in a self-contained community. Amenities are open to the public and may provide additional community engagement or employment opportunities.

### Cohousing

A neighborhood or apartment/condominium created by its residents. Cohousing communities typically feature private residential units, a large community center or common house with amenities and pedestrian-oriented design. The property is designed and managed by residents. Many host weekly common meals and events prepared/organized by residents.

By developing tools and housing stock to meet the needs of homeowners with A/I/DD or their families, rental subsidies can be preserved for those who prefer a consumer-controlled rental option. Incentives should be created for landowners, developers and families to drive the development of attainable rental and homeownership options. In her 2024 white paper, *Exploring the Influence of Zoning Ordinances on the Development of Neuro-Inclusive Communities*, Chenchen Zhang, The Daniel Jordan Fiddle Foundation Fellow at the First Place Global Leadership Institute, addresses the different influences that zoning ordinances have on the development of neuro-inclusive communities.<sup>201</sup> A significant economic barrier to affordable housing is the cost and time to rezone a land parcel for other purposes. Development tools can include rezoning fact sheets or other tools to facilitate housing developments.

### Unit Type

Respondents were also asked to select what unit types interest them. The chart below reflects their responses.

| What unit type interests you?                            |     |
|--|-----|
| Apartment/condo  | 57% |
| Single-family townhome                                   | 49% |
| Single-story home  | 43% |
| Accessory dwelling unit (ADU) (e.g., in-law house, etc.) | 35% |
| Multistory townhome                                      | 27% |
| No response  | 18% |
| Other  | 6%  |

*\*Does not total 100% because respondents could choose more than one answer.*

### Housing Type

Respondents were given the opportunity to learn about the benefits and considerations of various development types. Then they were asked to select what housing type they prefer. The chart below shows their responses.

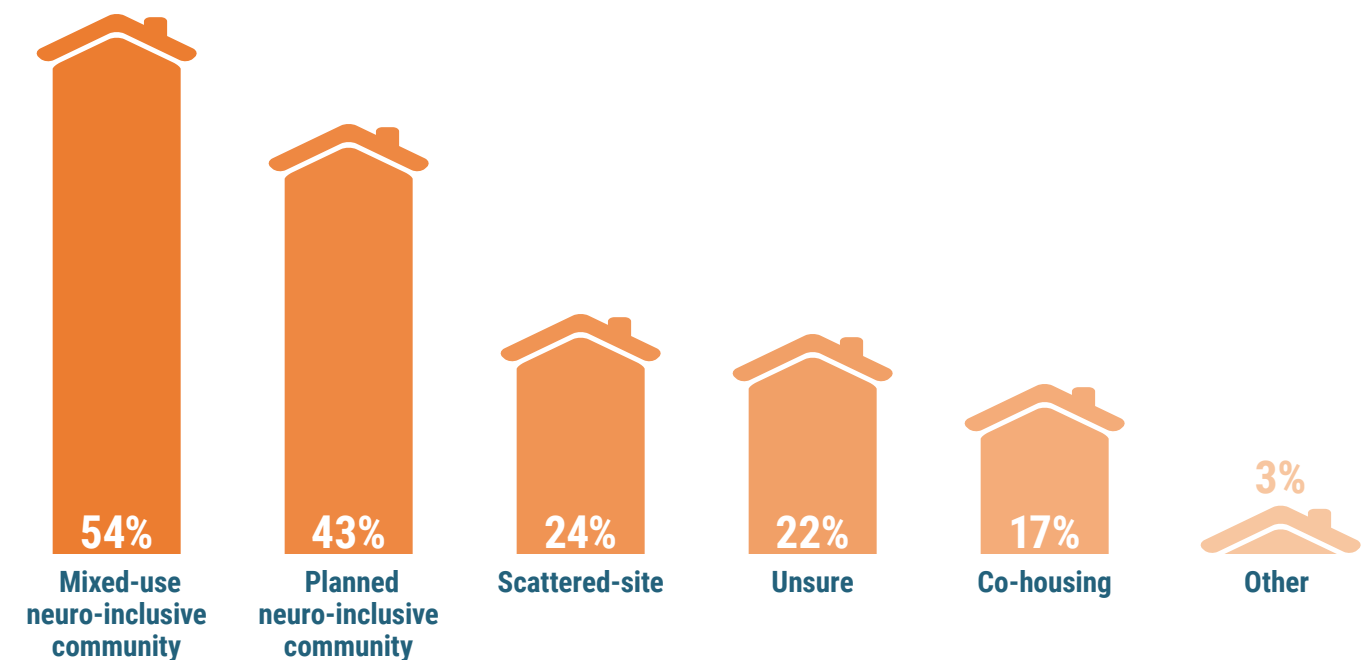
Respondents indicated they prefer both **neuro-inclusive planned community**<sup>48</sup> and **mixed-use planned community**<sup>48</sup> developments. Some reasons may be due to the availability of additional accessibility features, safety nets and supportive amenities. Neuro-inclusive planned or neuro-inclusive mixed-use planned communities are designed for the accessibility needs of adults with A/I/DD. However, everyone, including residents without disabilities, can benefit from design features or supportive amenities that make housing more accessible to this population.

### Living Arrangements

Next, respondents were asked if they would like to share their homes. Individuals with A/I/DD are often expected to live with multiple unrelated individuals with disabilities in a group setting to afford housing or access services. This may include sharing a bedroom and a bathroom with those they did not select as roommates. Nondisabled adults often experience this type of living situation (e.g., student housing) by choice during early adulthood; thus, sharing a bedroom or a bathroom should not be expected of adults with A/I/DD unless it is with a significant other or someone else of their choosing.

As discussed in the Background section, most adults with A/I/DD cannot afford fair market rent for a one-bedroom apartment in Cincinnati. However, some might be able to afford a two- or three-bedroom apartment if shared with their chosen housemates who may or may not have disabilities.

### What type of housing setting are you interested in?



*\*Does not total 100% because respondents could choose more than one answer.*

For 55% of respondents who want to live with housemates, it is imperative to create affordable housing options that meet this need. This housing option must also recognize and respect individual choice and self-agency. When planning to meet the needs of individuals with A/I/DD who may prefer to live with a housemate, best-practice strategies include same-size bedrooms in two-plus-bedroom units. Ideally, each bedroom would have its own bathroom. It is also recommended that bedrooms not share walls and there be active sound proofing in consideration of privacy and sound sensitivities of adults with A/I/DD.

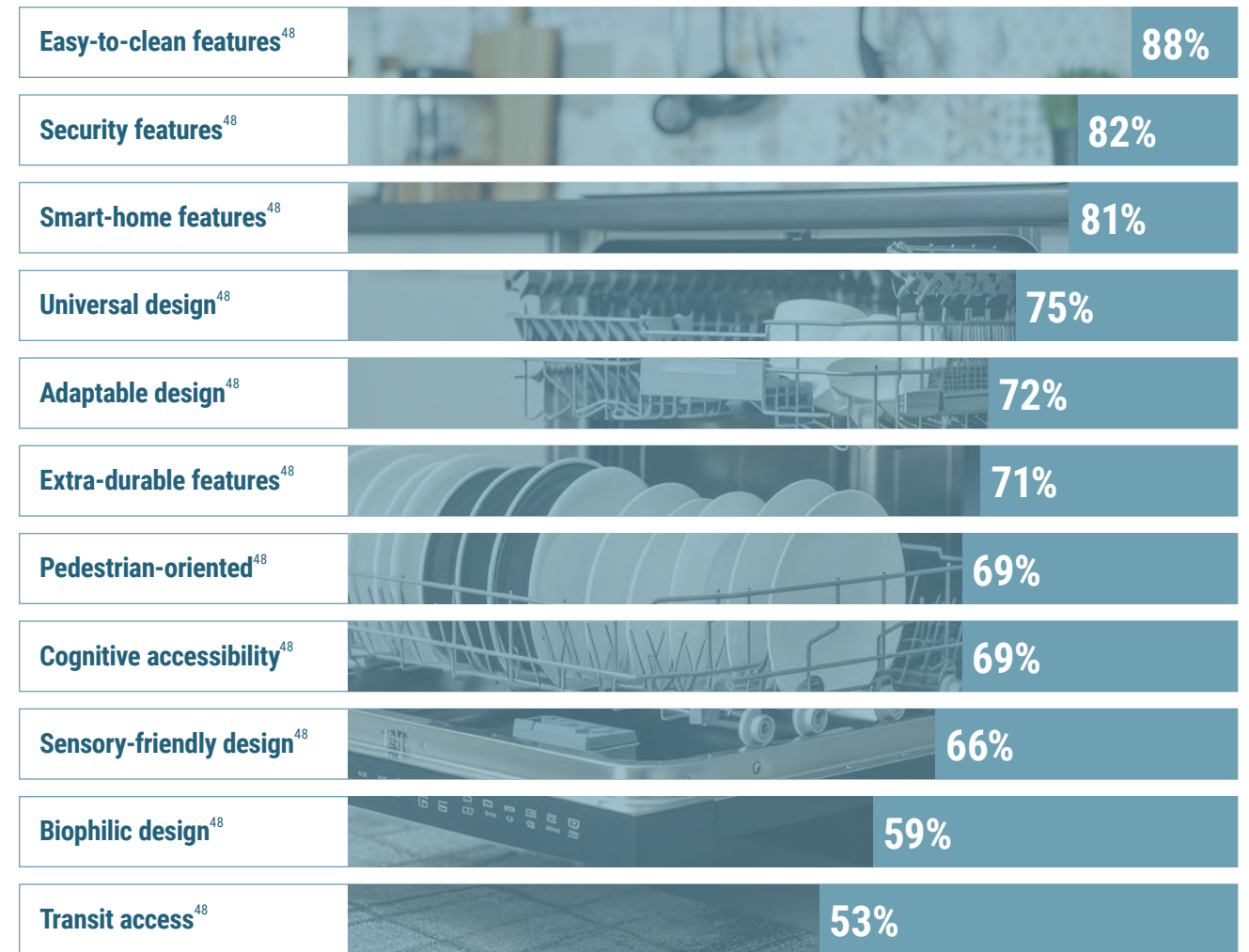
### Physical Amenities & Design Preferences

In developing housing options, it is crucial to consider home and structural features or physical amenities that could better support adults with A/I/DD and increase inclusivity and accessibility.<sup>202</sup> Environmental factors can facilitate or hinder people's inclusion in their communities and may negatively impact their health. One study found that the physical environment of young adults

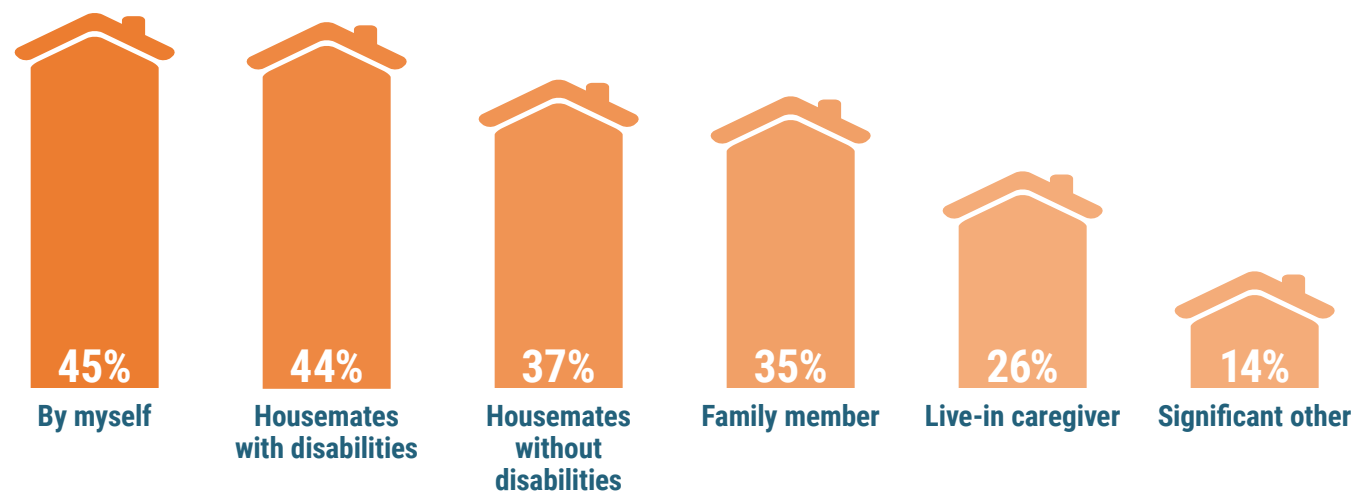
with Down syndrome impacted their socialization more than their social environment.<sup>203</sup> Elements of the physical environment included in the study were public transport, cultural and religious services, recreational activities and community organization. The social environment elements included social networks, prevailing local attitudes, employment services and financial resources. Those with greater access to better physical environments had higher social engagement. Therefore, providing more inclusive community environments can significantly boost social engagement.

Regarding accessibility features, people often refer to the Americans with Disability Act and the compliance measures therein for mobility devices.<sup>204</sup> However, adults with A/I/DD may not necessarily have accessibility needs related to mobility. Their accessibility needs may have a different origin of impairment often impacting safe social interaction, independent living skills, atypical sensory perception, etc. Therefore, in consideration of designing homes that are accessible to and supportive of adults with A/I/DD, this survey included asking respondents about those amenities. Respondents were asked to rate

### What type of physical amenities would be important?



### Who would you want to live with?



*\*Does not total 100% because respondents could choose more than one answer.*

the importance of certain physical features in their future homes.

The percentages in the chart above are those of respondents who indicated that the following physical amenities are important or extremely important when considering housing.

See the chart on page 83 for preferences across support levels.

These physical amenities can be tailored to accommodate aging-in-place and encourage the multiuse of spaces. Building amenities listed in the chart above within the

community's fabric may be more cost effective than making modifications as people age. Physical amenities can also benefit everyone in the community, regardless of whether they have a disability. Just as curb cuts required by the ADA make navigating sidewalks easier for those with mobility issues, they also serve as a convenience for those with a stroller, suitcase or grocery cart.

One way the state can incentivize developers to incorporate these physical amenities is through its **Qualified Allocation Plan (QAP)**.<sup>205</sup> The QAP also details the steps developers can take to apply for Low-Income Housing Tax Credits (LIHTC).



## Supportive Amenities<sup>48</sup>

### Community Navigator

A front desk and/or designated person in the building who can help residents connect with the community or problem solve.

### Life-Skills Training

Independent living classes such as cooking, budgeting, time management, etc.

### Community Life

Planned social activities or organized weekly gatherings based on resident interests.

### Resident Assistant

A front desk and/or designated person in the building who can help residents connect with the community or problem solve.

### Meal Service

Option to purchase prepared meals from an on-site restaurant, café, dining hall or meal plan.

### Benefits Counseling

Assistance in understanding and navigating government programs and/or privately funded savings programs without legal/financial advice or case management.



Under the LIHTC program, the Internal Revenue Service allocates nonrefundable tax credits to state housing finance agencies. The basic federal requirement for awarding the credit is that recipients must commit to providing low-income housing.<sup>206</sup> However, state financing agencies have discretion in determining qualified recipients. In return for the tax credits, developers must set aside at least 20% of units for low-income households or 40% for households earning 60% or below AMI. Rent for these units must not exceed 30% of qualifying income, depending on the rate chosen in the project's QAP.<sup>207,208</sup>

The LIHTC program surpasses all other public programs in creating affordable rental units<sup>209</sup> and has financed about 50,000 units annually since 2010. In 2017, the estimated foregone cost in uncollected taxes funding LIHTC was \$8.4 billion. LIHTC also supports preservation and rehabilitation of affordable housing for the elderly and people with disabilities.

The Ohio Housing Finance Agency (OHFA) administers the program. Proposed development plans with design features, such as the physical amenities in this study, can be included in the state's QAP. Extra points may be awarded to developments that incorporate neuro-inclusive features, helping expand affordable, supportive housing for adults with A/I/DD.

## Desired Physical Amenities Across Support Levels

| Physical Amenities      | High | Moderate | Low |
|-------------------------|------|----------|-----|
| Easy-to-clean features  | 89%  | 91%      | 85% |
| Smart-home features     | 86%  | 89%      | 73% |
| Cognitive accessibility | 84%  | 74%      | 50% |
| Sensory-friendly design | 82%  | 66%      | 50% |
| Universal design        | 81%  | 81%      | 69% |
| Adaptable design        | 79%  | 79%      | 60% |
| Security features       | 79%  | 85%      | 88% |
| Extra-durable features  | 77%  | 77%      | 63% |
| Pedestrian-oriented     | 68%  | 72%      | 71% |
| Biophilic design        | 65%  | 62%      | 52% |
| Transit access          | 35%  | 64%      | 65% |

## Supportive Amenities

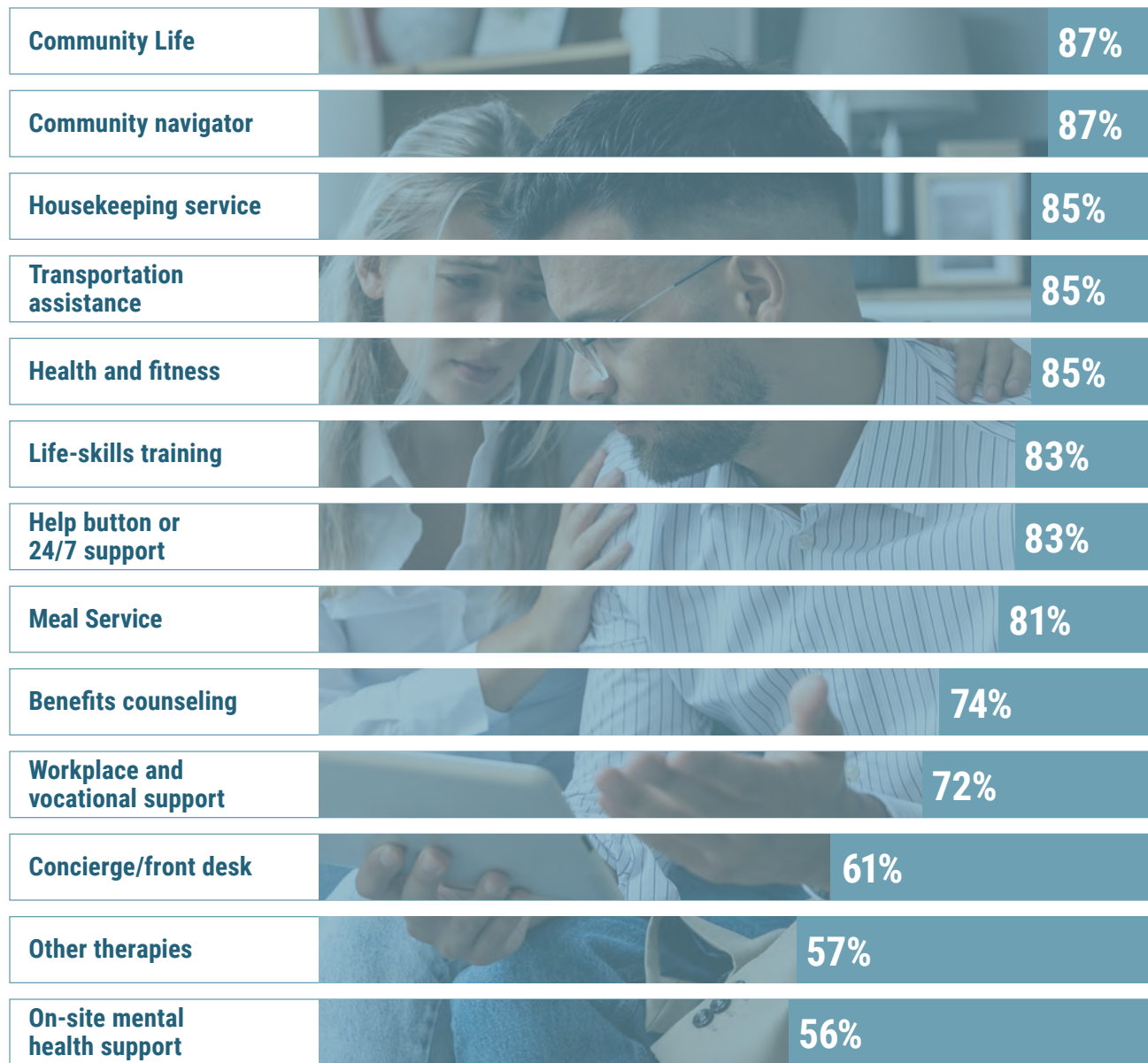
Respondents were also asked about the supportive amenities they considered important in their future homes. Supportive amenities are not the same as individualized LTSS. They could be made available to residents who live at a specific property or offer additional support that individualized LTSS providers often do not include due to Medicaid funding limitations. Supportive amenities could also offer alternative options for individuals ineligible for waiver services who need assistance to remain housed, employed and connected to their community.

The chart on page 84 lists responses to questions about supportive amenities. The percentages shown are those of respondents who indicated that the options listed are important or extremely important.

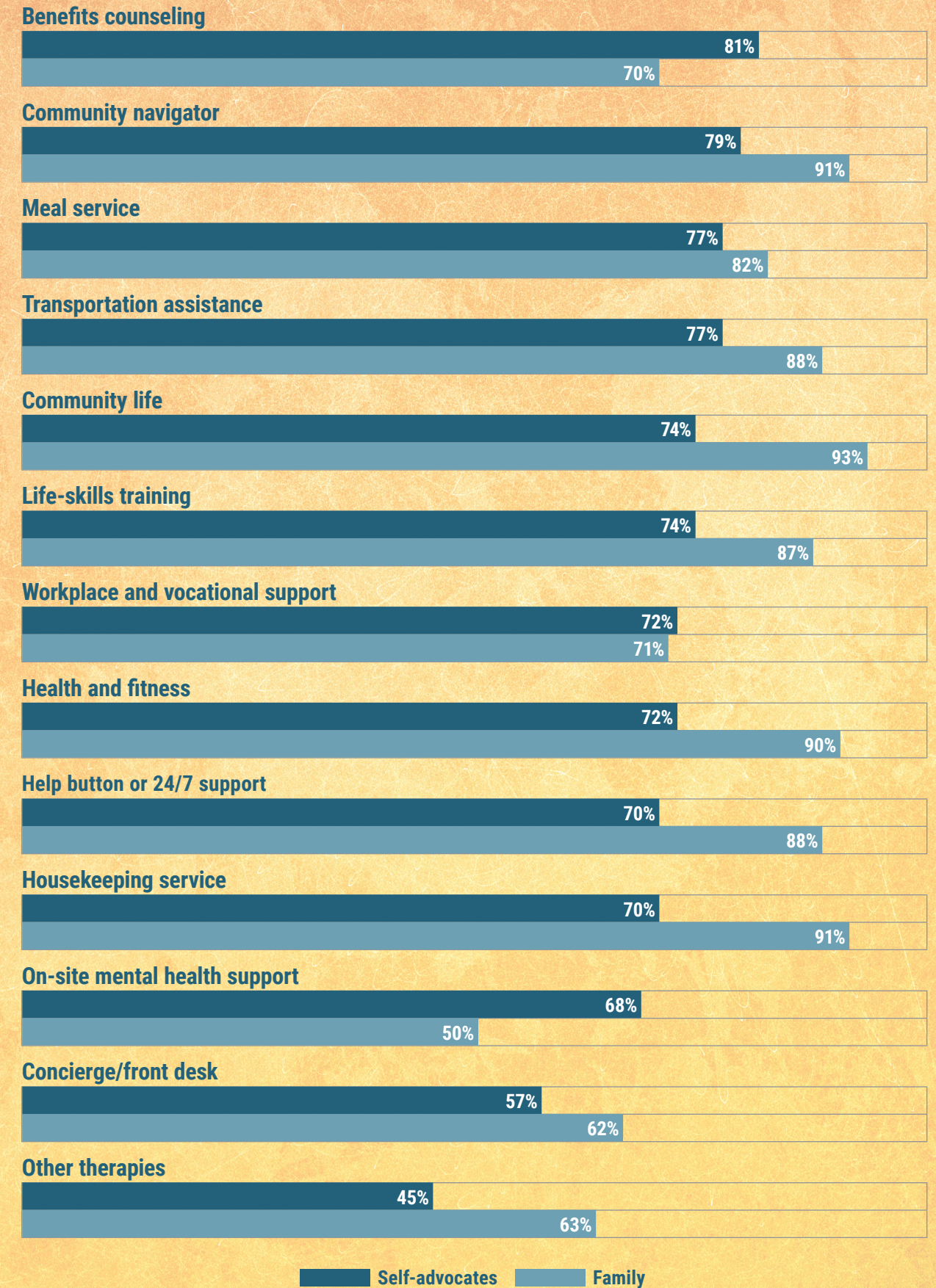
See the chart above for preferences across support levels.

It is worth noting that supportive amenities need not be provided by Medicaid, property management or housing developers. Local community-based organizations, such as EmpowerMe Living, advocacy groups and other stakeholders can also offer them. The city can incentivize organizations serving

### Would these supportive property amenities help you?



### Would these supportive properties amenities help you?



## Desired Supportive Amenities Across Support Levels

| Supportive Amenities             | High | Moderate | Low |
|----------------------------------|------|----------|-----|
| Community navigator              | 96%  | 85%      | 79% |
| Community life                   | 96%  | 94%      | 75% |
| Health and fitness               | 91%  | 83%      | 83% |
| Transportation assistance        | 91%  | 91%      | 73% |
| Life-skills training             | 91%  | 96%      | 65% |
| Housekeeping service             | 91%  | 91%      | 75% |
| Meal service                     | 89%  | 91%      | 65% |
| Other therapies                  | 81%  | 55%      | 33% |
| Help button or 24/7 support      | 81%  | 91%      | 81% |
| Benefits counseling              | 79%  | 81%      | 63% |
| Workplace and vocational support | 70%  | 77%      | 73% |
| Concierge/front desk             | 65%  | 66%      | 54% |
| On-site mental health support    | 53%  | 70%      | 48% |

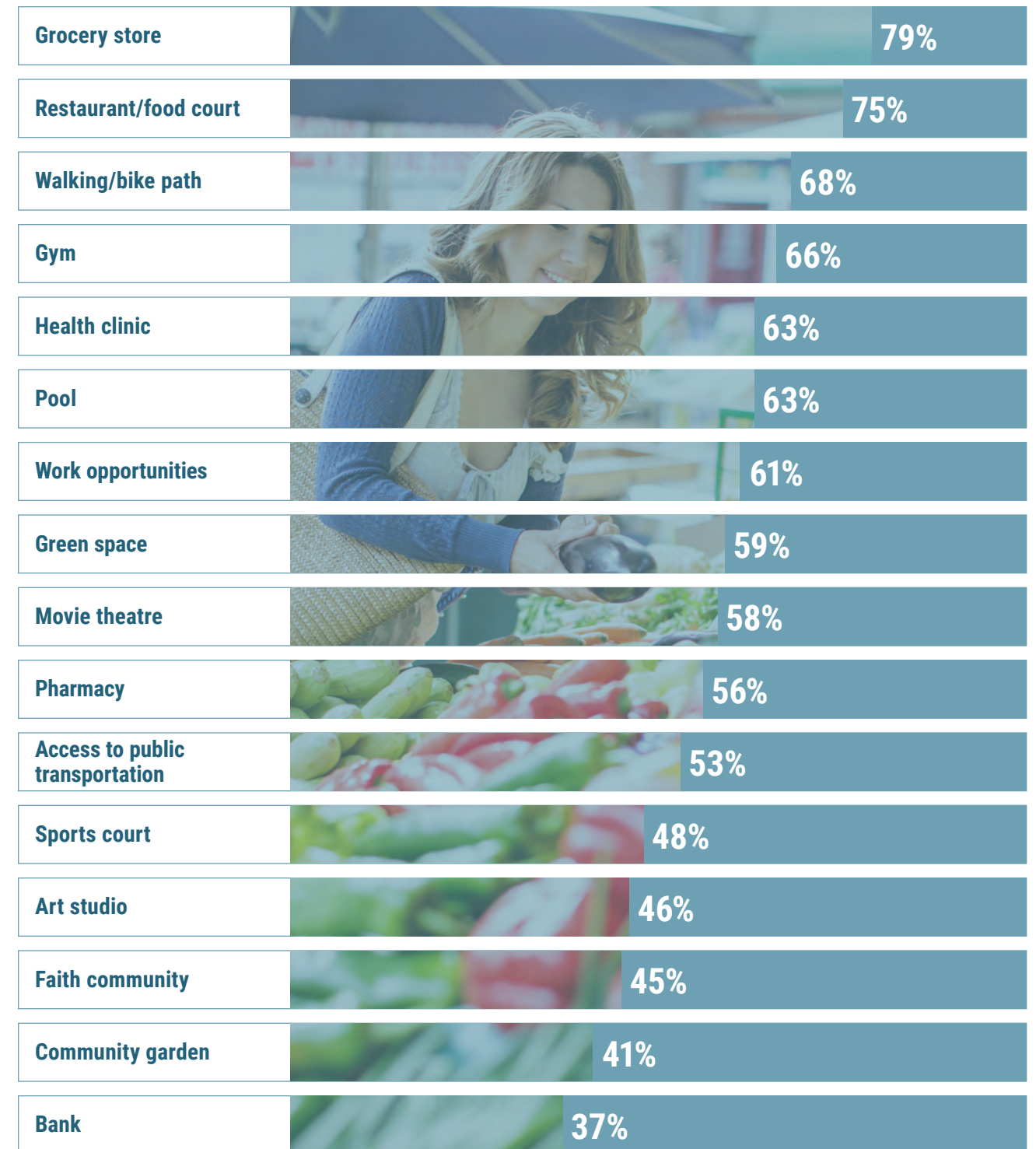
adults with A/I/DD to provide supportive amenities near affordable housing developments. Housing developers can also collaborate or partner with community-based organizations that offer supportive amenities. Residents can voluntarily opt in to receive supportive amenities. Supportive amenities can be funded within the operational budget as an out-of-pocket fee and/or subsidized through direct grants or other local sources such as Community Development Block Grants.

## Community Amenities

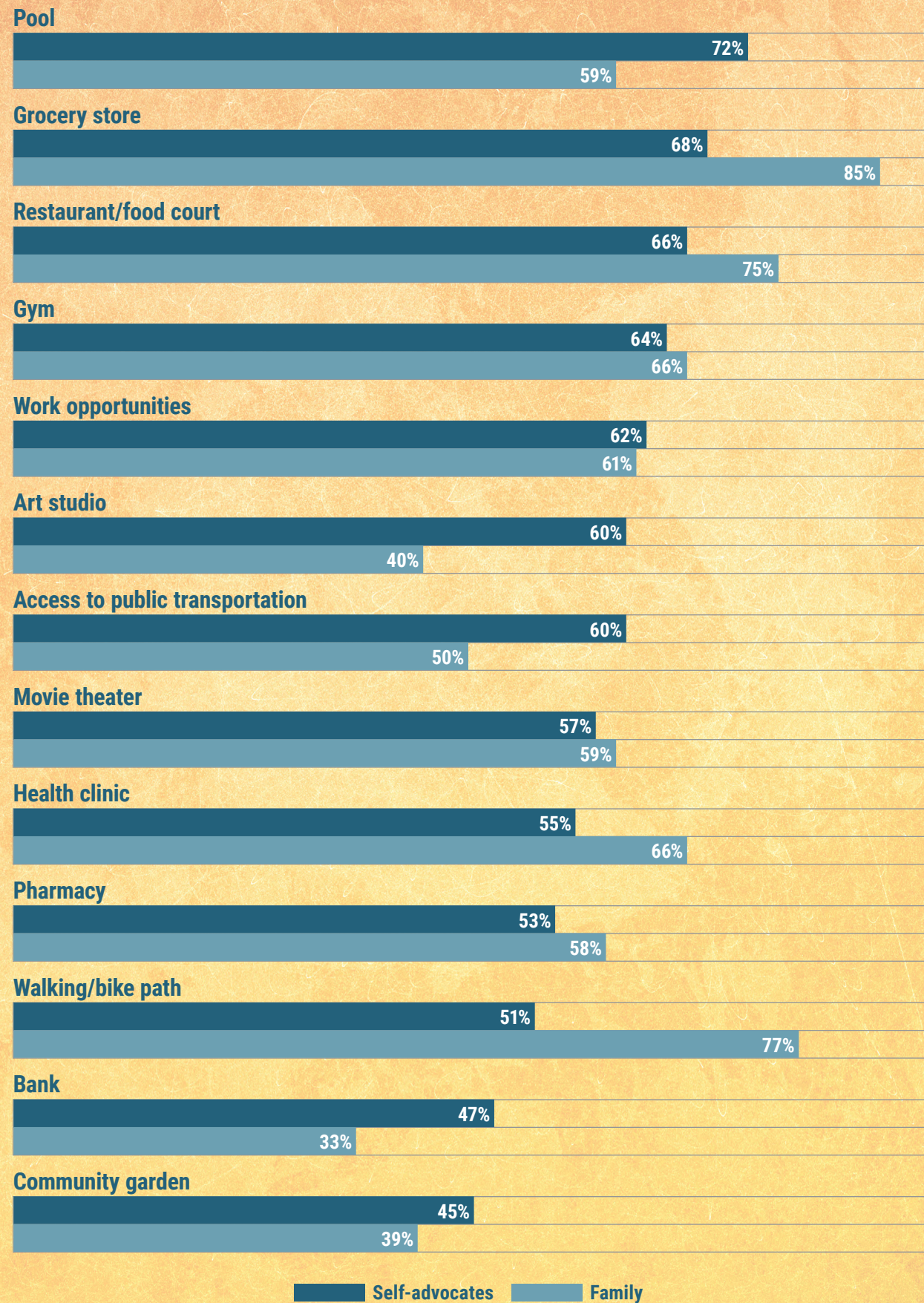
Respondents were also asked about community amenities. These are features in or near the communities where they want to live. The chart at right shows their responses.

The data were also segmented to determine which community amenities self-advocates considered important and very important compared to how family members felt. Below is how self-advocates and family members responded.

## What things would you like on the property or within walking distance?



## What community amenities would you like?



## Desired Community Amenities Across Support Levels

| Community Amenities             | High | Moderate | Low |
|---------------------------------|------|----------|-----|
| Restaurant/food court           | 82%  | 79%      | 69% |
| Grocery store                   | 79%  | 81%      | 83% |
| Walking/bike path               | 74%  | 68%      | 67% |
| Green space                     | 70%  | 55%      | 54% |
| Health clinic                   | 67%  | 64%      | 60% |
| Gym                             | 65%  | 64%      | 69% |
| Movie theater                   | 63%  | 60%      | 54% |
| Work opportunities              | 60%  | 60%      | 69% |
| Pharmacy                        | 60%  | 60%      | 52% |
| Pool                            | 58%  | 74%      | 56% |
| Faith community                 | 47%  | 51%      | 40% |
| Sports court                    | 47%  | 55%      | 46% |
| Art studio                      | 46%  | 51%      | 46% |
| Community garden                | 44%  | 43%      | 38% |
| Access to public transportation | 35%  | 66%      | 63% |
| Bank                            | 28%  | 49%      | 38% |
| Yoga/meditation space           | 25%  | 26%      | 15% |
| Dog park                        | 21%  | 30%      | 23% |



Most adults with A/I/DD do not drive, so housing developers and community planners must ensure that they can access housing in a transit-oriented location within walking distance of community amenities. Developers in Cincinnati can secure land parcels through **land banking**<sup>210</sup> or a **community land trust**<sup>48</sup> as incentives to

draw affordable housing developers. They can also rehabilitate existing properties near these community amenities. Cincinnati also has a historic structure stabilization program, which preserves vacant historic structures for reuse and redevelopment.<sup>211</sup> These tools can help drive the building of neuro-inclusive mixed-use or planned communities.

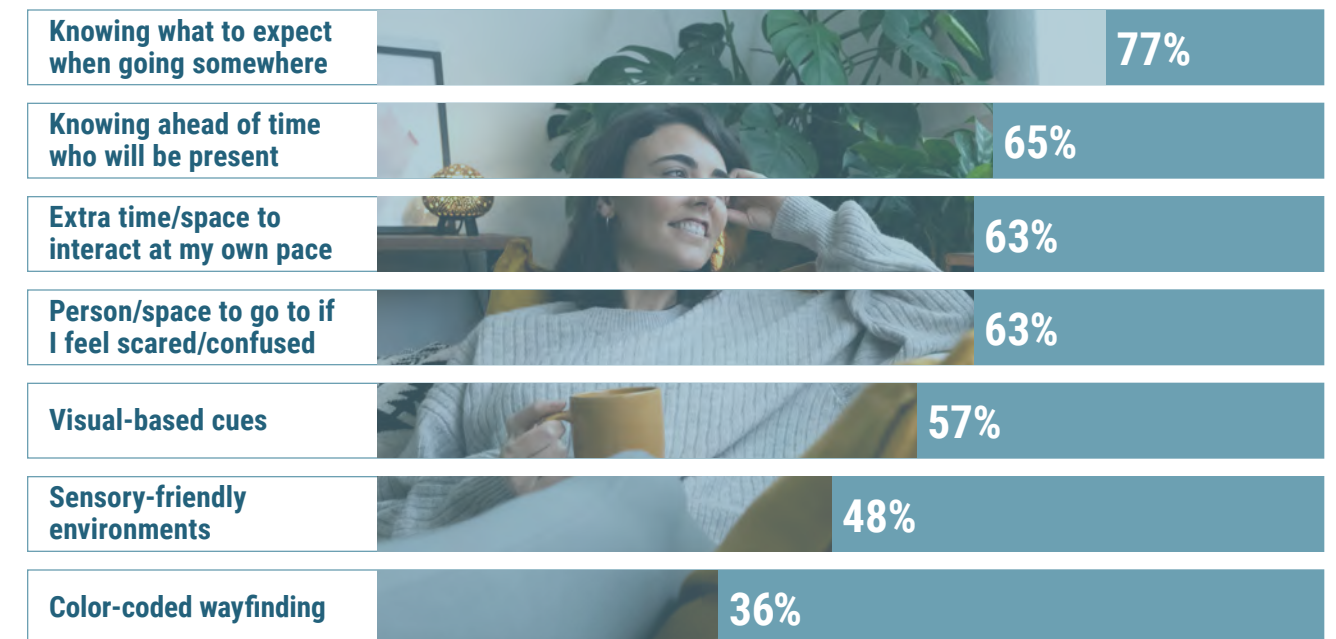
## Community Development

Respondents were also asked which accessibility features would be important when engaging in their community. The chart below shows their responses.

These accessibility features could be incorporated into community events, fairs or other public spaces to increase accessibility for adults with A/I/DD. An example of visual-based cues is pictures versus words to show what something is.

A new example of accessibility in Hamilton County is Momentum Refresh,<sup>212</sup> a fully accessible and universally designed mobile restroom with a wheelchair lift, customizable grab bars, height-adjustable sink and adult changing tables. Professionally trained staff are also available for help if an individual is confused or needs help in the restroom. Momentum Refresh is a first in the nation and can be found at major events like concerts or fairs around Hamilton County.

### How important are these elements in making community events and spaces more accessible to you?



“ Every parent wants to give their child the chance to succeed in life after [the parents] have passed. We have been hopeful in the past about well-intentioned groups unable to succeed because of the lack of support in Ohio. Hopefully we get what is needed to help make this vision come true. We firmly believe it would be beneficial for all involved.”

— Survey Respondent



# TRANSITION & FUTURE OPPORTUNITIES

The final section of the survey included residential transition programs and future opportunities. Adults with A/I/DD and their families are familiar with the term “transition.” Most families attempt various strategies to support their loved ones as they transition from childhood to adulthood.<sup>213</sup> Families utilize these strategies because many individuals with A/I/DD do not receive sufficient support from the educational system to plan for or navigate the transition to adult care.<sup>214,215</sup> Other systemic barriers, including lack of knowledge by and training of service providers, lack of capacity of service providers, long waitlists, understaffing and low reimbursement for extra care also make it difficult for adults with A/I/DD to access LTSS and healthcare for the transition out of the family home.<sup>128,216</sup>

For this study, the term “transition” program refers not to healthcare but to housing and independent living. Moving from a family

## Would you be interested in a residential transition program to help bridge the gap between the family home and independent living?

|                            |            |
|----------------------------|------------|
| Yes, even if private pay   | <b>24%</b> |
| Yes, if assisted with cost | <b>26%</b> |
| Unsure                     | <b>28%</b> |
| No                         | <b>14%</b> |
| Previously attended        | <b>8%</b>  |



home is a significant decision for neurotypical and neurodivergent young adults alike and their families. Adults with A/I/DD may have been living in the family home for years—even decades—after becoming adults, as noted in the Background section of this report.<sup>4</sup> Transitioning from the family home to living independently may be more challenging than for a neurotypical counterpart. Changing environments, daily routines, transportation navigation and the stress of leaving the stability of the family home require greater direct support for a transitional period. This is even more difficult when faced with an unplanned transition such as the death of

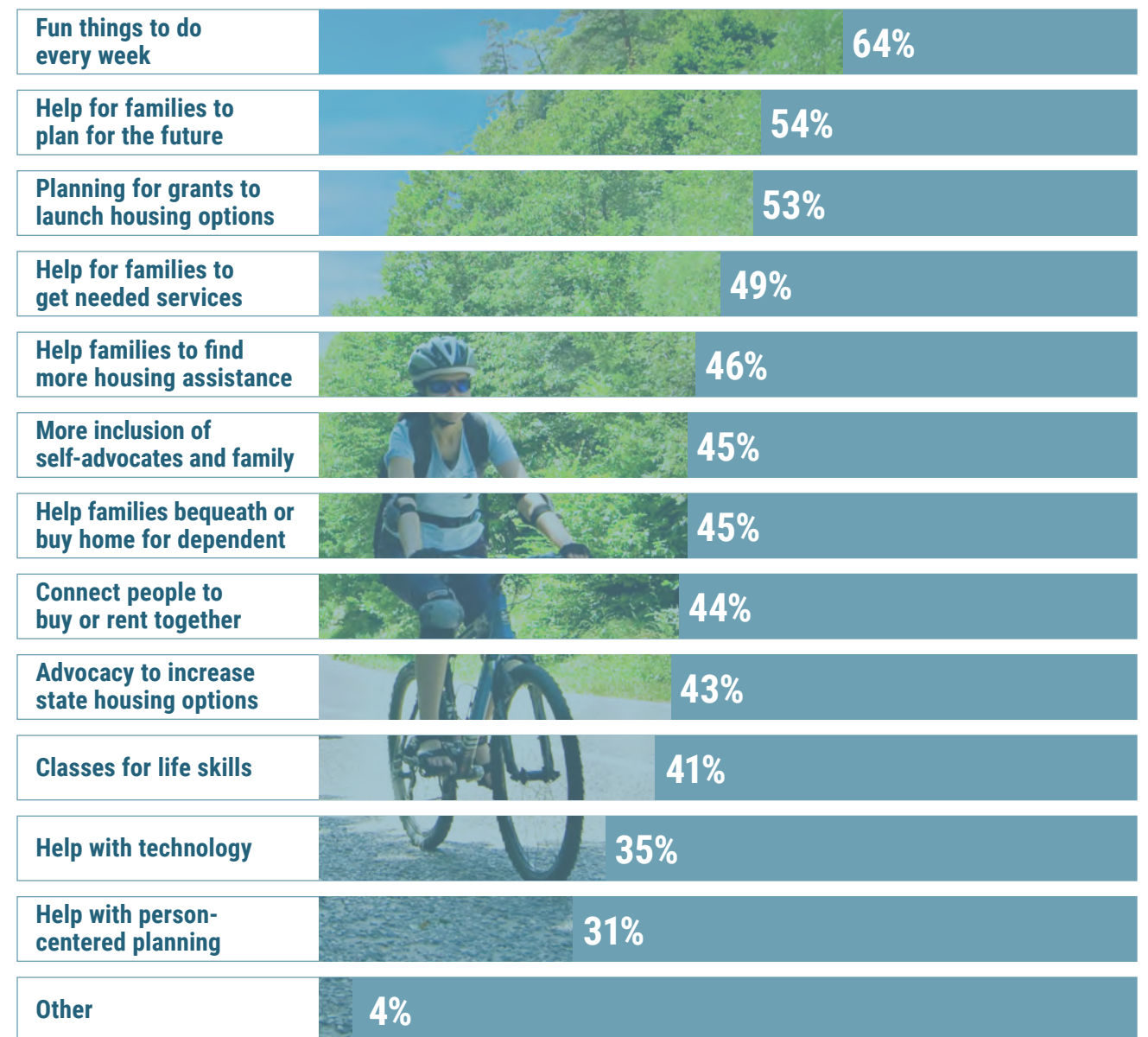
family caregiver, a parent being hospitalized, etc. Consequently, individuals with A/I/DD may need a transition program to develop skills to live more independently.

The chart on page 93 shows respondent answers about interest in or previous attendance of a residential transition program.

### Future Opportunities

Respondents were asked about desired future opportunities. Responses are listed in the chart at right.

### Desired future opportunities



“ Adults with autism and/or intellectual/developmental disabilities, like everyone else, grow and change over time so their housing options should do the same. When we offer a variety of choices and flexible supports, people can live with dignity and adjust their living situation as their needs or goals change.”

— Amanda Tipkemper, Consultant  
Amanda Tipkemper LLC  
Director of Education, Kids Thrive  
Adjunct Professor, University of Cincinnati



# RECOMMENDATIONS

## Closing the Data Gap

**Public reporting of critical data:** Track and report data on individuals with A/I/DD to include and identify those at risk of or currently experiencing homelessness.

**Improvement of transition tracking:** Collect and track data on individuals with A/I/DD, particularly those age 18 and older transitioning from youth to adulthood, to better allocate resources and prevent housing insecurity or a lapse in support services.

**Service and Support Administrator (SSA) enhancements:** Develop DODD Service and Support Administrator (SSA) tools to identify individuals with A/I/DD who have been involuntarily displaced due to the lack of affordable, accessible housing and/or are

currently living in a provider-controlled but desire a consumer-controlled setting.

**Tracking individuals with A/I/DD living with aging family caregivers:** Identify adults with A/I/DD living with aging family caregivers. Families can be segmented into individuals who meet eligibility criteria for DODD services and/or those who do not meet eligibility for DODD services or would likely not meet eligibility criteria but still have supportive housing needs.

**Understanding racial and ethnic disparities:** Work with partner agencies to determine methods for identifying households by race and ethnicity with a child and/or dependent adult with A/I/DD living in the home and whether they are housing cost burdened (spending more than 30% of income on housing).

**Collaboration and partnership to monitor data gap:** Request that Partners Ending Homelessness and members of the Homeless Services Network identify the individuals they serve who may have A/I/DD to better understand the number of unhoused individuals being overlooked.

**Housing voucher utilization:** Consider changing policy restrictions to categorize utilization rates by residents with A/I/DD currently receiving a housing choice voucher, HUD **811 Project Rental Assistance**<sup>217</sup> or other rental subsidy, public housing or permanent supportive housing.

## Long-Term Services and Supports

**Adequate funding for waiver services:** Increase funding and/or legislative action to ensure waiver services keep up with the complex needs of individuals with A/I/DD and funding is appropriated to the levels of need.

**Support for older caregivers:** Increase funding and/or legislative action to make waiver services available to all adults with A/I/DD living with a caregiver over age 60 and to those at risk of displacement into provider-controlled or more restrictive settings than needed.

**Services and supports for ineligible adults:** Establish a funding pathway or program to identify those at risk and prevent homelessness among adults with A/I/DD deemed ineligible for services but in need of case management and scheduled drop-in support. Examples include the Minnesota Housing Access Program.<sup>218</sup>

**Housing navigation services as part of DODD services:** Consider adding housing services available in other states for waiver recipients to explore, secure, transition to and maintain tenancy in housing. These include pre-tenancy supports, lease clarifications, housing stabilization services, transitional housing services and tenancy-sustaining services.<sup>219</sup>

**Expand the Rental Assistance Program (RAP):** Expand funding and increase the capacity of the RAP program to house adults with A/I/DD currently living in institutional settings but interested in moving from provider-controlled/more restrictive to consumer-controlled/less restrictive settings.

- Evaluate the program to determine who is served and related outcomes. Once they are approved for other HUD vouchers, track data on transition to permanent housing.
- Identify the number of adults with A/I/DD served in these programs who move into permanent supportive housing.

**Long-term viability:** Create a separate budget line with adequate funding for house managers of people with self-direction budgets to ensure that self-directed homes are effectively established, adequately staffed and sustainable after parents can no longer provide such support.

**Supportive amenities in housing developments:** Establish a funding stream to support community-based organizations in providing supportive amenities within housing developments.

**Awareness campaign:** Create an awareness campaign to help individuals, families and caregivers with A/I/DD better understand services and supports that may be available to help meet their current and future needs.

## Rental Subsidies and Affordable Housing Choices

**Prioritize individuals with A/I/DD in applications for rental assistance.** Prioritize low-income individuals with A/I/DD and/or those receiving DODD waiver services for local metropolitan housing authority waitlist applications.

**Create housing assistance programs for individuals with A/I/DD regardless of Medicaid eligibility.** Public housing authorities can create housing assistance programs that meet the housing needs of those

diagnosed with A/I/DD without relying on Medicaid eligibility.<sup>10</sup> Such programs can be modeled after the federal **Housing Options for Persons with AIDS (HOPWA) program**.<sup>220</sup>

**Expand HCV homeownership.** Expand the housing choice voucher program to include homeownership and prioritize applications for adults with A/I/DD.

**Fund housing navigation services regardless of Medicaid eligibility.** Develop and/or provide funding for accessible housing navigation services for low-income adults with A/I/DD to guide them through the complex process of securing affordable housing.

**Fund benefits navigation.** Develop and/or provide funding for accessible benefits navigation services for low-income adults with A/I/DD, regardless of Medicaid eligibility, to guide them through the complex process of securing and maintaining public benefits.

**Expand 811 funding applications.** Promote collaboration among DODD and public housing authorities to apply for additional 811 funding and other housing subsidies to increase access to housing for adults with A/I/DD at risk of displacement or homelessness.

**Educate landlords to address sources of income discrimination.** To prevent unintended sources of income discrimination with HCVs, offer educational opportunities to landlords,

property managers and developers to help them better understand how individuals with A/I/DD access their LTSS, what they provide as potential tenants, and their unique financial and legal arrangements.

**Increase housing stock.** Prioritize the housing needs of adults with A/I/DD in existing housing programs and community block grants by incentivizing developers to build housing developments with neuro-inclusive design elements and set aside units for adults with neurodevelopmental disabilities.

**Promote resources to help individuals purchase homes.** Request that Ohio assist families with tax credit programs to buy a home for a dependent loved one with A/I/DD.

**Modify zoning ordinances.** Modify zoning ordinances to allow for the addition of an ADU or microhome communities as a “**use by right**” on property that will house a dependent adult with A/I/DD; offer planning grants and waive fees associated with requesting approval.

## Increase the Development of Neuro-Inclusive Communities

**Include individuals with A/I/DD in city development plans.** Include autism and other I/DD in reports on county, city and state health needs assessments. Explore action plans to ensure inclusion of individuals with A/I/DD in organizations that serve them in community development efforts. This includes prioritizing individuals with A/I/DD within the Qualified Allocation Plan to incentivize developers to create affordable, neuro-inclusive housing.

**Expand funding sources for housing development.** Develop a funding source and/or incentives or expand existing funding sources, such as the **Community Capital Assistance Program (CCAP)**,<sup>105</sup> to support the new construction or rehabilitation of residential and nonresidential community settings that incorporate universal and neuro-inclusive design elements. This includes removing regulations on the CCAP to allow for the construction of new housing, including ADUs or tiny homes, for adults with A/I/DD who want to live independently on small properties on family plots or close to family homes.

**Clarify ambiguities in the implementation of HCBS settings.** The HCBS Settings Rule's definition of presumptively institutional should clarify that it does not exclude farmsteads or planned communities that support individual choice and access, thereby aligning with Rule (42 CFR §441.301(c)(1)(5)).

Farmsteads, planned communities and neuro-inclusive communities in which people with developmental disabilities live in their apartments within the same property or share an apartment should not be presumed to be institutional, regardless of the number of people living in the community or apartment complex, as long as:

- The property is privately owned, not provider-controlled, and is not partially or in any way provider-owned or affiliated.
- The property has private residences (apartments, ADUs or single-family homes operated under Fair Housing Laws) for residents. This includes:
  - A lease agreement that complies with Ohio's Fair Housing Laws
  - Lockable doors

- Resident control of who enters their private residence; they may have visitors at any time
- Resident control of how their private residence is decorated
- Resident control of whether they have roommates
- Residents can choose from a variety of service providers that deliver services directly to their homes.
- Residents have full access to their broader communities.
- The setting does not violate the individual's **person-centered service plan (PCSP)**,<sup>221</sup> as determined by providers of the individual's choosing.
- Residents who want to live independently can choose to reside in these communities, out of other housing options that include non-disability-specific settings and have options for a private unit.
- The communities or properties ensure individual rights of privacy, dignity and autonomy.

### **Clarify ambiguities in the implementation of Ohio Codes on the HCBS Settings Rule.**

Farmsteads, planned communities and neuro-inclusive communities in which people with developmental disabilities live in their apartments within the same property or share an apartment should not be prohibited because they support more than four people living with developmental disabilities, as long as:

- The property is privately owned, not provider-controlled as defined in the Ohio Code, and not partially or in any way provider-owned or affiliated.
- The property has private residences (apartments, ADUs or single-family homes operated under Fair Housing Laws) for residents. This includes:
  - A lease agreement that complies with Ohio's Fair Housing Laws
  - Lockable doors
  - Resident control of who enters their private residence; they may have visitors at any time

- Resident control of how their private residence is decorated
- Resident control of whether they have roommates
- No more than four unrelated individuals receiving waiver services share a unit.
- Residents can choose from a variety of service providers that deliver services directly to their homes.
- Residents have full access to their broader communities.
- The setting does not violate the individual's PCSP as determined by providers of the individual's choosing.
- Residents who want to live independently can choose to reside in these communities, out of other housing options that include non-disability-specific settings and have options for a private unit.
- The communities or properties ensure individual rights of privacy, dignity and autonomy.

**Support innovative pilot programs.** Request financial support from appropriations to fund and measure outcomes of several scalable pilot supportive housing developments that are consumer-controlled, neuro-inclusive planned or mixed-use communities with supportive amenities.

**Empower local solutions through technical assistance.** Using a model like the one recently launched by the Colorado Housing and Finance Authority (CHFA) in 2021. CHFA offers pre-development technical assistance grants to landowners such as local nonprofits, faith communities, local planning departments and developers to hire consultants and/or conduct feasibility activities in efforts to create local neuro-inclusive solutions.

**Incentivize public/private/philanthropic partnerships.** Educate and provide incentives to housing developers to partner with community-based organizations or service providers to build neuro-inclusive housing options or set aside units in planned developments for adults with A/I/DD.

## **Local Community Development**

**Include the needs of adults with A/I/DD in strategic plans.** In future housing and community strategic planning documents or local comprehensive plans, recognize the need for community engagement and belonging by creating accessible communities.

**Incentivize businesses to employ adults with A/I/DD.** This could be achieved by creating programs and tools to train business managers to support adults with A/I/DD.

**Combat loneliness.** Explore how to address the loneliness crisis and increase natural support systems.

**Develop transit-oriented and walkable communities.** Partner with community land trusts, such as Cincinnati's City Roots Land Trust, and/or practice land banking of properties near public transportation and/or within walking distance of grocery stores for future affordable, neuro-inclusive planned or mixed-use communities.

“This housing analysis confirms the growing crisis we see as we work with families of adults with disabilities. Our hope is that this report creates a sense of urgency for innovation in housing solutions for individuals with IDD.”

— Janet Maine and Alycia Champion  
Co-Founders, Maine Champion Coaching



## CONCLUSION

Every person deserves a life that meets—even exceeds—their needs, preferences and dreams. Like the neurotypical population, individuals with A/I/DD seek safe, stable and comfortable homes where they can be themselves, host friends and family, and access neighborhood amenities. Yet, too few affordable, supportive housing options exist.

For those living with aging caregivers, losing that caregiver is not a matter of if but when. Such a loss can threaten their housing stability, leading to trauma, a decline in health or prolonged stays in skilled nursing facilities. Adults with A/I/DD wanting to move out of their family homes face barriers like unaffordable housing and complex, underutilized benefits systems, including limited voucher availability and inadequate housing stock with essential amenities or accessibility features—elements proven to

improve social outcomes. Other factors, such as workforce shortages, demographic shifts, an aging population and increased prevalence of A/I/DD demand that policymakers expand housing and service options.

Innovative, adaptable models with physical and supportive amenities are vital for individuals with A/I/DD to thrive alongside their neurotypical peers. A continuum of options respecting personal growth and changing needs is also critical.

Thanks to the First Place Global Leadership Institute and EmpowerMe Living, the Greater Cincinnati Housing Market Analysis highlights these pressing, neglected residential needs. Addressing these needs can enhance quality of life, reduce Medicaid costs through fewer emergency interventions, and prevent displacement and homelessness through a comprehensive, data-driven approach.

“ I appreciated the attention this survey and report paid to often overlooked challenges people with disabilities have with loneliness and isolation when living on their own. Inclusive housing developments must not only provide a safe place to live but also consider how to incorporate opportunities for social connection and community engagement into the design.”

— Patrick Ober, CEO  
Ken Anderson Alliance



# GLOSSARY

| TERM   | DEFINITION   | PAGE |
|--|--|------|
| <b>811 Project Rental Assistance (PRA)</b>               | This program seeks to identify, stimulate and support successful and innovative state approaches to providing integrated supportive housing to people with disabilities. <sup>217</sup>  | 98   |
| <b>Accessory dwelling unit (ADU)</b>                     | An ADU is a small, independent residential dwelling unit located on the same lot as a stand-alone (i.e., detached), single-family home. It may also be referred to as a casita, granny flat, accessory apartment or secondary suite. It may be a converted portion of an existing home or an addition to a new or existing home. <sup>199</sup>                                    | 77   |
| <b>Achieving a Better Life Experience (ABLE) account</b> | ABLE accounts are tax-advantaged savings programs that allow individuals with disabilities to save and invest money without jeopardizing their eligibility for public benefits. <sup>146</sup>   | 51   |
| <b>Adaptable design</b>                                  | The residential unit and/or building meets the requirements of state and local codes and regulations for accessible housing. Examples include wide doors, sufficient clear floor space for wheelchairs, grab bars in bathrooms, no-step entrances and others. This is also referred to as ADA-compliant design. (ADA refers to the Americans with Disabilities Act). <sup>48</sup> | 81   |

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| <b>Administration for Community Living (ACL)</b>                    | The ACL was created based on the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose and with the ability to participate fully in their communities. <sup>53</sup>  | 22   |
| <b>Americans with Disabilities Act (ADA)</b>                        | An act of Congress enacted in March 2010 prohibiting discrimination against people with disabilities in various areas, including employment, transportation, public accommodations, communication and access to state and local government programs and services. <sup>31</sup>  | 16   |
| <b>Area median income (AMI)</b>                                     | AMI is a key metric in affordable housing. It is the midpoint of a specific area's income distribution and is calculated on an annual basis by the Department of Housing and Urban Development (HUD). HUD refers to the figure as median family income, or MFI, based on a four-person household. <sup>134</sup>   | 29   |
| <b>Autism and/or intellectual/developmental disability (A/I/DD)</b> | A/I/DD represents differences, usually present at birth, that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.<br><br>Intellectual disability starts any time before a child turns 18 and is characterized by differences with both intellectual functioning or intelligence—which include the ability to learn, reason, problem solve and other skills—and adaptive behavior, which includes everyday social and life skills. The term developmental disabilities is a broader category of often lifelong challenges that can be intellectual, physical or both. <sup>1</sup> | 7    |
| <b>Biophilic design</b>   | Design elements connect people to nature, fostering health and well-being. Examples include natural materials, green spaces and lighting schemes that change with the time of day. <sup>48</sup>   | 81   |
| <b>Caregiver burden</b>   | The physical, emotional, financial and social challenges experienced by individuals caring for a chronically ill, disabled or elderly loved one. <sup>173</sup>  | 57   |
| <b>Centers for Medicare and Medicaid Services (CMS)</b>             | CMS is the federal agency that provides health coverage to more than 160 million individuals through Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace. CMS works in partnership with the entire healthcare community to improve quality, equity and outcomes in the healthcare system. <sup>27</sup>   | 15   |
| <b>Cognitive accessibility</b>                                      | Cognitive accessibility refers to inclusive practices that remove barriers for individuals whose disabilities affect how they process information. <sup>71</sup>   | 25   |
| <b>Community Capital Assistance Program</b>                         | This program allocates state funding used to develop community housing for individuals with developmental disabilities. <sup>111</sup>   | 100  |

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| <b>Community land trust (CLT)</b>               | A CLT is a nonprofit organization governed by a board of CLT residents, community residents and public representatives who provide lasting community assets and shared-equity homeownership opportunities for families and communities. CLTs develop rural and urban agriculture projects, commercial spaces to serve local communities, and affordable rental and cooperative housing projects to conserve land or urban green spaces. The goal is to create permanently affordable homes providing successful homeownership opportunities for generations of lower-income families. <sup>48</sup> | 90   |
| <b>Corrective action plan (CAP)</b>             | CAPs outline the actions and activities proposed by the state to bring the agency and/or setting into compliance with the settings criteria submitted to CMS. As a result of the 2014 HCBS Settings Rule (see Glossary entry), states were required to develop transition plans addressing how they would comply with the Olmstead decision and meet requirements of new HCBS settings rules. CMS and ACL perform heightened scrutiny visits to identify if and when state agencies and/or HCBS providers are not meeting the requirements under the settings rules. <sup>57</sup>                  | 22   |
| <b>Cost-burdened</b>                            | Spending more than 30% of a household's income on rent and utilities. A household becomes severely cost burdened when spending more than 50% of its income on rent and utilities. <sup>77</sup>   | 11   |
| <b>Consolidated plan</b>                        | A plan designed to help state and local jurisdictions assess affordable housing and community development needs and market conditions to enable data-driven, place-based investment decisions. This plan is comprised of annual action plans that provide a summary of the actions and activities, along with federal and non-federal resources, that will be used each year to address the needs and goals specified in the plan. <sup>118</sup>   | 31   |
| <b>Consumer-controlled setting</b>              | A property where the housing provider is not connected to the LTSS (see Glossary entry) provider. Residents can choose and change their LTSS providers while remaining in the same housing. <sup>48</sup>   | 71   |
| <b>Down syndrome regression disorder (DSRD)</b> | An uncommon but serious disorder occurring in some adolescents with Down syndrome, DSRD is a loss of skills the individual had previously learned. This can be seen in activities of daily living, language, movement and/or social skills. The loss is typically sudden and can occur over a period of weeks to months. <sup>174</sup>   | 57   |
| <b>Easy-to-clean features</b>                   | The building and/or residential unit includes features that make cleaning and maintenance easier. These may include floor drains, waterproof bathroom(s), elevated cabinets, washable paint, toilets with concealed cisterns and push-panel flush system, and more. <sup>48</sup>   | 81   |

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| <b>Executive function</b>              | Higher-level cognitive skills used for control and coordination of other cognitive abilities and behaviors. Executive function is broken down into organizational and regulatory abilities. Organizational abilities include attention, planning, sequencing, problem-solving, working memory, cognitive flexibility, abstract thinking, rule acquisition and the selection of relevant sensory information. Regulatory abilities include initiation of action, self-control, emotional regulation, monitoring of internal and external stimuli, initiating and inhibiting context-specific behavior, moral reasoning and decision-making. <sup>88</sup> | 27   |
| <b>Extra-durable features</b>          | The building and/or residential unit includes extra-durable features, such as graffiti-resistant paints, unbreakable glass/mirrors, floor drains and sealed surfaces (for water play), solid-wood furniture without sharp corners and more. <sup>48</sup>  | 81   |
| <b>Graded movement</b>                 | Movement(s) whereby a person uses the appropriate amount of force to complete motor skills. Individuals with A/I/DD may use too much or too little force when performing actions such as opening a door, flushing a toilet, stepping down, etc. <sup>119</sup>   | 33   |
| <b>Group home</b>                      | A provider-controlled setting where two to six unrelated persons with disabilities share a home and are supported in their daily living activities. Residents live in this development type through private pay or Medicaid ICF/IID (see Glossary entry). <sup>48</sup>  | 31   |
| <b>HCBS Settings Rule</b>              | A federal regulation requiring states to ensure that individuals receiving Medicaid home- and community-based services (HCBS) have access to and choice in community living, services and employment. <sup>43</sup>  | 18   |
| <b>Heightened scrutiny</b>             | The process of evaluating settings that wish to receive/or are already receiving HCBS funding to ensure they meet all requirements of the HCBS Settings Rule. These requirements state that all settings receiving Medicaid HCBS funding must: provide access to the broader community, give people choice and control in their daily lives, and provide opportunities for competitive integrated employment. <sup>11</sup>  | 13   |
| <b>Homemaker/ Personal Care Waiver</b> | This waiver supports individuals' independence while also meeting their daily living needs. This includes services like self-advocacy training, implementation of recommended therapeutic interventions, medical and health services, and more. <sup>184</sup>   |      |
| <b>Host home</b>                       | An LTSS (see Glossary entry) provider's home where an individual with LTSS lives. <sup>48</sup>  | 31   |
| <b>Housing choice voucher (HCV)</b>    | The HCV program allows qualified individuals or families to pay 30% of their income toward rent at a location of their choosing and paying the remainder of rent costs. The property owner of the chosen residence must agree to rent under the HCV program. Qualified recipients include low-income families, the elderly and individuals with disabilities. <sup>48</sup>  | 11   |

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| <b>Housing Options for Persons with AIDS (HOPWA)</b>   | A program that focuses on the housing needs of individuals with AIDS. <sup>220</sup>  | 99   |
| <b>Individual Options (IO) Waiver</b>  | This comprehensive waiver is an ideal option for individuals requiring help in their home or in need different services. Some services provided by this waiver include homemaker/personal care, adult day support, Ohio shared living and various other services. <sup>33</sup>   | 16   |
| <b>Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)</b> | An optional Medicaid benefit created by the Social Security Act (SSA) to fund institutions (four or more beds) for individuals with intellectual disabilities. The SSA specifies that such institutions must provide "active treatment" as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals with intellectual and other disabilities and related conditions. Many are nonambulatory and/or have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination thereof. All must qualify for Medicaid assistance. <sup>52</sup> | 21   |
| <b>Land banking</b>  | Public or community-owned entities created to acquire, manage, maintain and repurpose vacant, abandoned and foreclosed properties. <sup>210</sup>   | 90   |
| <b>Level One Waiver</b>  | This waiver is ideal for individuals who rely heavily on natural supports and not paid support staff. Services under this waiver include community respite, non-medical transport, money management help and various other services. <sup>35</sup>  | 17   |
| <b>Lifeline program</b>  | Lifeline is a federally funded program designed to assist individuals with meeting their phone needs. It helps cover a portion of qualifying individuals' phone bills to help them maintain connections via their device(s). <sup>142</sup>   | 48   |
| <b>Low Income Home Energy Assistance Program (LIHEAP)</b>                                    | This federal program provides home energy assistance to eligible low-income households to help meet home heating and/or cooling needs. <sup>141</sup>   | 48   |
| <b>Long-term services and supports (LTSS)</b>  | A variety of support services that assist individuals with functional limitations due to various conditions and/or disabilities in their everyday life. <sup>5</sup>  | 13   |
| <b>Medicaid home- and community-based services (HCBS) waiver program</b>                     | Medicaid-funded state program that develops and distributes waivers to meet the needs of individuals who prefer to receive long-term care in their home or community. HCBS waiver programs are required to meet a variety of criteria, including: showcasing that providing waiver services will not exceed the cost of providing the same services in an institution; ensuring the protection of an individual's health and welfare; providing adequate and reasonable provider standards to meet the needs of the population served; and ensuring that services adhere to an individualized and person-centered plan of care. <sup>20</sup>             | 15   |

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| <b>Mixed-use planned community</b>                          | Large-scale residential development of various uses with robust, curated amenities providing residents with the experience of living in a self-contained town. Amenities can include parks, playgrounds, swimming pools, tennis courts, golf courses and more. <sup>48</sup>  | 79   |
| <b>Natural supports</b>                                     | Personal associations and relationships developed in the community that enhance an individual's quality of life. This can include friends, families and neighbors helping the individual with day-to-day tasks versus relying on paid staff. <sup>51</sup>  | 21   |
| <b>Neuro-inclusive planned community</b>                    | Small- or large-scale planned property with multiple residential units that meet the needs of neurodiverse individuals. Community also has recreational amenities featuring commercial properties such as restaurants and shops. Property management helps maintain housing and common spaces with the goal of making life as convenient and enjoyable as possible while supporting connection and belonging. <sup>48</sup> | 79   |
| <b>Non-elderly disabled (NED) vouchers</b>                  | Category 1 NED vouchers enable non-elderly individuals or families to access affordable housing on the private market. Category 2 NED vouchers enable non-elderly disabled individuals currently residing in nursing homes or other healthcare institutions to transition into the community. <sup>115</sup>  | 31   |
| <b>Not in my backyard (NIMBY)</b>                           | A term describing the arguments of those who oppose development in their immediate vicinity but who do not necessarily oppose similar development elsewhere. An attitude of NIMBY often stems from concerns about potential negative impacts on property values, quality of life or the environment. <sup>125</sup>   | 33   |
| <b>Ohio Department of Developmental Disabilities (DODD)</b> | Ohio's governmental department dedicated to services for individuals with developmental and other related disabilities. <sup>29</sup>   | 15   |
| <b>Olmstead v. L.C.</b>                                     | This 1999 U.S. Supreme Court decision determined that states cannot make institutionalization a condition for publicly funded health coverage unless clinically mandated. <sup>30</sup>   | 16   |
| <b>Pedestrian-oriented</b>                                  | The building and/or development is in a walkable neighborhood with intentional limits on vehicle traffic. Walkable neighborhoods can be safer for residents (adults and children) who may not recognize the hazards of crossing streets. <sup>48</sup>  | 81   |
| <b>Person-centered planning</b>                             | The process of choosing and arranging needed services and supports of an adult with A/I/DD directed by the person receiving the supports. <sup>63</sup>   | 23   |
| <b>Person-centered service plan (PCSP)</b>                  | A PCSP helps create a sustainable support system wherein older adults and people with disabilities live their lives by making informed choices, having full control of their decisions and accessing a wide variety of quality services. <sup>221</sup>   | 101  |

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| <b>Planned communities</b>          | A small- or large-scale, intentionally developed property with multiple residential units that also has recreational amenities. These communities can also feature commercial properties, such as restaurants and shops. Property management helps maintain housing and common spaces. The goal is to make life as convenient and enjoyable as possible. This development type is typically located in suburban settings. <sup>48</sup> | 19   |
| <b>Provider-controlled setting</b>  | Property where the housing provider is both property manager and LTSS provider. Residents cannot change their LTSS provider in a provider-controlled setting without moving to a different home. <sup>48</sup>  | 13   |
| <b>Qualified Allocation Plan</b>    | A document that states and some local agencies use to allocate federal low-income housing tax credits (LIHTC). <sup>205</sup>   | 81   |
| <b>Remote support</b>               | The use of technology to provide real-time assistance by a direct support provider from a remote location. This service often reduces the number of housekeeping or homemaker personal care services needed by an individual while enabling safety, privacy and independent task completion. <sup>48</sup>  | 73   |
| <b>Rental assistance program</b>    | This program provides monthly rental assistance and one-time assistance to income-eligible individuals with developmental disabilities who complete an HCV application at their local public housing authority. <sup>112</sup>  | 30   |
| <b>Security features</b>            | The residential unit, building and/or development offers security features, such as keycard access, gated access, concierge service and/or security cameras. <sup>48</sup>  | 81   |
| <b>Self-directed support</b>        | Support given to an individual based on an assessment of their LTSS. They are responsible for recruiting, hiring, training, scheduling and firing support staff. Some states allow family members to be hired as support staff. <sup>48</sup>   | 75   |
| <b>Self-directed transportation</b> | Self-directed transportation helps promote individual independence as an around-the-clock, on-demand transportation option for individuals who may otherwise be unable to get around independently. <sup>34</sup>   | 17   |
| <b>Self-direction</b>               | A model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence at home. When a person practices self-direction, they decide how, when and from whom their services and supports will be delivered. The self-direction model prioritizes participant choice, control and flexibility. <sup>194</sup>  | 73   |
| <b>Self-efficacy</b>                | An individual's belief in their ability to execute specific tasks. Such cognitive self-evaluation has a large impact on an individual's motivation, behavior and social environment. <sup>182</sup>   | 63   |

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| <b>Self-empowered life funding (SELF) waiver</b> | Under the SELF waiver, individuals are in charge of hiring and training the people who provide their services. This waiver allows individuals to exert more control over their services. <sup>36</sup>   | 17   |
| <b>Sensory-friendly design</b>                   | Accounting for the five senses and taking into account environmental factors that contribute to and prevent sensory overload. <sup>70</sup>  | 25   |
| <b>Serious mental illness</b>                    | A mental, behavioral or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activity. <sup>3</sup>   | 9    |
| <b>Shared living</b>                             | A living situation where an individual with LTSS needs invites a person or family member(s) to live in their home to provide LTSS. Because private homes are consumer-controlled settings, the individual can ask their LTSS provider to move. <sup>48</sup>   | 20   |
| <b>Smart-home features</b>                       | The residential unit and/or building includes devices, appliances and other technologies that can be customized to enhance residents' comfort, safety and independence. Examples include smart thermostats, motion detector lights and automatic stove shut-off, as well as voice- and smart-device-activated locks, lights and blinds. Also referred to as enabling technology. <sup>48</sup>                     | 81   |
| <b>Social Security Disability Income (SSDI)</b>  | Benefits paid to individuals and certain members of their family if the individual is insured; i.e., they have worked for a specific length of time and paid social security taxes. <sup>136</sup>   | 47   |
| <b>Soft social interactions</b>                  | Surface-level behaviors that reveal a list of latent variables related to personality, social and communication skills, interpersonal skills, leadership skills, decision-making skills, etc. <sup>193</sup>   | 67   |
| <b>Special needs trust</b>                       | A trust created for an individual with disability(ies) by a family member that does not impact the individual with special need's financial qualification for government programs. It is often used after the family member's passing to pay for services that improve/maintain the surviving person's quality of life. <sup>145</sup>   | 51   |
| <b>State Treasury ABLE (STABLE) account</b>      | An investment account available to eligible individuals with disabilities. STABLE accounts are similar to a 401(k) or 529 college savings account. Deposits are invested in various options chosen by the account owner. Funds in this account can be used with a STABLE card to pay for various expenses without impacting an individual's eligibility for other benefits like Medicaid, SSI, etc. <sup>147</sup> | 51   |

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| <b>Statewide Transition Plan (STP)</b>                  | In 2014, CMS finalized a rule establishing new requirements for the settings in which Medicaid home- and community-based services (HCBS) are delivered (CMS 2014a). Under the rule, states must develop implementation plans, known as STPs, and determine which providers meet the new requirements. <sup>42</sup>   | 18   |
| <b>Supplemental Nutrition Assistance Program (SNAP)</b> | A federal program providing nutrition benefits to low-income individuals and families. <sup>140</sup>   | 10   |
| <b>Supplemental Security Income (SSI)</b>               | Monthly benefits provided to individuals with limited income/resources who are disabled, blind or age 65 or older. <sup>137</sup>   | 10   |
| <b>Support brokerage</b>                                | A service whereby a qualified individual (support broker) assists individuals with their budgets to determine what services they need and helps them find a suitable provider for those services. <sup>37</sup>   | 17   |
| <b>Supported living coordinator</b>                     | A qualified individual who helps individuals navigate the complex housing system so they receive the services that best fit their needs. <sup>177</sup>   | 58   |
| <b>Supportive amenities</b>                             | Supports and features offered by a property that make life easier and/or more enjoyable for residents. Such supports include community life activities, housekeeping and meal services, etc. <sup>48</sup>  | 25   |
| <b>Transit access</b>                                   | The building and/or development is conveniently located near public transit, such as bus or light rail. <sup>48</sup>   | 81   |
| <b>Transit-oriented development (TOD)</b>               | A pilot program that provides funding to local communities to integrate land use and transportation planning with a new fixed guideway or core capacity transit capital investment. This program strives to improve public transit to address the needs of all and helps get people to jobs, school, healthcare, and visits with family and friends. <sup>185</sup> | 65   |
| <b>Universal design</b>                                 | The residential unit and/or building includes design features that most people can use regardless of age, agility or ability. It seeks to optimize accessibility and continues to evolve with advancements, including enabling technologies. Examples include lever door handles, low-height light switches, adjustable countertops and more. <sup>48</sup>         | 81   |
| <b>Use by right</b>                                     | A homeowner's right to use property and structures on their land in accordance with the zoning laws for their area. <sup>200</sup>  | 100  |

“Housing and health are inextricably connected. Expanding access to both housing and healthcare for adults with developmental disabilities is imperative.”

— Lauren Wang, M.D., FAADM, Center Director, Timothy Freeman, MD, Center for Developmental Disabilities, UC Health



# REFERENCES

|   |   |
|---|---|
| 1 | National Institutes of Health. (2021). <i>About intellectual and developmental disabilities</i> . U.S. Department of Health and Human Services. <a href="https://www.nichd.nih.gov/health/topics/idds/conditioninfo#f1">https://www.nichd.nih.gov/health/topics/idds/conditioninfo#f1</a>   |
| 2 | Cremin, K. M. (2011). Challenges to institutionalization: The definition of institution and the future of Olmstead litigation. <i>Tex. J. on CL &amp; CR</i> , 17, xi   |
| 3 | National Institute of Mental Health. (2022). <i>Mental Illness</i> . National Institutes of Health. <a href="https://www.nimh.nih.gov/health/statistics/mental-illness">https://www.nimh.nih.gov/health/statistics/mental-illness</a>   |
| 4 | Residential Information Systems Project. (2022). <i>Long-term supports and services for individuals with intellectual or developmental disabilities: status and trends through June 30, 2020</i> . University of Minnesota. <a href="https://ici-s.umn.edu/files/a6fkEiad6J/2020_risp_report?preferredLocale=en-US">https://ici-s.umn.edu/files/a6fkEiad6J/2020_risp_report?preferredLocale=en-US</a> |
| 5 | Thach, N. & Wiener, J. (2018). <i>An overview of long-term services and supports and Medicaid: Final report</i> . RTI International. <a href="https://aspe.hhs.gov/reports/overview-long-term-services-supports-medicare-final-report-0">https://aspe.hhs.gov/reports/overview-long-term-services-supports-medicare-final-report-0</a>  |
| 6 | Siporin, S. & Lysack, C. (2004). Quality of life and supported employment: A case study of three women with developmental disabilities. <i>AJOT: American Journal of Occupational Therapy</i> , 58(4): 455+   |

|           |  |
|-----------|--|
| <b>7</b>  | Mandell, D. S., Machefsky, A., Rubin, D., Feudtner, C., Pita, S., & Rosenbaum, S. (2008). Medicaid's role in financing health care for children with behavioral health care needs in the special education system: implications of the Deficit Reduction Act. <i>Journal of School Health, 78</i> (10): 532+   |
| <b>8</b>  | Shea, L. L., Miller, K. H. K., Verstrete, K., Tao, S., & Mandell, D. (2021). States' use of Medicaid to meet the needs of autistic individuals. <i>Health Services Research, 56</i> (6): 1207+ <a href="http://dx.doi.org/10.1111/1475-6773.13671">http://dx.doi.org/10.1111/1475-6773.13671</a>   |
| <b>9</b>  | Medicaid and CHIP Payment. (2021). <i>Medicaid's role in housing</i> . <a href="https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf">https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf</a>   |
| <b>10</b> | Adesoye, T. (2022). <i>The Daniel Jordan Fiddle Foundation Adult Autism Public Policy White Paper: Policy steps toward obtaining affordable and supportive housing for adults with autism, intellectual and/or developmental disabilities (AIDD) [White Paper]</i>   |
| <b>11</b> | Home and Community Based Services Advocacy Coalition. (n.d.). The Medicaid HCBS settings rule: Heightened scrutiny. <a href="https://hcsadvocacy.org/wp-content/uploads/2020/03/heightened-scrutiny-explainer-3.18.20-final-2.pdf">https://hcsadvocacy.org/wp-content/uploads/2020/03/heightened-scrutiny-explainer-3.18.20-final-2.pdf</a>  |
| <b>12</b> | Centers for Disease Control. (2023). <i>CDC releases first estimates of the number of adults living with ASD</i> . Centers for Disease Control and Prevention. <a href="http://www.cdc.gov/ncbddd/autism/features/adults-living-with-autism-spectrum-disorder.html">www.cdc.gov/ncbddd/autism/features/adults-living-with-autism-spectrum-disorder.html</a>  |
| <b>13</b> | Zablotsky, B., Black, L. I., & Blumberg, S. J. (2017). Estimated prevalence of children with diagnosed developmental disabilities in the United States, 2014-2016. National Center for Health Statistics. <a href="https://www.cdc.gov/nchs/data/databriefs/db291.pdf">https://www.cdc.gov/nchs/data/databriefs/db291.pdf</a>  |
| <b>14</b> | National Center for Health Statistics. (2023). Diagnosed developmental disabilities in children aged 3-17 years: United States, 2019-2021. U.S. Department of Health & Human Services. <a href="https://www.cdc.gov/nchs/products/databriefs/db473.htm#:~:text=2019%20to%202021,-During%202019-2021%2C%20the%20prevalence%20of%20any%20diagnosed%20developmental%20disability,and%201.65%25%20in%202021">https://www.cdc.gov/nchs/products/databriefs/db473.htm#:~:text=2019%20to%202021,-During%202019-2021%2C%20the%20prevalence%20of%20any%20diagnosed%20developmental%20disability,and%201.65%25%20in%202021</a> |
| <b>15</b> | Larson, S.A., Lakin, K.C., Anderson, L.L., Kwak, N., Lee, J.H., Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. <i>American Journal on Mental Retardation, 106</i> , 231-252   |
| <b>16</b> | National Core Indicators. (2020). <i>Data brief</i> . <a href="https://legacy.nationalcoreindicators.org/upload/core-indicators/NCI_Data_Brief_Aging_3_19_20_rev.pdf">https://legacy.nationalcoreindicators.org/upload/core-indicators/NCI_Data_Brief_Aging_3_19_20_rev.pdf</a>  |
| <b>17</b> | State of the States in Intellectual and Developmental Disabilities. (2023). <i>State profiles: Ohio</i> . University of Kansas. <a href="https://stateofthestates.ku.edu/sites/stateofthestates/files/2023-11/Ohio-6pg.pdf">https://stateofthestates.ku.edu/sites/stateofthestates/files/2023-11/Ohio-6pg.pdf</a>  |
| <b>18</b> | Benevides, T. W., Datta, B., Jaremski, J., & McKee, M. (2024). Prevalence of intellectual disability among adults born in the 1980s and 1990s in the United States. <i>Journal of Intellectual Disability Research, 68</i> : 377-384. <a href="https://doi.org/10.1111/jir.13119">https://doi.org/10.1111/jir.13119</a>  |

|           |   |
|-----------|---|
| <b>19</b> | Dietz, P. M., Rose, C. E., McArthur, D., & Maenner, M. (2020). National and state estimates of adults with autism spectrum disorder. <i>Journal of Autism and Developmental Disorders, 50</i> (12), 4258-4266. <a href="https://doi.org/10.1007/s10803-020-04494-4">https://doi.org/10.1007/s10803-020-04494-4</a>  |
| <b>20</b> | Medicaid.gov. (n.d.). <i>Home- &amp; community-based services 1915(c)</i> . Centers for Medicare & Medicaid Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html">https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html</a>         |
| <b>21</b> | McDermott, S., Royer, J., Cope, T., Scott Lindgren, S., Momany, E., Lee, J. C., McDuffie, M. J., Lauer, E., Kurtz, S., Armour, B.S. (2018). Using Medicaid data to characterize persons with intellectual and developmental disabilities in five U.S. states. <i>American Journal on Intellectual and Developmental Disabilities, 123</i> (4): 371-381. <a href="https://doi.org/10.1352/1944-7558-123.4.371">https://doi.org/10.1352/1944-7558-123.4.371</a> |
| <b>22</b> | Duckett, M. & Guy, M.R. (2000). Home- and community-based services waivers. <i>Health Care Financing Review, 22</i> (1): 123-25. <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194688/">www.ncbi.nlm.nih.gov/pmc/articles/PMC4194688/</a>   |
| <b>23</b> | Davidson, S.M. <i>Medicaid decisions: A systematic analysis of the cost problem</i> . Ballinger Publishing Company; Cambridge, MA.: 1980  |
| <b>24</b> | Carey, A.C. (2009). <i>On the margins of citizenship: Intellectual disability and civil rights in twentieth-century America</i> . Temple University Press. <a href="https://books.google.com/books?id=1h_p1C3yvY8C&amp;printsec=frontcover#v=onepage&amp;q&amp;f=false">https://books.google.com/books?id=1h_p1C3yvY8C&amp;printsec=frontcover#v=onepage&amp;q&amp;f=false</a>  |
| <b>25</b> | Appleman, L. I. (2018). Deviancy, dependency, and disability: The forgotten history of eugenics and mass incarceration. <i>Duke Law Journal, 68</i> (3), 417-478. <a href="https://www.jstor.org/stable/48563657">https://www.jstor.org/stable/48563657</a>   |
| <b>26</b> | *Conrad, J. A. (2018). On intellectual and developmental disabilities in the United States: A historical perspective. <i>Journal of Intellectual Disabilities, 24</i> (1), 85-101. <a href="https://doi.org/10.1177/1744629518767001">https://doi.org/10.1177/1744629518767001</a>  |
| <b>27</b> | CMS.gov. (n.d.). <i>About CMS</i> . <a href="http://www.cms.gov/about-cms">http://www.cms.gov/about-cms</a>   |
| <b>28</b> | Congressional Research Service. (n.d.). <i>Medicaid's federal medical assistance program percentage (FMAP)</i> . Congress.gov. <a href="https://www.congress.gov/crs-product/R43847">https://www.congress.gov/crs-product/R43847</a>  |
| <b>29</b> | Ohio Department of Developmental Disabilities. (2022). <i>DODD waiver simplification and improvement</i> . <a href="https://dodd.ohio.gov/about-us/Waiver_Redesign/2022_Simplification">https://dodd.ohio.gov/about-us/Waiver_Redesign/2022_Simplification</a>  |
| <b>30</b> | OLMSTEAD V. L. C. (98-536) 527 U.S. 581 (1999)  |
| <b>31</b> | U.S. Department of Labor. (n.d.). <i>Americans with Disabilities Act</i> . <a href="https://www.dol.gov/general/topic/disability/ada">https://www.dol.gov/general/topic/disability/ada</a>  |
| <b>32</b> | Centers for Medicare & Medicaid Services. (n.d.). <i>Home &amp; community-based services 1915(c)</i> . Medicaid.gov. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c">https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c</a>                                |

|    |   |
|----|---|
| 33 | Ohio Department of Developmental Disabilities. (n.d.). Individual options waiver. <a href="https://dodd.ohio.gov/waivers-and-services/waivers/0-io-waiver">https://dodd.ohio.gov/waivers-and-services/waivers/0-io-waiver</a>   |
| 34 | Ohio Department of Developmental Disabilities. (n.d.). <i>Self-directed transportation</i> . <a href="https://dodd.ohio.gov/waivers-and-services/services/self-directed+transportation">https://dodd.ohio.gov/waivers-and-services/services/self-directed+transportation</a>  |
| 35 | Ohio Department of Developmental Disabilities. (n.d.). <i>Level one waiver</i> . <a href="https://dodd.ohio.gov/waivers-and-services/waivers/2-level-one-waiver">https://dodd.ohio.gov/waivers-and-services/waivers/2-level-one-waiver</a>  |
| 36 | Ohio Department of Developmental Disabilities. (n.d.). <i>SELF waiver</i> . <a href="https://dodd.ohio.gov/waivers-and-services/waivers/1-self-waiver">https://dodd.ohio.gov/waivers-and-services/waivers/1-self-waiver</a>   |
| 37 | Community Access Group. (2024). <i>Brokerage support services</i> . <a href="http://www.communityaccessgroup.org/brokerage-support-services/">http://www.communityaccessgroup.org/brokerage-support-services/</a>   |
| 38 | Hamilton County Developmental Disabilities Services. (2024). <i>2024 annual report to the community</i> . <a href="https://annualreport.hamiltonddsohio.gov">https://annualreport.hamiltonddsohio.gov</a>   |
| 39 | Butler County Board of Developmental Disabilities. (2025). <i>About</i> . <a href="https://www.butlerdd.org/about/#:~:text=The%20Butler%20County%20Board%20of,directly%20provided%20by%20our%20Board.&amp;text=Founded%20in%201967%2C%20the%20Butler,make%20those%20dreams%20come%20true.&amp;text=Our%20primary%20source%20of%20funding,on%20the%20ballot%20in%202004">https://www.butlerdd.org/about/#:~:text=The%20Butler%20County%20Board%20of,directly%20provided%20by%20our%20Board.&amp;text=Founded%20in%201967%2C%20the%20Butler,make%20those%20dreams%20come%20true.&amp;text=Our%20primary%20source%20of%20funding,on%20the%20ballot%20in%202004</a> |
| 40 | Warren County Board of Developmental Disabilities. (2018). <i>2018 annual report: Dreams within reach</i> . <a href="https://www.warrencountydd.org/agency-report">https://www.warrencountydd.org/agency-report</a>   |
| 41 | Ottke, D. (2023). <i>2023 annual report</i> . Clermont County Board on Developmental Disabilities. <a href="https://clermontdd.org/wp-content/uploads/2024/04/2023-Clermont-DD-Annual-Report-2.pdf">https://clermontdd.org/wp-content/uploads/2024/04/2023-Clermont-DD-Annual-Report-2.pdf</a>  |
| 42 | Statewide Transition Plans. (n.d.). Medicaid.gov. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html">https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html</a>   |
| 43 | Administration for Community Living. (2025). <i>HCBS settings rule</i> . U.S. Department of Health and Human Services. <a href="https://acl.gov/programs/hcbs-settings-rule">https://acl.gov/programs/hcbs-settings-rule</a>  |
| 44 | Centers for Medicare & Medicaid Services. (n.d.). <i>Home- and community-based services final regulation</i> . Medicaid.gov. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html">https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html</a>  |
| 45 | Centers for Medicare & Medicaid Services. (2014). <i>Home- and community-based services</i> . U.S. Department of Health and Human Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/downloads/final-rule-fact-sheet.pdf">https://www.medicaid.gov/medicaid/home-community-based-services/downloads/final-rule-fact-sheet.pdf</a>   |
| 46 | FindLaw.com. (2024). <i>Ohio revised code title LI. public welfare § 5123.165</i> . <a href="https://codes.findlaw.com/oh/title-li-public-welfare/oh-rev-code-sect-5123-165/">https://codes.findlaw.com/oh/title-li-public-welfare/oh-rev-code-sect-5123-165/</a>   |
| 47 | Legislative Service Commission. (2019). Section 5126.01   <i>County boards of developmental disabilities definitions</i> . Ohio Laws & Administrative Rules. <a href="https://codes.ohio.gov/ohio-revised-code/section-5126.01#:~:text=(1)%20%22Adult%20services%22,sensory%20and%20motor%20development%2C%20socialization%2C">https://codes.ohio.gov/ohio-revised-code/section-5126.01#:~:text=(1)%20%22Adult%20services%22,sensory%20and%20motor%20development%2C%20socialization%2C</a>  |

|    |  |
|----|--|
| 48 | Resnik, D. D. & Kameka Galloway, D. (Eds.). (2020). <i>A place in the world: Fueling housing and community options for adults with autism and other neurodiversities</i> . Phoenix, AZ: First Place AZ; Madison House Autism Foundation; the Arizona Board of Regents for and on behalf of Arizona State University and its Morrison Institute for Public Policy at the Watts College of Public Service and Community Solutions  |
| 49 | Legislative Service Commission. (2024). <i>Section 5123-9-02   Home- and community-based service waivers: Ensuring the sustainability of services and service settings</i> . Ohio Laws & Administrative Rules. <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-9-02">https://codes.ohio.gov/ohio-administrative-code/rule-5123-9-02</a>   |
| 50 | Legislative Service Commission. (2024). <i>Section 5123-9-33   Home- and community-based service waivers: Shared living under the individual options waiver</i> . Ohio Laws & Administrative Rules. <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-9-33">https://codes.ohio.gov/ohio-administrative-code/rule-5123-9-33</a>  |
| 51 | Ohio Department of Developmental Disabilities. (2023). <i>Service and support administration</i> . <a href="https://dodd.ohio.gov/wps/wcm/connect/gov/dd0cec07-d0dc-44d4-b2ca-a0c6567daca5/5123-4-02+Effective+2023-03-30.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_JQGCH4S04P41206HNUKVF31000-dd0cec07-d0dc-44d4-b2ca-a0c6567daca5-osLtYgE">https://dodd.ohio.gov/wps/wcm/connect/gov/dd0cec07-d0dc-44d4-b2ca-a0c6567daca5/5123-4-02+Effective+2023-03-30.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_JQGCH4S04P41206HNUKVF31000-dd0cec07-d0dc-44d4-b2ca-a0c6567daca5-osLtYgE</a> |
| 52 | U.S. Centers for Medicare and Medicaid Services. (n.d.). Intermediate care facilities for individuals with intellectual disabilities (ICFs/IID). CMS.gov. <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ICFIID">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ICFIID</a>  |
| 53 | Administration for Community Living. (n.d.). <i>Advancing independence, integration, and inclusion throughout life</i> . U.S. Department of Health and Human Services. <a href="https://acl.gov/">https://acl.gov/</a>   |
| 54 | Centers for Medicare & Medicaid Services. (n.d.). <i>Statewide transition plans</i> . Medicaid.gov. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html">https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html</a>  |
| 55 | Centers for Medicare & Medicaid Services. (2023, October). <i>Medicaid benefits and health programs group</i> . U.S. Department of Health and Human Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ny-heightened-scrutiny-site-visit.pdf">https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ny-heightened-scrutiny-site-visit.pdf</a>  |
| 56 | Centers for Medicare & Medicaid Services. (2022). <i>Disabled &amp; elderly health programs group</i> . U.S. Department of Health and Human Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/downloads/oh-site-visit-rprt.pdf">https://www.medicaid.gov/medicaid/home-community-based-services/downloads/oh-site-visit-rprt.pdf</a>  |
| 57 | Medicaid.gov. (n.d.). <i>Statewide transition plans</i> . Centers for Medicare & Medicaid Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html">https://www.medicaid.gov/medicaid/home-community-based-services/statewide-transition-plans/index.html</a>  |
| 58 | Centers for Medicare & Medicaid Services. (2023, December). <i>Medicaid benefits and health programs group</i> . U.S. Department of Health and Human Services. <a href="https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ny-approved-cap.pdf">https://www.medicaid.gov/medicaid/home-community-based-services/downloads/ny-approved-cap.pdf</a>   |
| 59 | Gray, K. M., Keating, C. M., Taffe, J. R., Brereton, A. V., Einfeld, S. L., Reardon, T. C., & Tonge, B. J. (2014). Adult outcomes in autism: Community inclusion and living skills. <i>Journal of Autism and Developmental Disorders</i> , 44(12): 3006. <a href="http://dx.doi.org/10.1007/s10803-014-2159-x">http://dx.doi.org/10.1007/s10803-014-2159-x</a>   |

|    |   |
|----|---|
| 60 | Mehling, M. H. & Tasse, M. J. (2015). Impact of choice on social outcomes of adults with ASD. <i>Journal of Autism and Developmental Disorders</i> , 45(6): 1588. <a href="http://dx.doi.org/10.1007/s10803-014-2312-6">http://dx.doi.org/10.1007/s10803-014-2312-6</a>   |
| 61 | Hamilton, J., Finch, T., Le Couteur, A., Mackintosh, J., Petrou, A., Garland, D., & Parr, J. R. (2024). The lived experiences of relatives of autistic adults, and their perceptions of their relationships with autistic adults across multiple age-related transitions and demands: A qualitative interview study with reflexive thematic analysis. <i>PLoS ONE</i> , 19(1): e0294232. <a href="http://dx.doi.org/10.1371/journal.pone.0294232">http://dx.doi.org/10.1371/journal.pone.0294232</a>  |
| 62 | Stanhope, V., Tondora, J., Davidson, L., Choy-Brown, M., & Marcus, S. C. (2015). Person-centered care planning and service engagement: a study protocol for a randomized controlled trial. <i>Trials</i> , 16(1). <a href="http://dx.doi.org/10.1186/s13063-015-0715-0">http://dx.doi.org/10.1186/s13063-015-0715-0</a>   |
| 63 | Administration for Community Living. (2021). <i>Person-centered planning</i> . U.S. Department of Health and Human Services. <a href="https://acl.gov/programs/consumer-control/person-centered-planning">https://acl.gov/programs/consumer-control/person-centered-planning</a>  |
| 64 | Diamond-Smith, N., Warnock, R., & Sudhinaraset, M. (2018). Interventions to improve the person-centered quality of family planning services: A narrative review. <i>Reproductive Health</i> , 15(144). <a href="https://doi.org/10.1186/s12978-018-0592-6">doi.org/10.1186/s12978-018-0592-6</a>  |
| 65 | Walton, L., Skillen, E., Mosites, E., Bures, R. M., Amah-Mbah, C., Sandoval, M., Thigpen Tart, K., Berrigan, D., Star, C., Godette-Greer, D., Kowtha, B., Vogt, E., Liggins, C., & Lloyd, J. (2024). The intersection of health and housing: Analysis of the research portfolios of the National Institutes of Health, Centers for Disease Control and Prevention, and U.S. Department of Housing and Urban Development. <i>PLoS ONE</i> , 19(1): e0296996. <a href="http://dx.doi.org/10.1371/journal.pone.0296996">http://dx.doi.org/10.1371/journal.pone.0296996</a> |
| 66 | Grewal, A., Hepburn, K. J., Lear, S. A., Adshade, M., & Card, K. G. (2024). The impact of housing prices on residents' health: A systematic review. <i>BMC Public Health</i> , 24(1). <a href="http://dx.doi.org/10.1186/s12889-024-18360-w">http://dx.doi.org/10.1186/s12889-024-18360-w</a>   |
| 67 | Hood, R. B., Turner, A. N., Smith, M., Chakraborty, P., Chettri, S., Bessett, D., & Norris, A. H. (2022). Housing stability and access to general healthcare and reproductive healthcare among women in Ohio. <i>Maternal and Child Health Journal</i> , 26(11): 2185. <a href="http://dx.doi.org/10.1007/s10995-022-03492-5">http://dx.doi.org/10.1007/s10995-022-03492-5</a>  |
| 68 | Hosking, F. J., Carey, I. M., DeWilde, S., Harris, T., Beighton, C., & Cook, D. G. (2017). Preventable emergency hospital admissions among adults with intellectual disability in England. <i>The Annals of Family Medicine</i> , 15(5), 462-470  |
| 69 | Liu, G., Velott, D. L., Kong, L., Dick, A. W., Mandell, D. S., Stein, B. D., & Murray, M. J. (2022). The association of the Medicaid 1915(c) home- and community-based services waivers with emergency department utilization among youth with autism spectrum disorder. <i>Journal of Autism and Developmental Disorders</i> , 52(4), 1587. <a href="http://dx.doi.org/10.1007/s10803-021-05060-2">http://dx.doi.org/10.1007/s10803-021-05060-2</a>  |
| 70 | The Place for Children with Autism. (2023). <i>What does "sensory friendly" mean?</i> <a href="https://theplaceforchildrenwithautism.com/autism-blog/what-does-sensory-friendly-mean">https://theplaceforchildrenwithautism.com/autism-blog/what-does-sensory-friendly-mean</a>   |

|    |  |
|----|--|
| 71 | Bureau of Internet Accessibility. (2021). What is cognitive accessibility? <a href="https://www.boia.org/blog/what-is-cognitive-accessibility#:~:text=The%20term%20E2%80%9C%20cognitive%20accessibility%22%20refers,affect%20how%20they%20process%20information">https://www.boia.org/blog/what-is-cognitive-accessibility#:~:text=The%20term%20E2%80%9C%20cognitive%20accessibility%22%20refers,affect%20how%20they%20process%20information</a> |
| 72 | Braddock, D. L., Hemp, R. E., Tanis, E. S., Wu, J., & Haffer, L. (2017). <i>The state of the states in intellectual and developmental disabilities: 2017</i> . American Association on Intellectual and Developmental Disabilities   |
| 73 | United States Government Accountability Office. (2020). <i>As more households rent, the poorest face affordability and housing quality challenges</i> . [GAO-20-427]. GAO. <a href="https://www.gao.gov/assets/gao-20-427.pdf">https://www.gao.gov/assets/gao-20-427.pdf</a>   |
| 74 | Airgood-Obrycki, W., Hermann, A., & Wedeen, S. (2021). <i>The rent eats first: Rental housing unaffordability in the U.S.</i> Joint Center for Housing Studies of Harvard University. <a href="https://www.jchs.harvard.edu/research-areas/working-papers/rent-eats-first-rental-housing-unaffordability-us">https://www.jchs.harvard.edu/research-areas/working-papers/rent-eats-first-rental-housing-unaffordability-us</a>                    |
| 75 | Harvard Graduate School of Design & Harvard Kennedy School. (2021). <i>The state of the nation's housing</i> . Joint Center for Housing Studies of Harvard. <a href="https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_State_Nations_Housing_2021.pdf">https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_State_Nations_Housing_2021.pdf</a>  |
| 76 | Harvard Graduate School of Design & Harvard Kennedy School. (2023). <i>The state of the nation's housing</i> . Joint Center for Housing Studies of Harvard. <a href="https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2023.pdf">https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2023.pdf</a>                            |
| 77 | Harati, R., Emmanuel, D., Renzi, K., Aurand, A. (2025). <i>The gap: A shortage of affordable homes</i> . National Low Income Housing Coalition. <a href="https://nlihc.org/gap">https://nlihc.org/gap</a>  |
| 78 | Boone, S. (2025). <i>Cincinnati's plan for affordable housing in 2025</i> . The News Record. <a href="https://www.newsrecord.org/features/cincinnati-plan-for-affordable-housing-in-2025/article_4a073de4-e7bd-11ef-81da-g7c1f033d0d1.html">https://www.newsrecord.org/features/cincinnati-plan-for-affordable-housing-in-2025/article_4a073de4-e7bd-11ef-81da-g7c1f033d0d1.html</a>   |
| 79 | Redfin. (2025). <i>Cincinnati, OH housing market</i> . <a href="https://www.redfin.com/city/3879/OH/Cincinnati/housing-market">https://www.redfin.com/city/3879/OH/Cincinnati/housing-market</a>   |
| 80 | Katz, L. (2025). <i>Austin asking rents drop 16% in January—more than any other major metro—and are now \$400 below their record high</i> . Redfin News. <a href="https://www.redfin.com/news/rental-tracker-january-2025/">https://www.redfin.com/news/rental-tracker-january-2025/</a>   |
| 81 | Shibley, E. K. (2025). <i>Cities where rent is rising (and falling) the most</i> . Consumer Affairs. <a href="https://www.consumeraffairs.com/moving/state-of-rent-prices-in-america.html">https://www.consumeraffairs.com/moving/state-of-rent-prices-in-america.html</a>   |
| 82 | Mid-Ohio Regional Planning Commission. (2020). <i>Final report: Central Ohio</i> . Regional Housing Strategy. <a href="https://www.morpc.org/wordpress/wp-content/uploads/2021/08/RHS_Final_PRINT-VERSION_8_3.pdf#page=2">https://www.morpc.org/wordpress/wp-content/uploads/2021/08/RHS_Final_PRINT-VERSION_8_3.pdf#page=2</a>  |
| 83 | Center for Research and Data. (2020). <i>Embracing growth: Principles for regional housing</i> . Cincinnati Regional Chamber. <a href="https://cincinnati-chamber.com/wp-content/uploads/2023/07/Principles-for-Regional-Housing.pdf">https://cincinnati-chamber.com/wp-content/uploads/2023/07/Principles-for-Regional-Housing.pdf</a>  |

|    |   |
|----|---|
| 84 | United States Census Bureau. (2024). QuickFacts: Cincinnati city, Ohio. U.S. Department of Commerce. <a href="https://www.census.gov/quickfacts/fact/table/cincinnati/cincinnati/PSTo45224">https://www.census.gov/quickfacts/fact/table/cincinnati/cincinnati/PSTo45224</a>  |
| 85 | Baum, S., Kurose, C., & Ma, J. (2013). <i>How college shapes lives: Understanding the issues</i> . College Board. <a href="https://research.collegeboard.org/media/pdf/education-pays-how-college-shapes-lives-report.pdf">https://research.collegeboard.org/media/pdf/education-pays-how-college-shapes-lives-report.pdf</a>   |
| 86 | YCharts. (2025). <i>Cincinnati, OH unemployment rate</i> . <a href="https://ycharts.com/indicators/cincinnati_oh_unemployment_rate#:~:text=Cincinnati%2C%20OH%20Unemployment%20Rate%20is%20at%205.20%%2C,than%20the%20long%20term%20average%20of%206.36%">https://ycharts.com/indicators/cincinnati_oh_unemployment_rate#:~:text=Cincinnati%2C%20OH%20Unemployment%20Rate%20is%20at%205.20%%2C,than%20the%20long%20term%20average%20of%206.36%</a>  |
| 87 | Ohio Department of Developmental Disabilities. (2021). <i>Ohio's plan to increase independent living options for people with developmental disabilities</i> . <a href="https://dodd.ohio.gov/wps/wcm/connect/gov/99daea8e-252f-488f-ab36-f06f7d513722/Independent_Living_Options.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_K9l401S01H7F40QBNJU3SO1F56-99daea8e-252f-488f-ab36-f06f7d513722-p4P7FTJ">https://dodd.ohio.gov/wps/wcm/connect/gov/99daea8e-252f-488f-ab36-f06f7d513722/Independent_Living_Options.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_K9l401S01H7F40QBNJU3SO1F56-99daea8e-252f-488f-ab36-f06f7d513722-p4P7FTJ</a> |
| 88 | Weill Institute for Neurosciences. (2023). <i>Executive functions</i> . University of California San Francisco. <a href="https://memory.ucsf.edu/symptoms/executive-functions">https://memory.ucsf.edu/symptoms/executive-functions</a>   |
| 89 | Demetriou, E. A., DeMayo, M. M., & Guastella, A. J. (2019). Executive function in autism spectrum disorder: History, theoretical models, empirical findings, and potential as an endophenotype. <i>Frontiers in Psychiatry, 10</i> , 753–753. <a href="https://doi.org/10.3389/fpsy.2019.00753">https://doi.org/10.3389/fpsy.2019.00753</a>   |
| 90 | Social Security Administration. (n.d.). <i>How much you could get from SSI</i> . <a href="https://www.ssa.gov/ssi/amount">https://www.ssa.gov/ssi/amount</a>  |
| 91 | Brown, M. & McCann, E. (2020). Homelessness and people with intellectual disabilities: A systematic review of the international research evidence. <i>Journal of Applied Research in Intellectual Disabilities, 34</i> (2). <a href="https://doi.org/10.1111/jar.12815">https://doi.org/10.1111/jar.12815</a>   |
| 92 | Housing Opportunities Made Equal. (2023). <i>Fact sheets</i> . <a href="https://www.homecincy.org/fact-sheets">https://www.homecincy.org/fact-sheets</a>  |
| 93 | Kelly, B. (n.d.). <i>Owner-occupied credit</i> . Hamilton County Auditor. <a href="https://www.homecincy.org/_files/ugd/d8fbc0_3d125f0a47424e11a0299f6b4863273f.pdf">https://www.homecincy.org/_files/ugd/d8fbc0_3d125f0a47424e11a0299f6b4863273f.pdf</a>   |
| 94 | Federal Home Loan Bank of Cincinnati. (2025). <i>AHP implementation plan</i> . <a href="https://www.fhlbcin.com/media/mg5h5yop/2025-ahp-implementation-plan-final.pdf">https://www.fhlbcin.com/media/mg5h5yop/2025-ahp-implementation-plan-final.pdf</a>  |
| 95 | Federal Home Loan Bank of Cincinnati. (2025). <i>Affordable housing program implementation plan summary of changes</i> . <a href="https://www.fhlbcin.com/news/2025/january/affordable-housing-program-implementation-plan-summary-of-changes/">https://www.fhlbcin.com/news/2025/january/affordable-housing-program-implementation-plan-summary-of-changes/</a>  |
| 96 | Over-the-Rhine Community Housing. (2018). <i>Summer newsletter 2018</i> . <a href="https://otrch.org/wp-content/uploads/2023/12/OTRCH_Newsletter_Summer_2018.pdf">https://otrch.org/wp-content/uploads/2023/12/OTRCH_Newsletter_Summer_2018.pdf</a>   |
| 97 | Hamilton County Ohio. (n.d.). <i>Community development</i> . <a href="https://www.hamiltoncountyohio.gov/government/departments/planning_and_development/community_development/index.php">https://www.hamiltoncountyohio.gov/government/departments/planning_and_development/community_development/index.php</a>  |

|     |  |
|-----|--|
| 98  | National Low Income Housing Coalition. (2022). <i>Cincinnati's affordable housing trust fund available for use four years after being established</i> . <a href="https://nlihc.org/resource/cincinnati-affordable-housing-trust-fund-available-use-four-years-after-being-established">https://nlihc.org/resource/cincinnati-affordable-housing-trust-fund-available-use-four-years-after-being-established</a>  |
| 99  | Cincinnati Development Fund. (2025). <i>Affordable housing leverage fund</i> . <a href="https://cindevfund.org/affordable-housing-leverage-fund-2023/">https://cindevfund.org/affordable-housing-leverage-fund-2023/</a>   |
| 100 | Cincinnati Development Fund. (2025). <i>About us</i> . <a href="https://cindevfund.org/about-us/">https://cindevfund.org/about-us/</a>   |
| 101 | Schwartz, L. (2024). <i>Hamilton County commissioners, LADD invest \$4M in housing</i> . Cincinnati Business Courier. <a href="https://www.bizjournals.com/cincinnati/news/2024/10/31/ladd-invest-funds-housing-development-disabilities.html">https://www.bizjournals.com/cincinnati/news/2024/10/31/ladd-invest-funds-housing-development-disabilities.html</a>  |
| 102 | Ohio Department of Developmental Disabilities. (n.d.). <i>Housing</i> . <a href="https://dodd.ohio.gov/about-us/our-programs/Housing">https://dodd.ohio.gov/about-us/our-programs/Housing</a>  |
| 103 | Ohio Department of Developmental Disabilities. (2022). <i>Expanded use of capital funds for acquisition of housing for youth with intensive behavioral support needs</i> . DODD Guidance and Training. <a href="https://dodd.ohio.gov/wps/wcm/connect/gov/33b48163-5e71-4298-9a16-407bad887865/Memo+Monday+October+3+2022.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_K9l401S01H7F40QBNJU3SO1F56-33b48163-5e71-4298-9a16-407bad887865-oez6JZq">https://dodd.ohio.gov/wps/wcm/connect/gov/33b48163-5e71-4298-9a16-407bad887865/Memo+Monday+October+3+2022.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_K9l401S01H7F40QBNJU3SO1F56-33b48163-5e71-4298-9a16-407bad887865-oez6JZq</a>   |
| 104 | Ohio Department of Developmental Disabilities. (2025). <i>Department of development announces \$22.4 million in grants to improve housing, quality of life across Ohio</i> . <a href="https://development.ohio.gov/home/news-and-events/all-news/2025-0121-Department-of-Development-Announces-22-4-Million-in-Grants-to-Improve-Housing-Quality-of-Life-Across-Ohio#:~:text=digital%20security%20standards,-,Department%20of%20Development%20Announces%20\$22.4%20Million%20in%20Grants%20to%20Improve,and%20HOME%20Investment%20Partnership%20Programs">https://development.ohio.gov/home/news-and-events/all-news/2025-0121-Department-of-Development-Announces-22-4-Million-in-Grants-to-Improve-Housing-Quality-of-Life-Across-Ohio#:~:text=digital%20security%20standards,-,Department%20of%20Development%20Announces%20\$22.4%20Million%20in%20Grants%20to%20Improve,and%20HOME%20Investment%20Partnership%20Programs</a> |
| 105 | Ohio Department of Developmental Disabilities. (n.d.). <i>Community capital assistance program</i> . <a href="https://dodd.ohio.gov/about-us/our-programs/community-capital-assistance-program">https://dodd.ohio.gov/about-us/our-programs/community-capital-assistance-program</a>   |
| 106 | Ohio Laws & Administrative Rules. (2023). <i>Rule 5123-1-01: Community capital assistance funds—non-residential capital facilities</i> . <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-01">https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-01</a>   |
| 107 | Ohio Laws & Administrative Rules. (2023). <i>Rule 5123-1-05: Community capital assistance funds—residential accessibility and renovation projects</i> . <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-05">https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-05</a>  |
| 108 | Ohio Laws & Administrative Rules. (2020). <i>Rule 5123-1-04: Community capital assistance funds—development of licensed residential facilities</i> . <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-04">https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-04</a>   |
| 109 | Ohio Laws & Administrative Rules. (2019). <i>Rule 5123-1-03: Community capital assistance funds—acquisition of housing</i> . <a href="https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-03">https://codes.ohio.gov/ohio-administrative-code/rule-5123-1-03</a>   |

|            |  |
|------------|--|
| <b>110</b> | Ohio Laws & Administrative Rules. (2019). <i>Rule 5123: Department of developmental disabilities</i> . Legislative Service Commission. <a href="https://codes.ohio.gov/ohio-administrative-code/5123">https://codes.ohio.gov/ohio-administrative-code/5123</a>   |
| <b>111</b> | Ohio Department of Developmental Disabilities. (n.d.). <i>Community capitol assistance program</i> . <a href="https://dodd.ohio.gov/about-us/our-programs/community-capital-assistance-program">https://dodd.ohio.gov/about-us/our-programs/community-capital-assistance-program</a>   |
| <b>112</b> | Ohio Department of Developmental Disabilities. (n.d.). <i>Rental assistance program</i> . <a href="https://dodd.ohio.gov/your-family/community-living/rental-assistance-program">https://dodd.ohio.gov/your-family/community-living/rental-assistance-program</a>  |
| <b>113</b> | Stevens, A. B., Akah, H., Reat, Z. (2019). <i>State health assessment: Ohio 2019</i> . Ohio Department of Health. <a href="https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHA/2019/Ohio-2019-SHA-Full-Summary-Report.pdf">https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHA/2019/Ohio-2019-SHA-Full-Summary-Report.pdf</a>  |
| <b>114</b> | City of Cincinnati Health Department. (2023). <i>2023-2028 community health assessment</i> . <a href="https://www.cincinnati-oh.gov/sites/health/assets/Documents/Cincinnati-Health-Department-2022-Community-Health-Needs-Assessment-data-update.pdf">https://www.cincinnati-oh.gov/sites/health/assets/Documents/Cincinnati-Health-Department-2022-Community-Health-Needs-Assessment-data-update.pdf</a>   |
| <b>115</b> | U.S. Department of Housing and Urban Development. (n.d.). <i>Non-elderly disabled (NED) vouchers</i> . <a href="https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/ned">https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/ned</a>   |
| <b>116</b> | Office of Public & Indian Housing. (2022). <i>Housing choice voucher program dashboard</i> . U.S. Department of Housing and Urban Development <a href="https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard">https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard</a>  |
| <b>117</b> | Hamilton County Planning & Development. (2025). <i>Proposed 2025-2029 five year consolidated plan public information summary</i> <a href="https://cms2.revize.com/revize/hamiltoncountyoh/Documents/Government/Departments/Planning%20and%20Development/Community%20Development/2025-2029%20Consolidated%20Plan%20Public%20Information%20Summaryr.pdf">https://cms2.revize.com/revize/hamiltoncountyoh/Documents/Government/Departments/Planning%20and%20Development/Community%20Development/2025-2029%20Consolidated%20Plan%20Public%20Information%20Summaryr.pdf</a> |
| <b>118</b> | HUD Exchange. (2023). <i>Consolidated plan</i> . U.S. Department of Housing and Urban Development. <a href="https://www.hudexchange.info/programs/consolidated-plan/">https://www.hudexchange.info/programs/consolidated-plan/</a>   |
| <b>119</b> | Your Therapy Source. (2019). <i>What is graded movement and how you can help?</i> <a href="https://www.yourtherapysource.com/blog1/2019/10/31/6-tips-to-help-children-grade-movements/">https://www.yourtherapysource.com/blog1/2019/10/31/6-tips-to-help-children-grade-movements/</a>  |
| <b>120</b> | Hess, N. (2023). <i>Preventing and addressing sexual assault of people with I/DD</i> . Administration for Community Living. <a href="https://acl.gov/news-and-events/acl-blog/preventing-and-addressing-sexual-assault-people-idd">https://acl.gov/news-and-events/acl-blog/preventing-and-addressing-sexual-assault-people-idd</a>  |
| <b>121</b> | Legislative Service Commission. (2023). <i>Section 2903.13   Assault</i> . Ohio Laws & Administrative Rules. <a href="https://codes.ohio.gov/ohio-revised-code/section-2903.13">https://codes.ohio.gov/ohio-revised-code/section-2903.13</a>   |
| <b>122</b> | Child, B., Oswald, M., Curry, M. A., Hughes, R. B., & Powers, L. E. (2011). Understanding the experience of crime victims with disabilities and deaf victims. <i>Journal of Policy Practice</i> , 10(4): 247-267. <a href="https://doi.org/10.1080/15588742.2011.605829">https://doi.org/10.1080/15588742.2011.605829</a>  |
| <b>123</b> | Baladerian, N. J., Coleman, T. F., & Stream, J. (2013). <i>Abuse of people with disabilities victims and their families speak out: A report on the 2012 national survey on abuse of people with disabilities</i> . Spectrum Institute Disability and Abuse Project. <a href="https://tomcoleman.us/publications/2013-survey-report.pdf">https://tomcoleman.us/publications/2013-survey-report.pdf</a>  |

|            |   |
|------------|---|
| <b>124</b> | Autism Together. (2015). <i>Mate crime reporting</i> . <a href="https://www.autismtogether.co.uk/mate-crime/">https://www.autismtogether.co.uk/mate-crime/</a>  |
| <b>125</b> | Hubbard, P. (2009). <i>NIMBY</i> . International Encyclopedia of Human Geography, 444-449. <a href="https://doi.org/10.1016/B978-008044910-4.01068-3">https://doi.org/10.1016/B978-008044910-4.01068-3</a>  |
| <b>126</b> | Ross, J. & Glazer, K. (2022). <i>Overcoming NIMBY opposition to affordable housing</i> . <a href="https://nlhc.org/sites/default/files/2022-03/2022AG_2-11_Avoiding-Overcoming.pdf">https://nlhc.org/sites/default/files/2022-03/2022AG_2-11_Avoiding-Overcoming.pdf</a>  |
| <b>127</b> | Ohio Department of Developmental Disabilities. (n.d.). <i>About waivers</i> . <a href="https://dodd.ohio.gov/your-family/all-family-resources/about+waivers">https://dodd.ohio.gov/your-family/all-family-resources/about+waivers</a>   |
| <b>128</b> | Burns, A., Mohamed, M., & O'Malley Watts, M. (2023). <i>A look at waiting lists for Medicaid home- and community-based services from 2016 to 2023</i> . Kaiser Family Foundation. <a href="https://www.kff.org/medicaid/issue-brief/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2023/">https://www.kff.org/medicaid/issue-brief/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2023/</a>   |
| <b>129</b> | Disability Services & Waivers. (n.d.). <i>New York Medicaid waiver</i> . <a href="https://medicaidwaiver.org/state/new_york.html#google_vignette">https://medicaidwaiver.org/state/new_york.html#google_vignette</a>  |
| <b>130</b> | The Kaiser Family Foundation. (2024). <i>Number of people waiting for Medicaid home care (HCBS), by target population and whether states screen for eligibility</i> . <a href="https://www.kff.org/medicaid/state-indicator/number-of-people-waiting-for-hcbs-by-target-population-and-whether-states-screen-for-eligibility/?currentTimeframe=0&amp;selectedDistributions=state-screens-people-on-1-or-more-waiting-lists-for-eligibility--idd--autism--total-number-of-people-waiting-for-medicaid-home-care&amp;sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D">https://www.kff.org/medicaid/state-indicator/number-of-people-waiting-for-hcbs-by-target-population-and-whether-states-screen-for-eligibility/?currentTimeframe=0&amp;selectedDistributions=state-screens-people-on-1-or-more-waiting-lists-for-eligibility--idd--autism--total-number-of-people-waiting-for-medicaid-home-care&amp;sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D</a> |
| <b>131</b> | Data Ohio. (2025). <i>DODD waiver waiting list information</i> . <a href="https://data.ohio.gov/wps/portal/gov/data/view/dodd-waiver-waiting-list-information">https://data.ohio.gov/wps/portal/gov/data/view/dodd-waiver-waiting-list-information</a>  |
| <b>132</b> | Ohio Department of Developmental Disabilities. (2019). <i>Ohio's waiting list for HCBS waivers and assessment for immediate need and current need: Comprehensive guidance</i> . <a href="https://dodd.ohio.gov/wps/wcm/connect/gov/5a386f6c-2840-4601-9a65-2b34f5375303/Waiting+List+Assessment+Comprehensive+Guidance.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_M1HGGIKoNoJOooQOgDDDDM3000-5a386f6c-2840-4601-9a65-2b34f5375303-n1Ef80-#:~:text=Page%20a%20change%20in%20status.1">https://dodd.ohio.gov/wps/wcm/connect/gov/5a386f6c-2840-4601-9a65-2b34f5375303/Waiting+List+Assessment+Comprehensive+Guidance.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_M1HGGIKoNoJOooQOgDDDDM3000-5a386f6c-2840-4601-9a65-2b34f5375303-n1Ef80-#:~:text=Page%20a%20change%20in%20status.1</a>   |
| <b>133</b> | U.S. Department of Housing and Urban Development. (2024). <i>2024 adjusted home income limits: Ohio</i> . HUD User. <a href="https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_OH_2024.pdf">https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_OH_2024.pdf</a>   |
| <b>134</b> | Area Median Income HUD USER. (n.d.). <i>Income limits</i> . <a href="http://www.huduser.gov/portal/datasets/il.html">http://www.huduser.gov/portal/datasets/il.html</a>   |
| <b>135</b> | Medicaid and CHIP Payment and Access Commission. (2021). <i>Medicaid's role in housing</i> . <a href="https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf">https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf</a>  |

|     |  |
|-----|--|
| 136 | Social Security Administration. (n.d.). <i>Benefits for people with disabilities</i> . Social Security. <a href="https://www.ssa.gov/disability/">https://www.ssa.gov/disability/</a>  |
| 137 | Social Security Administration. (2022). <i>Understanding Supplemental Security Income (SSI) overview—2022 edition</i> . <a href="https://www.ssa.gov/ssi/text-over-ussi.html">https://www.ssa.gov/ssi/text-over-ussi.html</a>  |
| 138 | National Core Indicators. (2019). <i>In person survey state report: Ohio</i> . <a href="https://legacy.nationalcoreindicators.org/upload/core-indicators/NY_IPS_state_508.pdf">https://legacy.nationalcoreindicators.org/upload/core-indicators/NY_IPS_state_508.pdf</a>   |
| 139 | U.S. Social Security Administration Research, Statistics & Policy Analysis. (2022). <i>Monthly statistical snapshot, June 2020</i> . U.S. Social Security Administration. <a href="http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/">www.ssa.gov/policy/docs/quickfacts/stat_snapshot/</a>   |
| 140 | Food & Nutrition Service. (2013). <i>Frequently asked questions</i> . U.S. Department of Agriculture. <a href="https://www.fns.usda.gov/snap/retailer/faq">https://www.fns.usda.gov/snap/retailer/faq</a>  |
| 141 | Ohio Department of Developmental Disabilities. (n.d.). <i>Home energy assistance program</i> . <a href="https://development.ohio.gov/individual/energy-assistance/1-home-energy-assistance-program">https://development.ohio.gov/individual/energy-assistance/1-home-energy-assistance-program</a>   |
| 142 | Ohio Department of Aging. (n.d.). <i>Lifeline</i> . <a href="https://aging.ohio.gov/care-and-living/get-help/understand-your-benefits/lifeline">https://aging.ohio.gov/care-and-living/get-help/understand-your-benefits/lifeline</a>  |
| 143 | Acosta, S. & Gartland, E. (2021). <i>Families wait years for housing vouchers due to inadequate funding</i> . Center on Budget and Policy Priorities. <a href="https://www.cbpp.org/research/housing/families-wait-years-for-housing-vouchers-due-to-inadequate-funding">https://www.cbpp.org/research/housing/families-wait-years-for-housing-vouchers-due-to-inadequate-funding</a>  |
| 144 | Oliveri, R. C. (2019). Vouchers and affordable housing: The limits of choice in the political economy of place. <i>Harvard Civil Rights-Civil Liberties Law Review</i> , 54(2), 795–811  |
| 145 | Lin, J. (2022). <i>Special needs trusts—The basics</i> . NOLO. <a href="https://www.nolo.com/legal-encyclopedia/special-needs-trusts-30315.html">https://www.nolo.com/legal-encyclopedia/special-needs-trusts-30315.html</a>   |
| 146 | ABLEnow. (2023). <i>ABLE basics</i> . <a href="https://www.ablenow.com/learn/basics/">https://www.ablenow.com/learn/basics/</a>  |
| 147 | Ohio Department of Developmental Disabilities. (n.d.). <i>State treasury ABLE (STABLE) account</i> . <a href="https://dodd.ohio.gov/about-us/our-programs/stable-account">https://dodd.ohio.gov/about-us/our-programs/stable-account</a>   |
| 148 | Congress.gov. (2014). <i>Summary: H.R.647—113th congress (2013-2014)</i> . <a href="https://www.congress.gov/bill/113th-congress/house-bill/647">https://www.congress.gov/bill/113th-congress/house-bill/647</a>   |
| 149 | STABLE Account. (n.d.). <i>STABLE Account Overview</i> . <a href="https://www.stableaccount.com/">https://www.stableaccount.com/</a>   |
| 150 | Garrity, S. (2025). <i>ABLE programs prepare for expanded eligibility</i> . Social Security Matters. <a href="https://blog.ssa.gov/able-programs-prepare-for-expanded-eligibility/#:~:text=The%20ABLE%20Age%20Adjustment%20Act's,increases%20that%20age%20to%2046">https://blog.ssa.gov/able-programs-prepare-for-expanded-eligibility/#:~:text=The%20ABLE%20Age%20Adjustment%20Act's,increases%20that%20age%20to%2046</a>     |
| 151 | *Lord, C., Charman, T., Havdahl, A., Carbone, P., Anagnostou, E., Boyd, B., Carr, T., de Vries, P. J., Dissanayake, C., Divan, G., Freitag, C. M., Gotelli, M. M., Kasari, C., Knapp, M., Mundy, P., Plunk, A., Scahill, L., Servili, C., Shattuck, P., McCauley, J.B. (2022). The Lancet Commission on the future of care and clinical research in autism. <i>Lancet</i> , 399(10321): 271-334. 10.1016/S0140-6736(21)01541-5 |

|     |   |
|-----|---|
| 152 | Lotan, M. & Icht, M. (2023). Diagnosing pain in individuals with intellectual and developmental disabilities: Current state and novel technological solutions. <i>Diagnostics</i> , 13(3), NA. <a href="http://dx.doi.org/10.3390/diagnostics13030401">http://dx.doi.org/10.3390/diagnostics13030401</a>  |
| 153 | Mansell, J. (2010). <i>Raising our sights: Services for adults with profound intellectual and multiple disabilities</i> . <a href="https://www.mencap.org.uk/sites/default/files/2016-06/Raising_our_Sights_report.pdf">https://www.mencap.org.uk/sites/default/files/2016-06/Raising_our_Sights_report.pdf</a>   |
| 154 | Esteban, L., Navas, P., Verdugo, M. Á., & Arias, V. B. (2021). Community living, intellectual disability and extensive support needs: A rights-based approach to assessment and intervention. <i>International Journal of Environmental Research and Public Health</i> , 18(6), 3175. <a href="https://doi.org/10.3390/ijerph18063175">https://doi.org/10.3390/ijerph18063175</a>   |
| 155 | Navas, P., Verdugo, M. A., Martinez, S., Sainz, F., & Aza, A. (2017). Rights and quality of life of individuals with intellectual disability and extensive support needs. <i>Siglo Cero</i> , 48(4), 7-66. <a href="http://dx.doi.org/10.14201/scero2017484766">http://dx.doi.org/10.14201/scero2017484766</a>  |
| 156 | Navas, P., Esteban, L., Arias, V., & Verdugo, M. A. (2024). Improving quality of life and reducing behavioral problems of people with intellectual and developmental disabilities through deinstitutionalization/Mejoras en calidad de vida y reducción de problemas de conducta en personas con discapacidad intelectual y del desarrollo tras un proceso de desinstitucionalización. <i>Psicothema</i> , 36(2), 113+. <a href="https://link.gale.com/apps/doc/A793260112/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=c7e7df30">https://link.gale.com/apps/doc/A793260112/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=c7e7df30</a> |
| 157 | Beadle-Brown, J., Hutchinson, A., & Whelton, B. (2012). Person-centered active support - increasing choice, promoting independence and reducing challenging behavior. <i>Journal of Applied Research in Intellectual Disabilities: JARID</i> , 25(4), 291–307. <a href="https://doi.org/10.1111/j.1468-3148.2011.00666.x">https://doi.org/10.1111/j.1468-3148.2011.00666.x</a>  |
| 158 | McCarron, M., Lombard-Vance, R., Murphy, E., May, P., Webb, N., Sheaf, G., McCallion, P., Stancliffe, R., Normand, C., Smith, V., & O'Donovan, M. A. (2019). Effect of deinstitutionalization on quality of life for adults with intellectual disabilities: A systematic review. <i>BMJ Open</i> , 9(4), Article e025735. <a href="http://dx.doi.org/10.1136/bmjopen-2018-025735">http://dx.doi.org/10.1136/bmjopen-2018-025735</a>   |
| 159 | U.S. Centers for Disease Control and Prevention. (2024). <i>Living with Down syndrome</i> . <a href="https://www.cdc.gov/birth-defects/living-with-down-syndrome/index.html">https://www.cdc.gov/birth-defects/living-with-down-syndrome/index.html</a>   |
| 160 | U.S. Centers for Disease Control and Prevention. (2020). <i>Data and statistics on Down syndrome</i> . CDC.gov. <a href="https://www.cdc.gov/ncbddd/birthdefects/downsyndrome/data.html">https://www.cdc.gov/ncbddd/birthdefects/downsyndrome/data.html</a>   |
| 161 | Varshney, K., Iriowen, R., Morrell, K., Pillay, P., Fossi, A., & Stephens, M. M. (2022). Disparities and outcomes of patients living with Down syndrome undergoing healthcare transitions from pediatric to adult care: A scoping review. <i>American Journal of Medical Genetics. Part A</i> , 188(8), 2293–2302. <a href="https://doi.org/10.1002/ajmg.a.62854">https://doi.org/10.1002/ajmg.a.62854</a>  |
| 162 | Chaushu, S., Yefenof, E., Becker, A., Shapira, J., & Chaushu, G. (2002). Severe impairment of secretory ig production in parotid saliva of Down syndrome individuals. <i>Journal of Dental Research</i> , 81(5), 308–312. <a href="https://doi.org/10.1177/154405910208100504">https://doi.org/10.1177/154405910208100504</a>   |

|            |  |
|------------|--|
| <b>163</b> | Hill, D. A., Gridley, G., Cnattingius, S., Mellekjær, L., Linet, M., Adami, H. O., Olsen, J. H., Nyren, O., & Fraumeni, J. F., Jr (2003). Mortality and cancer incidence among individuals with Down syndrome. <i>Archives of Internal Medicine</i> , 163(6), 705–711. <a href="https://doi.org/10.1001/archinte.163.6.705">https://doi.org/10.1001/archinte.163.6.705</a> |
| <b>164</b> | Moore S. W. (2008). Down syndrome and the enteric nervous system. <i>Pediatric Surgery International</i> , 24(8), 873–883. <a href="https://doi.org/10.1007/s00383-008-2188-7">https://doi.org/10.1007/s00383-008-2188-7</a>   |
| <b>165</b> | Smith D. S. (2001). Health care management of adults with Down syndrome. <i>American Family Physician</i> , 64(6), 1031–1038   |
| <b>166</b> | Vis, J. C., Duffels, M. G., Winter, M. M., Weijerman, M. E., Cobben, J. M., Huisman, S. A., & Mulder, B. J. (2009). Down syndrome: A cardiovascular perspective. <i>Journal of Intellectual Disability Research</i> , 53(5), 419–425. <a href="https://doi.org/10.1111/j.1365-2788.2009.01158.x">https://doi.org/10.1111/j.1365-2788.2009.01158.x</a>                      |
| <b>167</b> | Zigman, W. B., & Lott, I. T. (2007). Alzheimer's disease in Down syndrome: Neurobiology and risk. <i>Mental Retardation and Developmental Disabilities Research Reviews</i> , 13(3), 237–246. <a href="https://doi.org/10.1002/mrdd.20163">https://doi.org/10.1002/mrdd.20163</a>  |
| <b>168</b> | Dykens E. M. (2007). Psychiatric and behavioral disorders in persons with Down syndrome. <i>Mental Retardation and Developmental Disabilities Research Reviews</i> , 13(3), 272–278. <a href="https://doi.org/10.1002/mrdd.20159">https://doi.org/10.1002/mrdd.20159</a>   |
| <b>169</b> | Gaechter, P., Ebrahimi, F., Kutz, A., & Szinnai, G. (2025). Hospitalizations in people with Down syndrome across age groups: A population-based cohort study in Switzerland. <i>EClinicalMedicine</i> , 80   |
| <b>170</b> | Bull, M. J., Trotter, T., Santoro, S. L., Christensen, C., Grout, R. W., & Council on Genetics. (2022). Health supervision for children and adolescents with Down syndrome. <i>Pediatrics</i> , 149(5), e2022057010  |
| <b>171</b> | Haddad, F., Bourke, J., Wong, K., & Leonard, H. (2018). An investigation of the determinants of quality of life in adolescents and young adults with Down syndrome. <i>PLoS One</i> , 13(6), e0197394  |
| <b>172</b> | Zhang, X.N., Zhang, S., Liu, C.Y., et al. (2025). Caregivers' experience of having a child with Down syndrome: A meta-synthesis. <i>BMC Nursing</i> , 24, 66. <a href="https://doi.org/10.1186/s12912-024-02652-y">https://doi.org/10.1186/s12912-024-02652-y</a>  |
| <b>173</b> | Liu, Z., Heffernan, C. & Tan, J. (2020). Caregiver burden: A concept analysis. <i>International Journal of Nursing Sciences</i> , 7(4): 438-445. <a href="https://doi.org/10.1016/j.ijnss.2020.07.012">10.1016/j.ijnss.2020.07.012</a>   |
| <b>174</b> | Chow, K., Rezvan, P.H., Kazerooni, L., et al. (2025). Caregiver burden and familial impact in Down syndrome regression disorder. <i>Orphanet Journal of Rare Diseases</i> , 20, 126. <a href="https://doi.org/10.1186/s13023-025-03644-0">https://doi.org/10.1186/s13023-025-03644-0</a>   |
| <b>175</b> | Mohammed, A. S., Eliwa, S. M., & Zaki, R. A. H. (2020). Relationship between psychological well-being and coping strategies among family caregivers of children with Down syndrome. <i>Egyptian Journal of Health Care</i> , 11(4), 155-172  |
| <b>176</b> | Krell, K., Haugen, K., Torres, A., & Santoro, S. L. (2021). Description of daily living skills and independence: A cohort from a multidisciplinary Down syndrome clinic. <i>Brain Sciences</i> , 11(8), 1012   |

|            |  |
|------------|--|
| <b>177</b> | Ohio Department of Medicaid. (n.d.). <i>Care coordination role in home- and community-based service settings</i> . Ohio Department of Developmental Disabilities. <a href="https://dam.assets.ohio.gov/image/upload/v1740684836/dodd.ohio.gov/Compliance/February%20County%20Board%20Office%20Hours/2_Care_Coordination_Role_in_HCBS_Settings.pdf">https://dam.assets.ohio.gov/image/upload/v1740684836/dodd.ohio.gov/Compliance/February%20County%20Board%20Office%20Hours/2_Care_Coordination_Role_in_HCBS_Settings.pdf</a>  |
| <b>178</b> | Panikkar, B., Ren, Q., & Bechthold, F. (2023). Transportation justice in Vermont communities of high environmental risk. <i>Sustainability</i> , 15(3). <a href="http://dx.doi.org/10.3390/su15032365">http://dx.doi.org/10.3390/su15032365</a>  |
| <b>179</b> | Fox-Grage, W., & Lynott, J. (2015). Expanding specialized transportation: New opportunities under the Affordable Care Act. <i>American Journal of Medical Research</i> , 2(2): 42. <a href="https://link.gale.com/apps/doc/A461530081/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=7b722276">https://link.gale.com/apps/doc/A461530081/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=7b722276</a>   |
| <b>180</b> | Shekelle, P. G., Begashaw, M. M., Miake-Lye, I. M., Booth, M., Myers, B., & Renda, A. (2022). Effect of interventions for non-emergent medical transportation: A systematic review and meta-analysis. <i>BMC Public Health</i> , 22(1). <a href="http://dx.doi.org/10.1186/s12889-022-13149-1">http://dx.doi.org/10.1186/s12889-022-13149-1</a>  |
| <b>181</b> | Findings from University of California Berkeley in the area of transportation and health reported (Understanding the role of transportation-related social interaction in travel behavior and health: A qualitative study of adults with disabilities). (2021). <i>Obesity, Fitness &amp; Wellness Week</i> : 81. <a href="https://link.gale.com/apps/doc/A650287735/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=e4fc12fg">https://link.gale.com/apps/doc/A650287735/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=e4fc12fg</a>  |
| <b>182</b> | Carey, M. P. & Forsyth, A. D. (2009). <i>Teaching tip sheet: Self-efficacy</i> . American Psychological Association. <a href="https://www.apa.org/pi/aids/resources/education/self-efficacy">https://www.apa.org/pi/aids/resources/education/self-efficacy</a>   |
| <b>183</b> | Ohio Department of Developmental Disabilities. (2022). <i>On the go in Ohio: Understanding your transportation service options</i> . <a href="https://dodd.ohio.gov/wps/wcm/connect/gov/1e3c0006-176e-48a8-8686-856ddb3b16f5/Self-Directed+Transportation+for+Individuals+and+Families+Final+4.29.22.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_JQGCH4S04P41206HNUKVF31000-1e3c0006-176e-48a8-8686-856ddb3b16f5-o2Dgunc">https://dodd.ohio.gov/wps/wcm/connect/gov/1e3c0006-176e-48a8-8686-856ddb3b16f5/Self-Directed+Transportation+for+Individuals+and+Families+Final+4.29.22.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_JQGCH4S04P41206HNUKVF31000-1e3c0006-176e-48a8-8686-856ddb3b16f5-o2Dgunc</a> |
| <b>184</b> | Ohio Department of Developmental Disabilities. (n.d.). <i>Homemaker/personal care</i> . <a href="https://dodd.ohio.gov/waivers-and-services/services/homemaker-personal-care">https://dodd.ohio.gov/waivers-and-services/services/homemaker-personal-care</a>  |
| <b>185</b> | Federal Transit Administration. (2024). <i>Transit-oriented development</i> . United States Department of Transportation. <a href="https://www.transit.dot.gov/TOD">https://www.transit.dot.gov/TOD</a>  |
| <b>186</b> | Kwan, C., Gitimoghaddam, M., & Collet, J. P. (2020). Effects of social isolation and loneliness in children with neurodevelopmental disabilities: A scoping review. <i>Brain Sciences</i> , 10(11). <a href="http://dx.doi.org/10.3390/brainsci10110786">http://dx.doi.org/10.3390/brainsci10110786</a>  |
| <b>187</b> | Bolmsjo, I., Tengland, P. A., Ramgard, M. (2019). Existential loneliness: An attempt at an analysis of the concept and the phenomenon. <i>Nursing Ethics</i> , 26: 1310-1325   |
| <b>188</b> | U.S. Department of Health & Human Services. (2023). <i>The U.S. Surgeon General's advisory on the healing effects of social connection and community</i> . Office of the U.S. Surgeon General. <a href="https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf">https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf</a>   |

|     |   |
|-----|---|
| 189 | Zeedyk, S. M., Cohen, S. R., Eisenhower, A., & Blacher, J. (2016). Perceived social competence and loneliness among young children with ASD: Child, parent and teacher reports. <i>Journal of Autism and Developmental Disorders</i> , 46(2), 436. <a href="http://dx.doi.org/10.1007/s10803-015-2575-6">http://dx.doi.org/10.1007/s10803-015-2575-6</a>  |
| 190 | Lasgaard, M., Nielsen, A., Eriksen, M. E., & Goossens, L. (2010). Loneliness and social support in adolescent boys with autism spectrum disorders. <i>Journal of Autism and Developmental Disorders</i> , 40(2), 218. <a href="http://dx.doi.org/10.1007/s10803-009-0851-z">http://dx.doi.org/10.1007/s10803-009-0851-z</a>   |
| 191 | Stancliffe, R. J., Larson, S., Auerbach, K., Engler, J., Taub, S., & Lakin, K. C. (2010). Individuals with intellectual disabilities and augmentative and alternative communication: Analysis of survey data on uptake of aided AAC, and loneliness experiences. <i>Augmentative and Alternative Communication</i> , 26(2), 87-96   |
| 192 | Flegenheimer, C. & Scherf, K. S. (2022). College as a developmental context for emerging adulthood in autism: A systematic review of what we know and where we go from here. <i>Journal of Autism and Developmental Disorders</i> , 52(5), 2075. <a href="http://dx.doi.org/10.1007/s10803-021-05088-4">http://dx.doi.org/10.1007/s10803-021-05088-4</a>  |
| 193 | Nitonde, R., & Nandapurkar, V. (2015). Soft skills and personality development. <i>The South Asian Academic Research Chronicle</i> . ISBN 978-81-925458-3-7   |
| 194 | What is self-direction? (2021). <i>Applied Self-Direction</i> . <a href="https://www.appliedselfdirection.com/what-selfdirection#:~:text=Self%2Ddirection%20is%20a%20model,and%20supports%20will%20be%20delivered">https://www.appliedselfdirection.com/what-selfdirection#:~:text=Self%2Ddirection%20is%20a%20model,and%20supports%20will%20be%20delivered</a>   |
| 195 | Ohio Department of Developmental Disabilities. (n.d.). 5123-2-01: <i>Technology first</i> . <a href="https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-01+effective+2022-04-21">https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-01+effective+2022-04-21</a>   |
| 196 | State of the States in Intellectual and Developmental Disabilities. (2025). <i>Technology first</i> . <a href="https://stateofthestates.ku.edu/technology-first">https://stateofthestates.ku.edu/technology-first</a>   |
| 197 | Ohio Department of Developmental Disabilities. (2025, January). <i>Rules in effect</i> . <a href="https://dodd.ohio.gov/forms-and-rules/rules-in-effect">https://dodd.ohio.gov/forms-and-rules/rules-in-effect</a>  |
| 198 | U.S. Department of Housing and Urban Development. (n.d.). <i>HCV Homeownership Program</i> . <a href="https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/homeownership">https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/homeownership</a>  |
| 199 | Accessory dwelling units. (2022). American Planning Association. <a href="https://www.planning.org/knowledgebase/accessorydwellings/">https://www.planning.org/knowledgebase/accessorydwellings/</a>  |
| 200 | Community Planning and Zoning. (2019). <i>Permitted uses, aka "use-by-right"</i> . <a href="https://community-planning.extension.org/permitted-uses-aka-use-by-right/">https://community-planning.extension.org/permitted-uses-aka-use-by-right/</a>  |
| 201 | Zhang, C. (2024). <i>Exploring the influence of zoning ordinances on the development of neuro-inclusive communities</i> . The Daniel Jordan Fiddle Foundation Adult Autism Public Policy White Paper. <a href="https://firstplaceglobal.org/wp-content/uploads/Exploring-the-Influence-of-Zoning-Ordinances-on-the-Development-of-Neuro-Inclusive-Communities-24-06-11-White-Paper.pdf">https://firstplaceglobal.org/wp-content/uploads/Exploring-the-Influence-of-Zoning-Ordinances-on-the-Development-of-Neuro-Inclusive-Communities-24-06-11-White-Paper.pdf</a> |
| 202 | Rapegno, N., & Ravaud, J. F. (2017). Disability, residential environment and social participation: Factors influencing daily mobility of persons living in residential care facilities in two regions of France. <i>BMC Health Services Research</i> , 17(1). <a href="http://dx.doi.org/10.1186/s12913-017-2602-8">http://dx.doi.org/10.1186/s12913-017-2602-8</a>   |

|     |   |
|-----|---|
| 203 | Foley, K. R., Girdler, S., Bourke, J., Jacoby, P., Llewellyn, G., Einfeld, S., Tonge, B., Parmenter, T. R., & Leonard, H. (2014). Influence of the environment on participation in social roles for young adults with Down syndrome. <i>PLOS One</i> , 9(9): e108413. <a href="https://doi.org/10.1371/journal.pone.0108413">10.1371/journal.pone.0108413</a> |
| 204 | Orlin, M. (1995). The Americans with Disabilities Act: Implications for social services. <i>Social Work</i> , 40(2), 233. <a href="https://link.gale.com/apps/doc/A16768101/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=54bc9300">https://link.gale.com/apps/doc/A16768101/AONE?u=phoenixpl&amp;sid=bookmark-AONE&amp;xid=54bc9300</a>                     |
| 205 | Ohio Housing Finance Agency. (2023). <i>2022-2023 Qualified action plan</i> . <a href="https://ohiohome.org/ppd/documents/2022-2023-QAP.pdf">https://ohiohome.org/ppd/documents/2022-2023-QAP.pdf</a>   |
| 206 | Desai, M., Dharmapala, D., & Singhal, M. (2010). Tax incentives for affordable housing: The low income housing tax credit. <i>Tax Policy and the Economy</i> , 24(1), 181-205. <a href="https://doi.org/10.1086/649832">https://doi.org/10.1086/649832</a>  |
| 207 | Usowski, K. & Hollar, M. (2008). Social policy and the U.S. tax code: The curious case of the low-income housing tax credit. <i>National Tax Journal</i> , 61(3), 519-529. <a href="https://doi.org/10.17310/ntj.2008.3.10">https://doi.org/10.17310/ntj.2008.3.10</a>  |
| 208 | Congressional Research Service. (2023). <i>An introduction to the low-income housing tax credit</i> . CRS Report. <a href="https://sgp.fas.org/crs/misc/RS22389.pdf">https://sgp.fas.org/crs/misc/RS22389.pdf</a>   |
| 209 | U.S. Government Accountability Office. (2018). <i>Low-income housing tax credit: Improved data and oversight would strengthen cost assessment and fraud risk management</i> . [GAO-18-637]. Congressional Publications. <a href="https://www.gao.gov/products/gao-18-637">https://www.gao.gov/products/gao-18-637</a>   |
| 210 | Neighborhood Stabilization Program. (n.d.). <i>Land banking 101: What is a land bank?</i> U.S. Department of Housing and Urban Development. <a href="https://files.hudexchange.info/resources/documents/LandBankingBasics.pdf">https://files.hudexchange.info/resources/documents/LandBankingBasics.pdf</a>   |
| 211 | Hamilton County Landbank: The Port. (2018). Historic structure stabilization program. <a href="https://www.cincinnatiport.org/wp-content/uploads/Historic-Stabilization-Web-Version-2019.pdf">https://www.cincinnatiport.org/wp-content/uploads/Historic-Stabilization-Web-Version-2019.pdf</a>   |
| 212 | Hamilton County Developmental Disabilities Services. (2022). <i>Momentum refresh</i> . <a href="https://www.hamiltondsohio.gov/momentum-refresh/">https://www.hamiltondsohio.gov/momentum-refresh/</a>  |
| 213 | Ghanouni, P. & Seaker, L. (2022). Healthcare services during the transitions to adulthood among individuals with ASD aged 15-25 years old: Stakeholders' perspectives. <i>Journal of Autism and Developmental Disorders</i> , 52(6), 2575. <a href="http://dx.doi.org/10.1007/s10803-021-05159-6">http://dx.doi.org/10.1007/s10803-021-05159-6</a>            |
| 214 | Friedman, N. D. B., Erickson, M., & Parish, S. L. (2013). Transition to adulthood for individuals with autism spectrum disorder: Current issues and future perspectives. <i>Future Medicine</i> , 3: 181-192  |
| 215 | Kuhlthau, K. A., Delahaye, J., Erickson-Warfi, M. (2016). Health care transition services for youth with autism spectrum disorders: Perspectives of caregivers. <i>Pediatrics</i> , 137(2): S158. <a href="https://doi.org/10.1542/peds.2015-2851N">10.1542/peds.2015-2851N</a>   |

|            |   |
|------------|---|
| <b>216</b> | Dressler, P., Nguyen, T., Moody, E., Sandra, F., Pickler, L. (2018). Use of transition resources by primary care providers for youth with intellectual and developmental disabilities. <i>Intellectual and Developmental Disabilities</i> , 56(1): 56-68. 10.1352/1934-9556-56.1.56   |
| <b>217</b> | HUD Exchange. (2023). <i>Section 811 PRA program</i> . U.S. Department of Housing and Urban Development. <a href="https://www.hudexchange.info/programs/811-pra/">https://www.hudexchange.info/programs/811-pra/</a>  |
| <b>218</b> | Housing Benefits 101. (2025). <i>MN DHS housing programs that help people with disabilities</i> . <a href="https://mn.hb101.org/documents/MN%20DHS%20Housing%20Programs%20that%20Help%20People%20with%20Disabilities.pdf">https://mn.hb101.org/documents/MN%20DHS%20Housing%20Programs%20that%20Help%20People%20with%20Disabilities.pdf</a>   |
| <b>219</b> | Mannat Health. (2020). <i>State investments in supportive housing: An inventory of state efforts</i> . State health & value strategies. <a href="http://www.shvs.org/wp-content/uploads/2020/01/Supportive-Housing-Chart_Final.pdf">www.shvs.org/wp-content/uploads/2020/01/Supportive-Housing-Chart_Final.pdf</a>  |
| <b>220</b> | HUD Exchange. (2025). <i>Housing opportunities for persons with AIDS</i> . U.S. Department of Housing and Urban Development. <a href="https://www.hudexchange.info/programs/hopwa/">https://www.hudexchange.info/programs/hopwa/</a>  |
| <b>221</b> | Centers for Medicare & Medicaid Services. (2023). <i>Person-centered services planning in HCBS: Requirements and best practices</i> . <a href="https://www.medicare.gov/medicaid/home-community-based-services/downloads/person-centrd-servc-plan-hcbs-req-best-pract.pdf">https://www.medicare.gov/medicaid/home-community-based-services/downloads/person-centrd-servc-plan-hcbs-req-best-pract.pdf</a> |



