Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

June 24, 2022

The Honorable Larry Hogan
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Bill Ferguson
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: SB 620/HB946 (Ch. 426 and 427 of the Acts of 2004) and Health – General §15-135(g) – Report on Home- and Community-Based Long-Term Care Services

Dear Governor Hogan, President Ferguson, and Speaker Jones:

The Maryland Department of Health (MDH) respectfully submits this report on home- and community-based long-term care services, pursuant to Health – General §15-135(g) and Senate Bill (SB) 620/HB 946 (2004). The report addresses MDH's efforts to promote home- and community-based services and to help nursing facility residents transition to the community.

If further information on this subject is needed, please contact Heather Shek, Director of Governmental Affairs, at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

Cc: Steven R. Schuh, Deputy Secretary, Health Care Financing and Medicaid
Heather Shek, Director, MDH Office of Governmental Affairs
Sarah Albert, Department of Legislative Services, 5 copies (MSAR # 8421)

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Money Follows the Individual Accountability Act Report
January 2021

Health-General Article §15-135 requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly on:

1) MDH's efforts to promote home and community-based services (HCBS);
2) The number of nursing facility residents referred by nursing facility staff or identified on the Minimum Data Set (MDS) assessments as expressing a preference to return to the community;
3) The number of nursing facility residents who transitioned from nursing facilities to home and community-based waiver services;
4) Any obstacles MDH encountered in assisting nursing facility residents to make the transition from a nursing facility to a community-based residence; and
5) MDH's recommendations for removing the obstacles.

This report is intended to satisfy these reporting requirements.

I. Background.

The Medicaid Program has offered home and community-based services (HCBS) as an alternative to nursing facility placement for many years. Service options began to increase dramatically in 2001 with the implementation of two HCBS waiver programs. These programs were the Waiver for Older Adults (WOA) and the Living at Home (LAH) Waiver, designed to provide community-based services to older adults and individuals with physical disabilities respectively. Medicaid's HCBS waivers are limited by enrollment caps and budget allocations; therefore, a central registry was created to collect contact information on individuals interested in receiving these waiver services.[1]

As the LAH Waiver approached its enrollment cap in November 2002, MDH announced a new "money follows the individual" policy. Under this policy, an individual who has been a nursing home resident, paid for by Medicaid, for at least 30 consecutive days, can apply for waiver services, even if those waivers are closed to community applicants. The policy is now codified in the Annotated Code of Maryland, Health-General Article §15–137.

In January 2014, the LAH Waiver and the WOA were consolidated to create the Home and Community-Based Options Waiver (HCBOW). Information on new potential applicants is now entered into the HCBOW Registry.

The Affordable Care Act (ACA) continues to expand health insurance to people previously uncovered, through the insurance exchanges and Medicaid expansion. Maryland opted to expand Medicaid under the ACA making Medicaid available to low-income, non-elderly adults

[1] The LAH Waiver and WOA were inundated with applications as soon as they began. Most of applications were from individuals who lived in the community, but some were from individuals who lived in nursing facilities. As a result, in December 2002 and May 2003 the LAH and WOA, respectively, closed to applicants from the community. Since that time, enrollment of applicants from the community has been limited. When the LAH and WOA closed to community applications, MDH created a Waiver Services Registry for each of the two waivers.

with dependents. The Money Follows the Person (MFP) demonstration was reauthorized by Congress in early January 2021. This reauthorization extends MFP through September 30, 2023. Maryland will continue to receive an enhanced match on all eligible waiver services for people with disabilities residing in institutions, who meet MFP eligibility, and move to the community via MDH's HCBS waivers.

II. A summary of efforts to promote home and community-based services.

This section presents a summary of the MDH's efforts to promote HCBS, including information on the Community First Choice (CFC) program, the Balancing Incentive Program (BIP), Maryland Access Point (MAP), and the Money Follows the Person (MFP) demonstration.

Community First Choice

The Community First Choice (CFC) program was established under the ACA and offered by the Centers for Medicare and Medicaid Services (CMS) to provide states an additional 6 percent in Federal Financial Participation (FFP) on the program's services. To maximize the enhanced federal match, the State consolidated similar services from three existing programs (services previously covered through the LAH Waiver and WOA, as well as services covered through the State Plan personal care option for individuals needing assistance with activities of daily living (ADL)) and now offers these services through CFC. This included removing CFC services from other programs to prevent duplication. These changes allow a more seamless experience for applicants and participants who may move between programs; standardization of rates, provider qualifications, and regulations across programs; and offer more service opportunities for participants. These changes were finalized on October 1, 2015, when all participants were transitioned into the new service structure. CFC continues to be a popular choice for individuals of all ages, living in their homes, in need of assistance with ADL, such as bathing, grooming, dressing, and instrumental activities of daily living (IADL).

Balancing Incentive Program

The Balancing Incentive Program (BIP), offered by the CMS and created by the ACA, provided financial incentives to states to increase community-based services as an alternative to institutional services. States that spent less than 50 percent of their long term care dollars on community-based long term services and supports received a two percent increase in their Federal Medical Assistance Percentages (FMAP). In order to receive enhanced FMAP, states had to achieve a balance by spending at least 50 percent of their long term services and supports budget on home and community-based supports, and implement three structural changes: (1) No Wrong Door/Single Entry Point System, (2) conflict-free case management systems, and (3) a core standardized assessment.

On April 1, 2012, Maryland became the second BIP state to be approved to begin collecting enhanced FMAP. In the first 18 months of BIP participation, Maryland submitted key deliverables including achieving the community-based supports spending benchmark; implementation of a core standardized assessment across the LAH Waiver, WOA, and Personal

Care programs; and implemented a No Wrong Door/Single Entry Point System, which in Maryland, is referred to as MAP.

The BIP's 2014 accomplishments were primarily related to enhancements to the LTSS*Maryland* Tracking System and the Maryland Access Point system. LTSS*Maryland* is the web-based eligibility coordination system for a number of home and community-based programs; it also contains the In-home Supports Assurance System (ISAS), which is a telephonic timekeeping system for personal assistance providers. Maintaining eligibility and program information in a single system makes it possible to review participation and service utilization across multiple programs. New features that were added to the system in 2014 included the CFC program, dynamic plans of service (POS) that change based on program type, the Brain Injury Waiver module, the Level One Screen, and the addition of the HCBOW Registry.

The BIP's 2015 accomplishments included gaining federal approval of an extension for BIP spending authority and the associated budgets through September 30, 2017 (the program was anticipated to end September 30, 2015). An additional $106 million in federal funds was generated by participation in BIP. Also during 2015, the remaining standardized assessment tools were selected and an agreement for use of the behavioral health assessment was finalized.

The BIP's 2016 accomplishments included the implementation of standardized assessment tools for the Brain Injury Waiver (Mayo-Portland Adaptability Inventory (MPAI) and Agitated Behavior Scale (ABS)), Behavioral Health (DLA-20 and DLA-20 for children) and the waiver operated by the Developmental Disabilities Administration (DDA) (Supports Intensity Scale (SIS) and Health Risk Screening Tool (HRST)). This implementation included training providers and integrating the tools into the information technology (IT) systems. A new initiative, the Hospital-to-Home Grant (H2H), was also implemented using BIP funds. The purpose of this grant was to assist local MAP sites in improving relationships with area hospitals and using innovation to improve hospital discharges.

Furthermore, in January 2016, BIP funding supported implementation of the Level One Screen of individuals on the HCBOW Registry. At present, the Level One Screen remains in use to prioritize individuals' for waiver services based on their risk of institutionalization. MDH continues to triage the Registry using the Level One Screen as the primary mechanism (80% based on risk of institutionalization, 20% based on the date the individual was added to the Registry).

The BIP spanned October 1, 2011 to September 30, 2015; however, additional funds earned continued to be drawn down through the execution of various initiatives. Maryland was no longer eligible to receive BIP funds on or about September 30, 2016. The BIP was significant for Maryland because it helped transform its long term services and supports by establishing No Wrong Door Systems for people to obtain information on Medicaid long term services and supports, streamlined access to long term services and supports, and implemented conflict-free case management ensuring access to quality long term services and supports for all individuals seeking them.

Maryland Access Point

Initially funded and supported through a federal Aging and Disability Resource Center initiative of the Administration on Community Living and the CMS, the Maryland Access Point (MAP) program serves as a trusted local resource that provides information about, and access to, long term services and supports.[2] MAP sites can be accessed in person or via phone and additional information can be accessed through the MAP website. The statewide toll-free number for the MAP program went live in June of 2014.[3]

The MAP program operates and maintains a statewide, public website that provides an extensive database with a user-friendly search capability and e-form capability, among other functions. In 2014, staff from the Maryland Department of Aging (MDoA) and the MDH worked with the provider union in preparation for a new searchable personal assistance provider registry hosted and maintained on the MAP website. The provider registry is accessible to the public, free of charge, and can be used by individuals searching for public and private-pay personal assistance providers. In February of 2015, the website was relaunched with these improvements and supported by a new vendor.

In addition to the statewide website, 20 local MAP sites are providing statewide coverage for all Maryland residents. The MAP expansion has been supported financially and programmatically from the Money Follows the Person demonstration (described in the next section) and the BIP. The MAP sites operate as conduits for new federal initiatives, the purpose of which is to create consistent standards across the State and develop programs that divert people from inappropriate and default transition to nursing facilities.

In 2012, the MDoA received a $2.3 million three-year grant to: (1) enhance Options Counseling statewide, (2) integrate the MAP initiative with the BIP and other ACA programs, and (3) develop a strategy for sustainability. Options Counseling is a service through which all individuals and their caregivers plan and make informed decisions regarding their long term care.

The MDH worked with the MDoA to develop a plan for federal Medicaid reimbursement on the State and local dollars that support those administrative activities for Medicaid-eligible individuals. As more individuals seek long term services and supports, the federal match is an important sustainable source of revenue to maintain and grow the MAP program to adequately meet the needs of Marylanders seeking assistance. The request to leverage State and local dollars in order to collect the federal match was submitted early in 2015, subsequently approved, and implemented in April 2016. The MDH continued to support the MAP sites in their training related to the requirements to draw down federal matching funds. In 2020, this FFP agreement between the MDH and the MDoA was renewed.

[2] In 2013, the Maryland Access Point program was codified under Human Services Article §§ 10-1001 through 10-1004 of the Annotated Code of Maryland.

[3] 1-844-MAP-LINK is the centralized number that allows individuals to call from anywhere and be routed to their local Maryland Access Point site or receive a warm hand off to the site of their choosing.

A strong partnership between the MDoA and the MDH has allowed for continued progress on the initiatives of the grant. One of the MAP's strengths is to educate individuals on both publicly and privately funded services, make referrals to available programs, develop action plans for immediate needs, and to help people plan for future needs. The Level One Screen is a tool the MAP sites began using in 2014 to assist in these Options Counseling sessions. The Level One Screen can be accessed in person or over the phone, and is used to help determine service needs, prioritize individuals based on risk of institutionalization, and make referral recommendations.

In 2015, the MAP sites began to administer the Level One Screen to new callers that expressed an interest in waiver services. As of January 1, 2016, the MAP sites are responsible for adding individuals to the HCBOW Registry. This provides an opportunity for people seeking services to receive Options Counseling and other referrals in one call. In 2018, a separate process to administer the Level One Screen was completed using a contractor. The contractor contacted all individuals on the HCBOW Registry and administered the Level One Screen to support future efforts to prioritize individuals based on risk and target limited waiver slot availability to those individuals that would be most likely to enter a nursing facility in the absence of services. In October 2019, the MDH began inviting individuals on the Registry to apply for the HCBOW based on risk of institutionalization as determined by data from the Level One Screen. The MAP Coordinators continue to refer participants to the HCBOW Registry and collect MFP consent forms. In FY20, 7,507 Level One Screens were completed. A subset of 6,978 Level One Screens were completed to add individuals to the HCBOW Registry. In FY20, 7,507 Level One Screens were completed. A subset of 6,978 Level One Screens were completed to add individuals to the HCBOW Registry.

In 2020, the MFP program partnered with the MDoA to provide ongoing support regarding changes to the LTSS*Maryland* Tracking System. The MFP program conducted two virtual training sessions, one in August 2020 and another in November 2020, to provide updates and support to users of the LTSS*Maryland* Tracking System.

Money Follows the Person

In 2008, the CMS awarded Maryland the MFP demonstration grant to improve the transition process to HCBS and increase the number of transitions from institutions, such as nursing facilities. The goal of the MFP demonstration is to offer additional resources to individuals in institutions by increasing outreach efforts and decreasing barriers to transition. Maryland Medicaid's first MFP participant moved to a community residence on March 18, 2008. Since then, 3,599 individuals have transitioned to the community from institutions (see transition breakdown below by HCBS waiver program through December 14, 2020).

Total MFP Transitions from March 18, 2008 – December 14, 2020

Elderly – 1,610
Physical Disabilities – 1,537
Brain Injury – 112
Intellectual/Developmental Disabilities – 340

Calendar Year 2020 MFP Transitions, as of December 14, 2020

Elderly – 51	Physical Disabilities – 72
Brain Injury – 7	Intellectual/Developmental Disabilities – 0

Transitions through the MFP demonstration were originally set to end on December 31, 2018. However, in January 2019, a short-term extension for the demonstration was authorized through the Medicaid Extenders Act of 2019. The CMS approved Maryland to continue transitioning individuals through the MFP demonstration through December 31, 2020.

At the November 10, 2020 MFP Stakeholders Advisory Group meeting, MFP staff announced that MFP institution-to-community transitions, MFP flex funds and peer mentoring would "pause" in CY21. The MDH noted its continuation of deinstitutionalization efforts according to Olmstead and Maryland's Money Follows the Individual Act (MFIA). As was the case previously when MFP paused MFP transitions, MDH anticipated that Congress would add additional funds. MFP continued to collect MFP Consent Forms and existing Rebalancing Initiatives such as MFP Options Counseling, Peer Outreach and Support, and the MFP Bridge Subsidy Program, continued. As reported at the MFP Stakeholders Advisory Group meeting in November 2020, MFP transitions did end December 31, 2020, but resumed on February 2, 2021 due the reauthorization of MFP, which included $450 million for MFP administration. This reauthorization is for fiscal years 2021 through 2023. The CMS also announced up to $5 million in supplemental funding for Maryland and other grantee states for Capacity Building activities such as:

- Assessing HCBS system capacity and determining the extent to which additional providers and/or services might be needed;
- Assessing institutional capacity and determining the extent to which the State could reduce this capacity and transition impacted individuals to more integrated settings;
- Provider and direct service worker recruitment, education, training, technical assistance, and quality improvement activities, including training individuals with disabilities to become direct service workers;
- Caregiver training and education;
- Assessing and implementing changes to reimbursement rates and payment methodologies to expand HCBS provider capacity and/or improve HCBS and/or institutional service quality;
- Building Medicaid-housing partnerships to facilitate access to affordable and accessible housing for Medicaid participants with disabilities and older adults; and
- Diversion strategies to prevent nursing facility admission.

At CY21 MFP Stakeholders Advisory Group meetings, content experts and MFP staff will facilitate "listening posts" on topics prioritized in a survey completed by stakeholders. Listening posts will culminate with recommendations from stakeholders to Medicaid management on whether or not to apply for the MFP supplemental funding. In June 2021, four Capacity Building written proposals were sent to CMS for approval based on stakeholder feedback.

MFP transitions in Maryland and in other grantee states have been significantly impacted by the COVID-19 pandemic. The MDH has continued to provide outreach to residents in nursing facilities through peer outreach and supports and MFP Options Counseling via the contractors. Due to the public health emergency, as of March 2020, these activities were completed primarily by telephone and remote access. The MDH continues to partner with other state agencies, MFP stakeholders, and advocates to brainstorm solutions to increase access to clients in nursing facilities by utilizing technology to improve communication. MFP has a verbal consent policy in effect, which removes in-person barriers related to nursing home visitor restrictions.

MFP collective outreach efforts for FY19 can be found below:

- 55 options counseling referrals were generated via family, friends, self, and guardians
- 2,337 options counseling referrals were generated via social worker, Medicaid Management Information System (MMIS) import, and MDS data
- 664 options counseling referrals were generated via peer supports
- 973 options counseling referrals were generated via the MDH

In 2015, Maryland's MFP sustainability plan was submitted and accepted by the CMS. This plan requires increased state funding and support for future projects that are currently funded by MFP that have demonstrated their value by saving institutional costs, reducing homelessness, and improving the quality of life and services for older adults and individuals with disabilities. Given the reauthorization of the MFP demonstration, Maryland's MFP sustainability plan continues to evolve.

Housing

As housing needs have evolved, so has MFP's response to the issue. MFP initially hired and trained five housing specialists in 2010 to provide direct housing assistance to MFP applicants[4]. The housing specialists worked closely with applicants, advocates, case managers, housing authorities, and landlords to secure and sustain successful tenancy. MFP continues to provide direct housing technical assistance, but has also broadened its focus to housing policy in order to work with partner agencies and develop a strategy to expand available housing stock over several years.

MFP housing staff invested a significant amount of time providing training during the fall of 2014. MFP housing trainings were targeted to supports planners and focused on direct housing assistance, including the documentation needed to secure housing, assessments that can be used to identify housing, how to prepare for an individual's transition, and how to support individuals to be good tenants once they have moved to the community. MFP housing trainings were provided to Supports Planning Agencies (SPA) within the Baltimore/Washington Metropolitan Statistical Area (MSA) in order to ensure that housing assistance would be available to individuals applying for the initial round of Project Rental Assistance (PRA) units. This training

[4] Living at Home Waiver applicants received housing assistance through the existing case management provider, MFP specialists worked primarily with applicants to the Waiver for Older Adults and applicants to state plan services.

was expanded to SPA statewide in 2015 following the second PRA award, and is provided throughout the year as part of the required training for new supports planners. From 2015 to the present, Maryland Partnership for Affordable Housing (MPAH) has also held statewide trainings for SPA, housing providers, Centers for Independent Living (CIL) staff, and other case management providers. These trainings provided information related to the PRA eligibility requirements, use of the MPAH web-based referral and registry system, strategies for assisting individuals to transition to permanent supportive housing, and approaches to support individuals with maintaining successful tenancy.

A summary of all affordable and accessible housing programs

For the U.S. Department of Housing and Urban Development (HUD) 811 PRA Program, Maryland was awarded three grants totaling 400 permanent supportive housing units with a monetary award of $27.9 million. In FY12, 150 units were awarded in FY13, 150 units were awarded; and in FY19, 100 units were awarded. As of February 2021, 322 of the 400 units had were built or were under construction and as of July 2021, 216 of those were occupied. The first two awards in FY12 and FY13 consisted of one- and two-bedroom units, and the third award in FY19 also included three-bedroom units.

For the Weinberg Affordable Apartments Program, Maryland was awarded three grants, totaling $7 million for construction and financial assistance. As of February 2020, 27 units had been built and occupied. MFP will continue to work with the Department of Housing and Community Development, the Maryland Department of Disabilities (MDoD), and property developers to identify and build units for this program.

For the MFP Bridge Subsidy Program, 63 participants have been housed since its inception in 2016. As of July 2021, 38 participants are being housed through this program.

Unfortunately, the public health emergency resulting from the COVID-19 pandemic has impacted MFP by slowing down the number of transitions.

A summary of current MFP housing activities

- MFP provided a virtual good tenancy training to MFP participants who recently moved into Section 811 housing. The training was adapted to account for the suspension of home visits during the COVID-19 pandemic. Person-centered trainings were conducted by phone or by webinar according to the participants' needs.

- MFP collaboratively developed a new Memorandum of Understanding (MOU) with the Weinberg Foundation, which increased the populations that can be served by the Weinberg Affordable Apartments. The program now targets:

    - Transitioning youth with intellectual and developmental disabilities between 18-35 years of age who are living with aging caregiver(s), in a group home setting, or transitioning from permanent supportive housing;
    - Individuals/families experiencing homelessness; and

  - Youth aging out of foster care who are disabled and experiencing homelessness or at risk of homelessness.

- In 2020, with the consent of MFP stakeholders, MFP expanded eligibility for the MFP Bridge Subsidy Program. The new eligibility criteria requires that applicants:

  - Are at least 18 years of age;
  - Have a household income of $19,000 or less;
  - Meet the requirements of local Public Housing Authority and Housing Choice Voucher programs; and
  - Reside in a skilled nursing facility or state residential center at the time of application, or, for Brain Injury Waiver participants, be transitioning from an Alternative Living Unit (ALU), assisted living facility (new), or alternative living unit/group home (new) at the time of application.

- MFP Housing and Compliance Director is working with its partners at MDoD and the Department of Housing and Community Development to identify jurisdictions that have open commitments for the MFP Bridge Subsidy Program and may be willing to take more participants.

- The MPAH is in the process of surveying stakeholders about their training needs and will develop training for case managers to address those needs.

III. The number of individuals referred by nursing facilities or identified by the Minimum Data Set.

The Minimum Data Set (MDS) is a federal assessment for all nursing facility residents, regardless of payer. The MDS assessments, conducted upon admission and annually, ascertain whether the resident has expressed a preference to return to the community. A resident is defined as any person staying within the nursing facility, regardless of his or her expected duration of stay or whether he or she maintains an official residence elsewhere.

The CMS implemented a new version of the MDS assessment on October 1, 2010. The revisions included a requirement for states to create a Local Contact Agency (LCA) responsible for responding to requests for information about community living. The MFP demonstration was designated as the LCA for Maryland and must respond to MDS referrals by providing Options Counseling to all interested nursing facility residents, regardless of Medicaid eligibility or payment source. In November 2013, a daily MDS electronic feed was implemented into the LTSS*Maryland* Tracking System to automate the referral process. The MFP demonstration received 2,049 MDS referrals from January 1, 2020 to December 14, 2020, including 1,711 for individuals who are not eligible for Medicaid.

IV. The number of individuals who have transitioned from nursing facilities to home and community-based waiver services.

From December 2002 to January 2014, 1,013 individuals have transitioned from nursing facilities to the community through the LAH Waiver.

From December 2002 to January 2014, 3,265 individuals have transitioned from nursing facilities to the community through the WOA.

From January 6, 2014 to December 31, 2020, 2,477 individuals have transitioned from nursing facilities to the community through the HCBOW.

V. Obstacles confronted in assisting nursing facility residents to make the transition from a nursing facility to a community-based residence.

The primary obstacle for individuals that wish to transition from a nursing facility to a community-based residence continues to be the lack of affordable and accessible housing. Housing affordability for individuals receiving public benefits is difficult in many locations, but Maryland is one of the least affordable in the country. Traditional "extremely low-income" programs that target individuals at 30 percent of area median income are still not affordable for Medicaid beneficiaries that receive Supplemental Security Income (SSI). In order to make truly affordable housing for SSI recipients in Maryland, rents must be subsidized down to 13 percent of area median income. It is necessary to provide outreach and education to developers and housing financers so that they understand that even the "extremely low-income" housing programs are still out of reach for a significant number of individuals that rely on Medicaid-funded HCBS.

The HCBS Settings Final Rule, established by the CMS, has the potential to exacerbate the housing problem by creating new standards for group homes and other congregate settings that are sometimes chosen by those who cannot access independent housing. This Final Rule creates requirements for settings that are eligible for reimbursement by Medicaid. These programs include Maryland's CFC program and the waiver programs, including the HCBOW, Community Pathways, Community Supports, Family Supports, Medical Day Care, Autism, Model, and Brain Injury Waivers. Under the Final Rule, the CMS no longer defines community settings by location, geography, or physical characteristics, but by the nature and quality of individuals' experiences, which results in a more outcome-oriented definition. Many HCBS providers will need support to meet this standard or may not continue to participate with Medicaid once the Final Rule is fully implemented. This will create increased demand for independent housing and require additional state investments. Based on guidance issued by the CMS to State Medicaid Directors on July 14, 2020, the CMS updated the Final Rule implementation timeline to March 7, 2023.

VI. Recommendations for removing the obstacles confronted in assisting nursing facility residents to make the transition from a nursing facility to a community-based residence.

MFP funding supports dedicated housing staff through the end of the demonstration, but in order to maintain the progress that has been achieved in the housing arena, the MDH needs staff committed to expanding existing relationships and developing new ones in the area of housing. Medicaid, the State Housing Finance Agency, developers, public housing authorities, and advocates must work together to find solutions that will allow individuals to have safe, affordable, and accessible housing, and to meet the challenges of the new federal rules on HCBS settings. Overall, it is necessary to conduct outreach to builders and developers so they understand the demand for affordable, accessible housing, as well as provide education to landlords and property managers so they understand the supports and services that are available to individuals that receive HCBS. Without a sufficient supply of safe, accessible, affordable housing, low-income individuals that could be served in the community will remain in nursing facilities.