

colorado housing and finance authority

neuro-inclusive housing



white paper | june 2022





Photo courtesy of First Place AZ by Good Eye! Media

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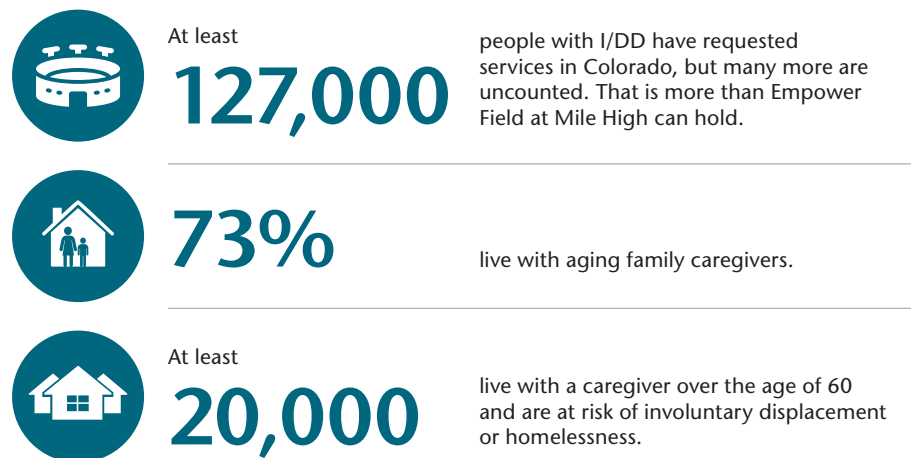
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introduction

Colorado Housing and Finance Authority (CHFA) commissioned this white paper to explore the housing needs and related resources in Colorado for residents with an Intellectual and/or Developmental Disability (I/DD). The paper provides background information about the history of residential options for individuals with I/DD, and also provides an overview of current barriers, unique considerations, and resources available to both individuals and housing developers.

Figure 1: Colorado Housing Demand for People with I/DD



Credit: Neuro-Inclusive Housing Solutions, LLC

Colorado Revised Statutes C.R.S. 25.5-10-202 defines I/DD as “a disability that manifests before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected person, and that is attributable to an intellectual and developmental disability or related conditions, including Prader-Willi syndrome, cerebral palsy, epilepsy, autism, or other neurological conditions when the condition or conditions result in impairment of general intellectual functioning or adaptive behavior...”¹ A person with I/DD may have various cognitive impairments such as challenges with reading or budgets, verbal communication, memory, social skills, or multistep planning or problem solving, and may process environmental inputs differently. More than their diagnosis, Colorado residents with I/DD are a diverse population of skiers, swimmers, artists, gardeners, community volunteers, employees, and more.

Just like the neurotypical population, adults with I/DD have diverse housing preferences. They need a broad range of housing choices at differing price points, with various accessible-design accommodations and supportive amenities. Without access to affordable, accessible housing, individuals with I/DD are at high risk of being involuntarily displaced from their community into provider-controlled settings [adult foster care (host homes) or group homes] or experiencing homelessness when they can no longer be housed with family caregivers due to the aging population of such caregivers.

Once homeless, access to a shelter and assistance

may be difficult due to heightened sensory sensitivity, overcrowded spaces, aversion to being touched (patted down) by others, requirements around storing personal items, and inability to read or fill out forms, etc.^{2,3,4} It is unknown how many chronically homeless or “unsheltered” individuals with autism or I/DD are living on the street due to inaccessible shelter spaces and processes.

Research estimates 12% to 39% of the population experiencing homelessness have an intellectual disability and 12% to 21% may be on the autism spectrum.^{5,6}

Figure 2: Diversity of Residential Solutions



Accessory Dwelling Unit added to family property:

Raveesh utilizes or receives a supportive living services Medicaid waiver. He loves the neighborhood he grew up in, but wanted more freedom. Equipped with enabling technology, his ADU offers the privacy he desires with the cognitively accessible prompts he needs to remember things. When his parents pass, the single family home can be rented to a household that desires to include him in weekly meals and be a safety net for transportation or emergencies.



Rent an apartment in a neuro-inclusive planned community:

Ryan is a college graduate who was diagnosed on the autism spectrum. He was deemed ineligible for Medicaid waiver services. Luckily, he found a subsidized unit in a neuro-inclusive planned community that has the supportive amenities he needs (a meal plan, community navigator, and benefits counselor) to live independently and not become homeless.



Family buys duplex for shared living arrangement:

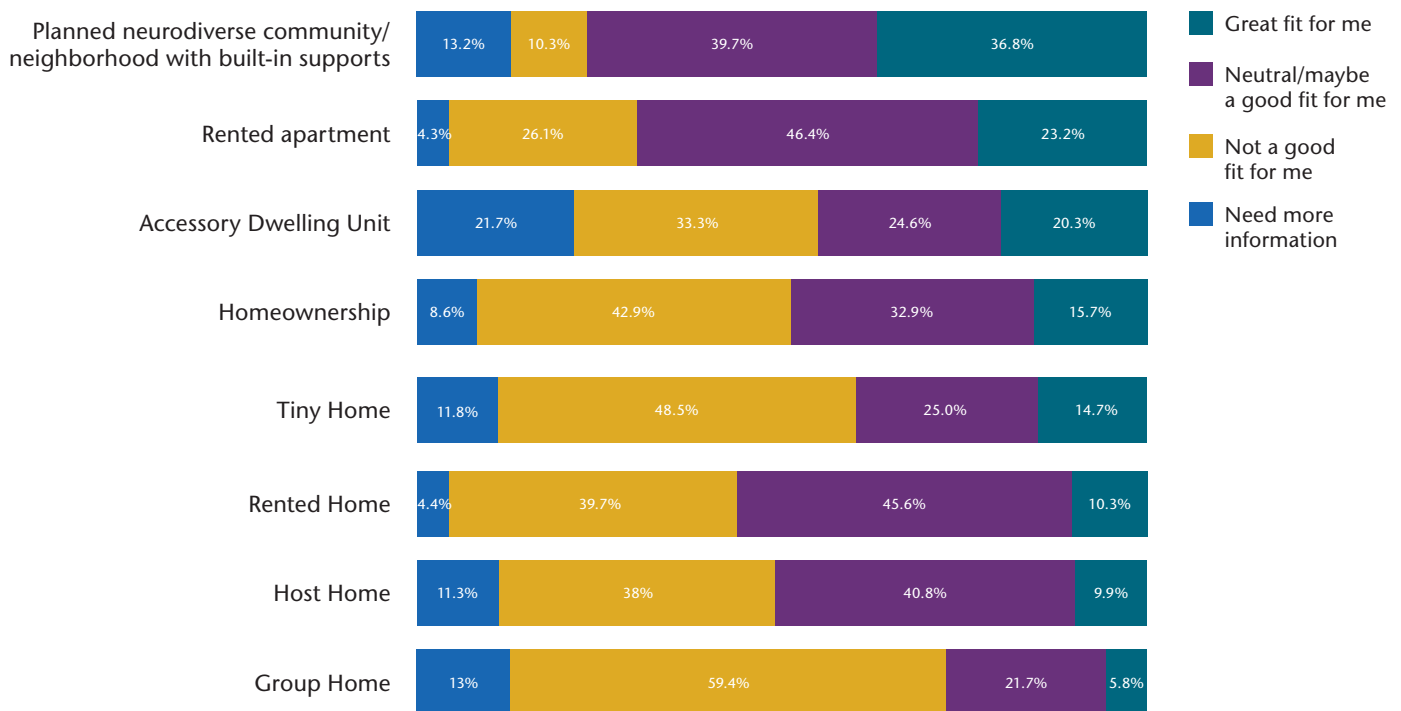
Krysta utilizes a developmental disabilities Medicaid waiver and has 24/7 support needs. She has a supervised diet due to Prader-Willis syndrome and thrives on routine. Her parents sold their home and bought a duplex near their daughter’s favorite bike trail. They live on one side and their daughter lives in the adjacent unit with a live-in caregiver.

Credit: Neuroinclusive Housing Solutions, LLC

chfa research on neuro-inclusive housing

In January 2020, CHFA began exploring the housing need for individuals with I/DD by conducting interviews with subject matter experts from nonprofits, I/DD advocacy organizations, government agencies, and private developers. CHFA also surveyed people with I/DD and their caregivers to better understand the needs of the I/DD population. The combined results established there are significant barriers to accessing housing for individuals with I/DD and specific housing situations and design features that can help to meet their needs. CHFA’s research also indicated that although there are some housing types that are more popular than others among those surveyed, a range of rental housing and homeownership solutions are needed.

Figure 3: CHFA Neuro-inclusive Housing Survey Results: What housing type would be a good fit for you?



Ranked by Great Fit Percentage.

n=75

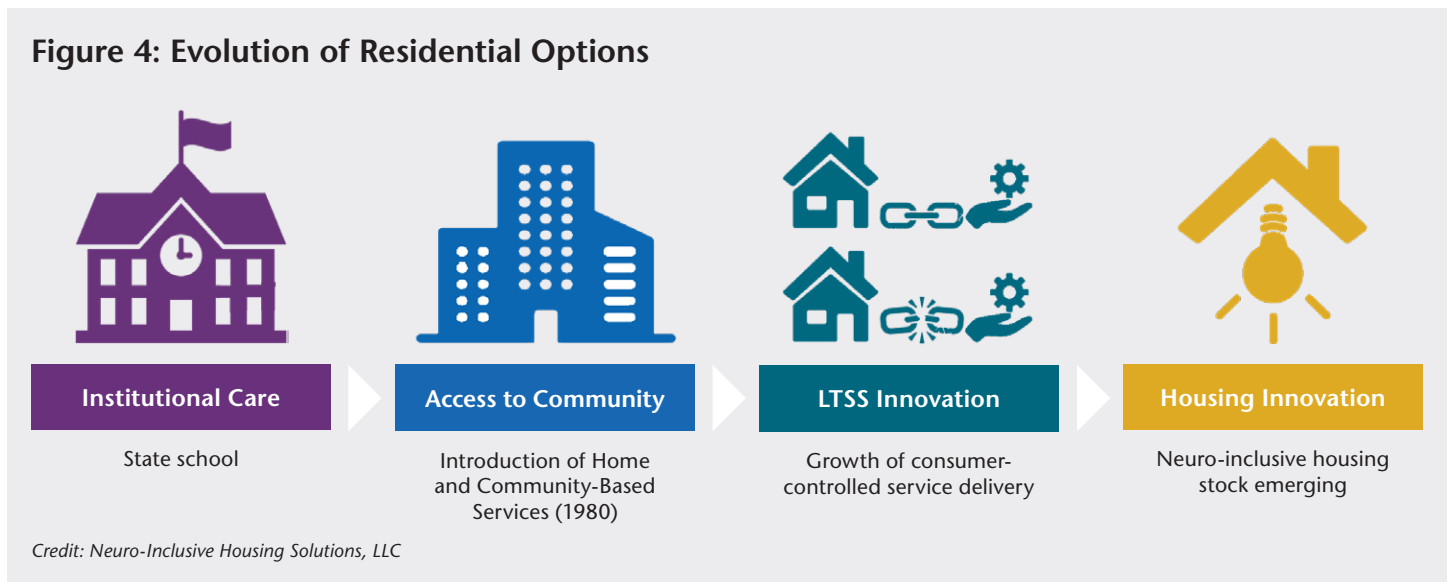
CHFA Neuro-inclusive Housing Survey, 2020. Survey distributed to people with intellectual and developmental disabilities and their parents/guardians through the organization Parent to Parent of Colorado (<https://www.abilityconnectioncolorado.org/p2p-co/>).

“I would like a tiny house in a community with green space, social and economic supports, security, and community centers. It must have public transportation. Soundproof walls and double pane windows.”

– CHFA Neuro-Inclusive Housing Survey Respondent

history of residential options

Today, adults with I/DD can live in their own home and access individualized services, but this was largely not possible even a decade ago due to lack of access to Medicaid services.



Institutional Care (Prior to 1981)

Self-advocates with I/DD who were forcefully institutionalized still share their stories of dehumanizing conditions and treatment in institutions.⁷ Doctors often told parents of children with I/DD that they needed specialized care and should be institutionalized. In 1971, Medicaid began regulating and funding residential programs for people with I/DD in the U.S., creating a new program called Intermediate Care Facilities for the Mentally Retarded (ICF-MR).⁸ Now referred to as Intermediate Care Facilities-Intellectual Disabilities (ICF-ID), this option is still an entitlement and residential choice for people with I/DD.

Access to Community (1981-1990s)

It was not until 1981 that a new Medicaid authority called Home and Community-Based Services (HCBS) was introduced. This program allowed individuals with I/DD to “waive” their entitlement to be institutionalized and opt into the HCBS program.⁹ Service providers could now buy

or rent homes in typical neighborhoods and offer services in smaller “group home” residential settings. Using this new Medicaid program, people with I/DD could live and be supported in local communities.

Long-term Services and Supports (LTSS) Innovation (1990s-Today)

Group homes were an important deinstitutionalization step, but disability rights activists continue to advocate for more residential options and service delivery choices. For example, the existing group home framework means the service provider is also one’s landlord, causing residents with I/DD to move or relocate if they are unhappy with their service provider. Starting in the 1990s, Medicaid allowed states to expand HCBS service delivery choices to permit people with disabilities to live in their own home and choose (and replace as desired) their service provider.¹⁰ The separation of one’s service provider from their housing is called a consumer-controlled setting, versus a provider-controlled setting.

Figure 5: Consumer-controlled and Provider-controlled Settings

How are housing and services connected?



Provider-controlled Housing

Resident pays rent to their LTSS service provider; housing and Long-term Services and Supports (LTSS) are inextricably connected.

Consumer-controlled Housing

Resident pays rent to a landlord; housing and Long-term Services and Supports (LTSS) provider are disconnected.

Credit: A Place in the World: Fueling Housing & Community Options for Adults with Autism and Other Neurodiversities

In Colorado, there are two HCBS waivers specifically designed to meet the needs of people with I/DD:

1. The Supportive Living Services (SLS) waiver targets individuals who can live in their own home (consumer-controlled setting) without 24/7 support.¹¹ There is no waiting list.
2. The HCBS Developmental Disability (DD) waiver specifically supports people with I/DD who have 24/7 support needs in a consumer-controlled or provider-controlled setting.¹¹ There are approximately 3,000 on a waiting list for this waiver, with some who have been waiting for over a decade.¹²

Medicaid HCBS waivers have continually evolved to offer people with I/DD more choice and control over their lives. Today, people with I/DD can have a roommate who is also their caregiver; hire an agency to manage their staff; hire, train, and schedule their own staff without going through a service agency; and utilize remote support and enabling technology. The culture of supporting people with I/DD continues to evolve towards a more person-centered model, in which individuals with I/DD can direct their own lives and access various tools as needed to reach their life goals.¹³

Figure 6: Elements of a Person-centered Life



Credit: Neuro-Inclusive Housing Solutions, LLC

neuro-inclusive housing framework

Neuro-inclusive housing considers the physical and cognitive accessibility needs of individuals with I/DD, but is not exclusively for this population. These elements describe three key features of a residential solution for a person with I/DD:

- 1. Physically and Cognitively Accessible Housing:** Examples of physically and cognitively accessible design elements include sensory-friendly lighting, using images along with text on signs, easy-to-clean features, wayfinding techniques, universal design strategies, and pedestrian orientation.¹⁴
- 2. Individualized Long-term Support Services:** The diverse population of people with I/DD have various levels of support needs that can range from needing a check-in every few days, to requiring one-on-one help with all daily activities. One of the most important resources for people with I/DD is a Medicaid HCBS waiver, which pays for individualized services. Individuals can access these waivers by

connecting with a case manager at one of Colorado's regional Community Centered Boards (CCB).¹⁵

- 3. Supportive Amenities:** Neuro-inclusive multifamily housing can have resources connected to the property that can be provided by community-based partners and available to benefit all residents with or without disabilities. Examples include weekly planned social activities, organized cooking classes or meals, a community navigator, co-located social enterprise, etc.¹⁴ Although neuro-inclusive housing is designed to be accessible for residents with I/DD, supportive amenities can benefit neurotypical neighbors as well.

Figure 7: Neuro-inclusive Housing Models in Colorado

Trailhead Community
In development: Littleton, Colorado



Housing: Multifamily, for-sale and for-rent units for older adults and individuals with I/DD

Individualized Services: Resident chooses preferred service provider

Supportive Amenities: Optional meal plan, 24/7 "concierge staff," security features, multimedia room, craft room, sports court, and fitness room

Financing: Private sales, nonprofit fundraising, and gap financing provided by CHFA's Housing Opportunity Fund.

Providing 20 units of affordable rental housing for residents with incomes below 80 percent AMI

trailheadcommunity.org

Photo courtesy of Trailhead Community

30PRL

Boulder, Colorado



boulderhousing.org/30pearls-independent-living-program

Photo courtesy of Boulder Housing Partners

Housing: Mixed-use, affordable 120-unit development, with 20 units set aside to serve residents with special needs

Individualized Services: Independent living program supported by the services of the Ramble Collective

Supportive Amenities: Community liaison and navigator, planned activities, potential to participate in an apprentice program at a co-located social enterprise

Financing: Awarded federal and state Housing Tax Credits by CHFA. Additional financial support provided by The City of Boulder, Boulder County Worthy Cause, and Boulder Housing Partners

Yellow House

Carbondale, Colorado



warmboardreview.com/blog/2016/4/6/the-yellow-house-for-adults-with-autism

Photos courtesy of Yellow House

Housing: Single family home and ADU renovated with sensory-friendly features

Individualized Services: Local service provider, Ascendigo Autism Services, provides individualized services

Supportive Amenities: Property management by third-party contractor, resident assistant lives in ADU, security features, extra durable products, and easy-to-clean features including bathroom floor drain

Financing: Family created an LLC to purchase and renovate home. Up to three housemates pay below-market rent to LLC.

barriers to housing

There is no specific landmark policy or housing assistance program that targets the needs of people with autism or I/DD.¹⁶ When seeking residential options outside of the family home, adults with I/DD experience many barriers to housing access and long-term housing security.

Rental housing is not affordable for most adults with I/DD.

Thus, their options become limited to a group home, host home, or they may become homeless—all of which are often more expensive for Colorado taxpayers.

An estimated 76 percent of Coloradans with I/DD

receiving Medicaid-funded support services are unemployed.¹⁷ Those employed work an average of 9.3 hours a week and earn an average of two cents above minimum wage.¹⁷ Most will rely on Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) based on their parents’ past contributions. The following table describes the maximum rent most adults with I/DD could afford in Colorado:

Figure 8: Housing Affordable for People with I/DD

Income source	Total monthly income (includes deduction of SSI due to earned income)	Percent of income needed to afford a market-rate one-bedroom rental: \$1,154/mo	Cost of rent needed to be “affordable”*
2022 Maximum SSI benefit	\$841	137%	\$252
Average SSDI adult child survivor benefit	\$921.03	125%	\$276
8 hours a week at 2022 minimum wage (\$12.56/hour), plus SSI	\$401.92 + \$682.54 = \$1,084.46	106%	\$325
16 hours a week at minimum wage, plus SSI	\$803.84 + \$481.58 = \$1,285.42	90%	\$386
24 hours a week at minimum wage, plus SSI	\$1,205.76 + \$280.62 = \$1,486.38	78%	\$446
40 hours a week at minimum wage (SSI no longer available due to earned income)	\$2,009.60	57%	\$603

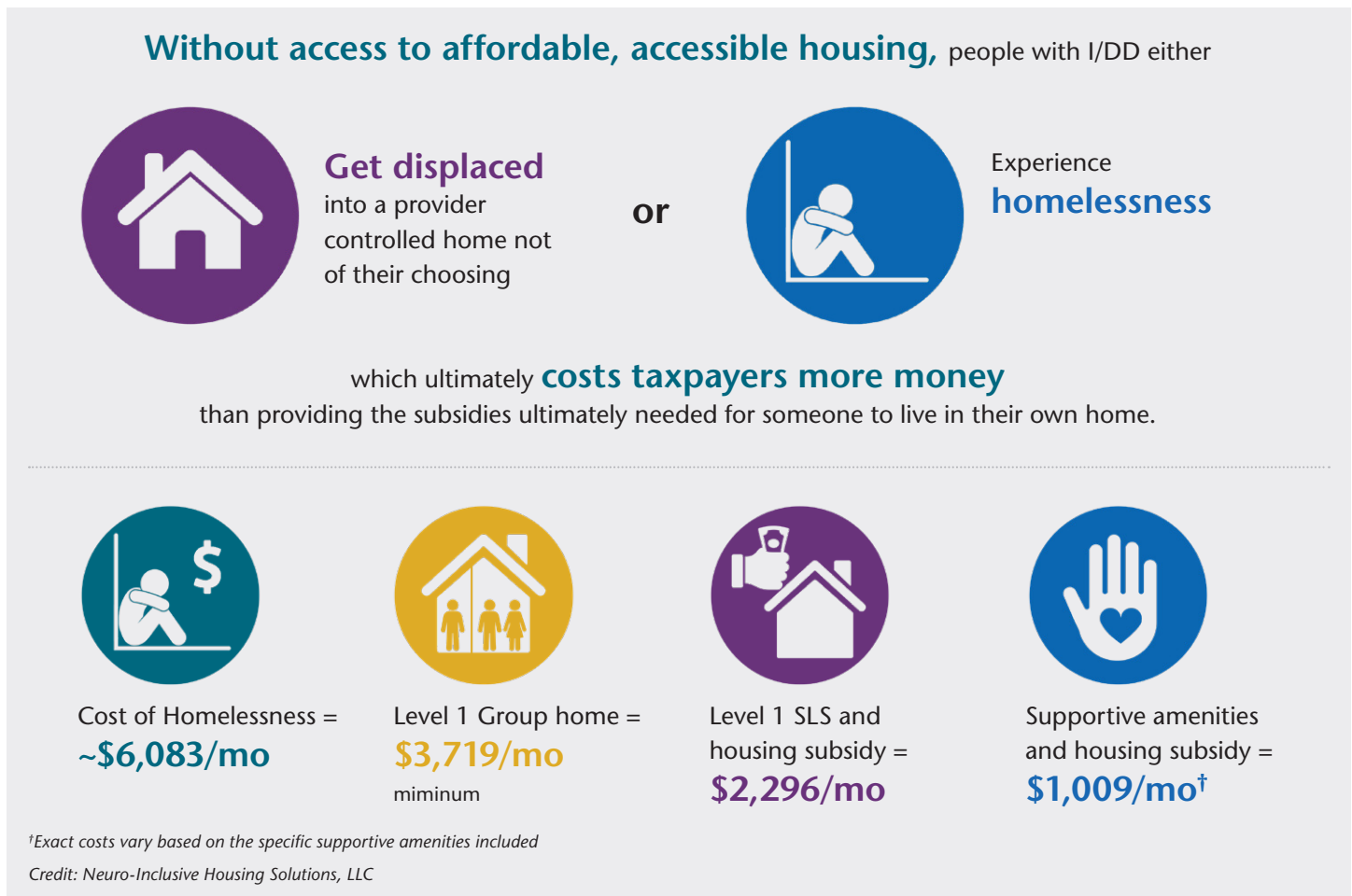
*Affordable is generally considered to be no more than 30% of gross income

Credit: Neuro-Inclusive Housing Solutions, LLC

For an individual who is assessed to have Level One support needs, the lowest level of support for eligible waiver recipients, investing in housing can decrease their Medicaid waiver costs by at least 40 percent.¹⁸ Without access to housing, the displacement to a provider-controlled setting would cost a minimum daily Medicaid rate of \$122 a day.¹⁸ They would have to use the majority of their SSI income to pay their service provider room and

board as Medicaid HCBS waiver funding is restricted from being used for housing. For those with I/DD ineligible for waiver services, access to cognitively accessible housing and supportive amenities can save them from falling into homelessness. By providing more housing and support options, people with I/DD could move into a less restrictive setting while reducing Medicaid costs and freeing up more waiver opportunities for others.

Figure 9: Cost Benefits of Investing in Neuro-Inclusive Housing



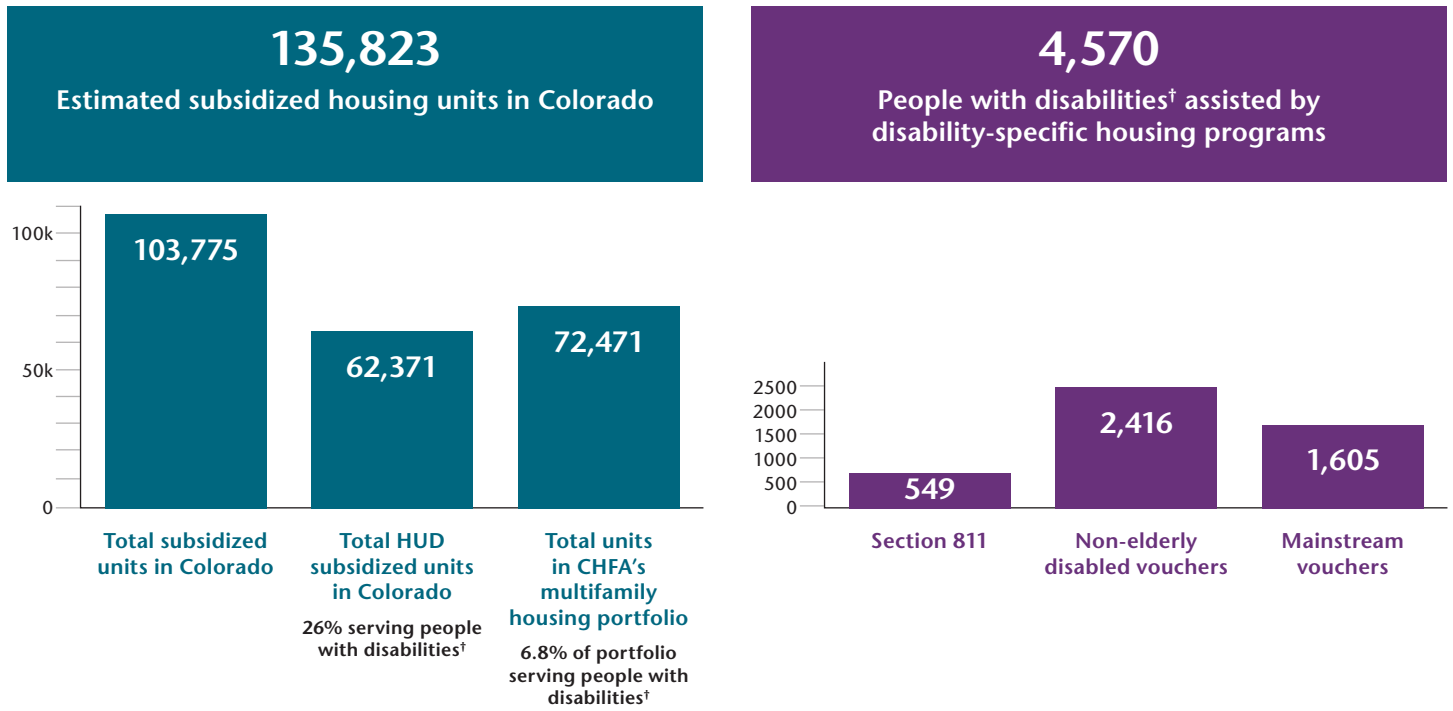
Unlike other at-risk populations, there is not a dedicated state program to meet the needs of people with I/DD who struggle to access housing assistance programs.

Individuals with I/DD and their families often work with their case manager at the Community Centered Board, who may have limited housing navigation resources, to help them solve complex housing challenges. Although individuals with I/DD are almost always financially eligible for housing assistance as they have Extremely Low Income (ELI), there is a shortage of 113,110 affordable rental units for people with ELI in Colorado.¹⁹ HUD offers the following programs to support people with disabilities: Section 811

and Mainstream and Non-Elderly Disabled (NED) Vouchers.^{20, 21} These disability-specific HUD programs are unable to meet demand due to inadequate supply and do not only support adults with I/DD, but adults with any disability. In Colorado, the Section 811 program is allocated first to those leaving institutions and then to those currently or at imminent risk of experiencing homelessness.²² This requirement is a major barrier to transitioning adults with I/DD out of the family home prior to the death or health crisis of the primary family caregiver. Nearly 20,000 people with I/DD live with aging caregivers over the age of 60.²³

Current housing assistance programs will not be able to meet this quickly approaching, urgent demand.

Figure 10: Supply and Demand of Housing Assistance for People with I/DD in Colorado



91,903
People with I/DD living with family caregivers

Types of subsidized units listed above may overlap and a the same person/unit may receive more than one type of subsidy.
 *Data may not include all state and locally funded subsidies
 †Includes all disabilities, not specifically I/DD
 Credit: Neuro-Inclusive Housing Solutions, LLC

Nearly 20,000 people with I/DD live with aging caregivers over the age of 60. Current housing assistance programs will not be able to meet this quickly approaching, urgent demand.



Photo courtesy of First Place AZ by Good Eye! Media

Even when individuals with I/DD can access a housing voucher, people with I/DD have barriers to accessing current housing stock.

Cognitively Inaccessible: An individual who cannot control vocal tics or repetitive behaviors (like jumping) requires a first-floor unit or sound-proof space to prevent repeated disruption of neighbors and noise complaints. An individual who does not have fluid graded movements may accidentally cause repeated property destruction due to non-durable fixtures.

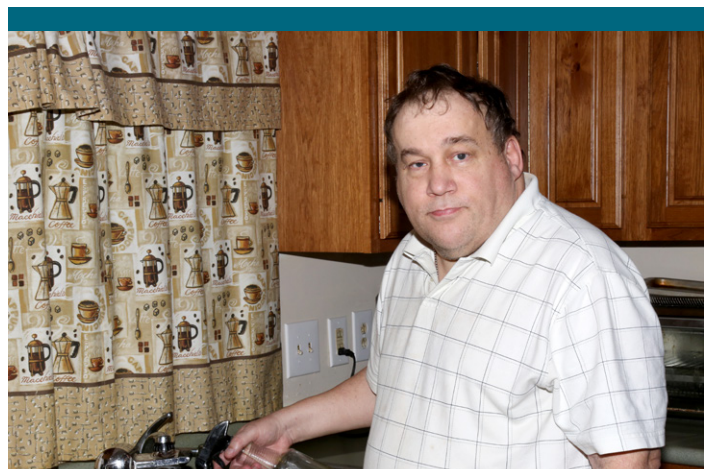
Unsafe: Location and security features must be carefully considered as adults with I/DD are at high risk of abuse and mate crime. Individuals with cognitive disabilities have a significantly greater risk of being the victims of both simple assault and a serious violent crime than other persons with disabilities.²⁴ Of those on the autism spectrum, 66.5 percent and 62.5 percent of those with I/DD report having been victims of physical, emotional, or sexual abuse. In a national survey, nearly half of victims did not report abuse. For those who did report abuse, nearly 54 percent said that nothing happened, and the perpetrator was arrested in less than 10 percent of reported cases.²⁵ In a study conducted on mate crime, 100 percent of respondents 16-25 years old with autism reported they can not distinguish between someone who is a friend or someone who is a bully, exploiting, or abusing them.²⁶

Discrimination: Discrimination based on disability continues to account for the greatest number of Fair Housing discrimination complaints across multiple agencies.²⁷ Despite the cultural advancements of past disability-related stigmas, landlords still reject rental applications due to perceived related complications, whether it be financial, criminal, or simply how the differences of adults with I/DD may impact other renters in the building.²⁸

People with I/DD are often statistically invisible in planning and community development.

The historical background coupled with the majority of this population being “housed” in one’s family home, results in statistically invisible affordable housing needs of people with I/DD. Local needs assessments of people with I/DD in Denver and Boulder indicated that housing was the top “unmet need” and “biggest problem” in both studies.^{29,30} In order to appropriately plan for and prevent trauma, the following data points should be considered:

- Population of residents with I/DD who would likely meet eligibility criteria for waiver services
- Population of residents with I/DD who do not or would likely not meet eligibility criteria, yet have supportive housing needs
- Population of people with I/DD experiencing homelessness
- Number of people involuntarily displaced due to lack of housing options
- Number of people currently living in a provider-controlled setting who would prefer to live in their own home but are unable to due to lack of housing
- Households who have a child or adult dependant with I/DD living in the home that are housing cost-burdened (spending more than 30 percent of their income on housing costs)



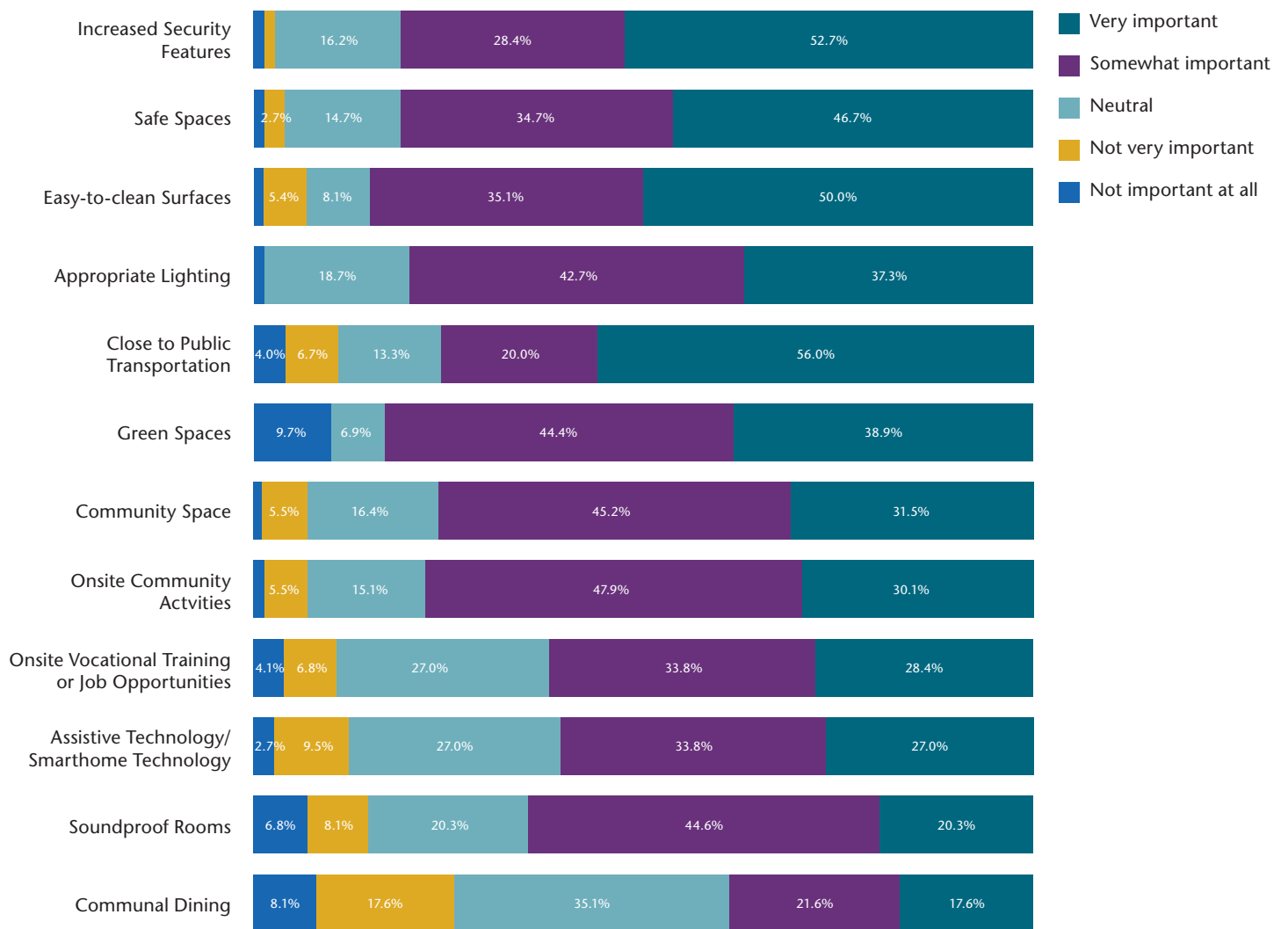
unique considerations to meet housing needs

Development of Cognitively Accessible Housing Stock is in Demand

Elements of cognitive accessibility may include sensory-friendly lighting, increased soundproofing, and easy-

to-clean features. Additionally, wayfinding strategies, continuous-line-of-sight design, and having access to social spaces in places can help people feel accepted and safe.¹⁴ Research conducted by CHFA offers insights into the demand for different neuro-inclusive design considerations to make housing more accessible for people with I/DD:

Figure 11: CHFA Neuro-inclusive Housing Survey Results: Design Elements Preference



Ranked by highest average score.

n=75

CHFA Neuro-inclusive Housing Survey, 2020. Survey distributed to people with intellectual and developmental disabilities and their parents/guardians through the organization Parent to Parent of Colorado (<https://www.abilityconnectioncolorado.org/p2p-co/>).

In addition to CHFA research, there have been two local market analyses that have shed light on the preferences of this largely invisible population: (1) Developmental Pathways, a Community Centered Board, commissioned a report for Douglas and Arapahoe counties and the city of Aurora in 2020; and (2) multiple partners in Denver conducted a joint market analysis in 2021 called Inclusive Housing Denver.^{31,32}

Funding for Supportive Amenities May Keep More People Housed.

For individuals who cannot access a Medicaid HCBS waiver, supportive amenities may be able to offer enough support to keep people with I/DD successfully housed. Access to a meal plan, assistance with housekeeping, drop-in support a few hours a week, or even a monthly life coaching session are all examples of supportive amenities that can help someone pay their bills on time, identify areas of mental or physical well-being that need attention, or bridge the gap to connect them with needed community resources.

Development of Tools and Industry Awareness Regarding Familial Housing Investment is Needed.

Due to experiencing extremely low income throughout their lifespan and limitations of home modifications in rental units, investment in homeownership programs for asset development in addition to permanent rental subsidies should be considered for residents with I/DD and their families. Due to the nature of the cognitive impairment, the home asset may need to be owned and managed by a family member, special needs trust, or other legal entity to prevent future neglect or exploitation. Additional guides, targeted financial tools, or financial incentives are needed that would allow families to bequeath their home, purchase a home, or purchase a percentage of a home with others to ensure housing stability for a loved one with I/DD.

Enabling Technology Can Increase Security, Safety, and Independence.

As the majority of this population statistically has experienced abuse or bullying, properties that have additional security features or 24/7 resident assistants can make people with I/DD feel more confident and safe in their home. Enabling technology security features such as automatic stove shut off, remote support (similar to telehealth), motion detectors to identify seizures or irregular movements, and video-enabled doorbells are all options that local market analysis has shown to be in demand.

Social Cohesion Design in Single-person Households May Increase Well-being.

Individuals with I/DD are largely single-person households; some may have a life partner, but the majority do not have children of their own. A recent systematic review of research indicates 45 percent of individuals with I/DD report being lonely.³³ Combined with other single populations such as older and young adults, multifamily developments designed with physical and supportive amenities to foster social cohesion and facilitate social interactions will fill a housing gap and potentially contribute to greater mental health and well-being for all residents.



Design Considerations Should Be Made if Housemates are Being Considered.

Sharing a home may reduce housing costs, but additional precautions should be taken for people with I/DD to ensure long-term compatibility. While finding temporary housemates can be difficult for everyone, people with I/DD may have a particularly hard time maintaining compatible housemates (including the housemates' selected service providers) over their lifespan. In cases where housemates are present, design strategies should be considered to prevent shared walls of more private spaces such as bathrooms and bedrooms. Sharing space with non-compatible people may impact overall well-being and long-term stability for people with I/DD. Therefore, market analysis should be conducted for new neuro-inclusive developments on the desired number of bedrooms with inclusion of single units as an option.

Location and Site Plans Can Aid in Autonomy and Community Integration.

The majority of adults with I/DD do not drive. Transportation is one of the most cited barriers in research

and local market analyses to individuals accessing their greater community.³⁴ Not all individuals are able to utilize public transportation, but many will have access to special transportation services that provide door-to-door drop-off and pick-up. Living in a walkable neighborhood can enhance an individual's independence and community engagement, making a property more appealing. Pedestrian-oriented design strategies can help individuals who have high support needs have greater freedom to walk independently in their neighborhood while staying safe from traffic.

Fair Housing Law and Medicaid Setting Compliance Must Be Considered.

Developers can have a target market in mind in design, amenities, and partners, but should be careful to not unintentionally violate Fair Housing laws. If residents are using an Medicaid HCBS waiver for their individualized services, the setting must be in compliance with applicable federal and state requirements in order for them to access services in their home. Such regulations were created to give people with disabilities more choice and control over their lives and protect them from institutional-like rules. The list of HCBS setting requirements can be found on the CMS website.³⁵

conclusion

People with I/DD should not have to choose between involuntary displacement or homelessness due to lack of affordable, accessible housing in their community. Just as in the neurotypical population, there is no one-size-fits-all housing solution for adults with I/DD. Individuals may prefer to add an Accessory Dwelling Unit onto their family property, buy a percentage of a scattered-site townhome with their best friend, rent an apartment in

a neuro-inclusive planned community, or continue to live in their bequeathed family home. When housing is universally designed to be more accessible to a population experiencing barriers, it improves access to high quality housing for all Colorado residents. CHFA recognizes this systemically invisible affordable housing need and is committed to ensuring that everyone in Colorado has the opportunity for housing stability and economic prosperity.

resources

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CHFA and other local, state, and federal partners provide resources to assist in the creation of affordable housing for low- to moderate-income populations. Many are applicable to the development of neuro-inclusive properties. For more information about affordable housing in Colorado and what resources are available, see CHFA's [Colorado Affordable Housing Developer's Guide](#). Also see [CHFA's Federal Resources White Paper](#) and the Colorado Division of Housing's [Affordable Housing Guide For Local Officials](#). As part of CHFA's neuro-inclusive housing strategy, CHFA is looking to finance and provide technical assistance for neuro-inclusive housing projects. Contact jfrancis@chfainfo.com and/or kbudish@chfainfo.com for more information on our [technical assistance program](#). For more information about available financing, please contact tdolan@chfainfo.com.

Colorado Resources for Neuro-inclusive Housing

[Neuro-Inclusive Housing Solutions](#) provides subject matter expertise and market analysis for developments targeting residents with I/DD.

[Inclusive Housing Coalition](#) is a grassroots advocacy and awareness movement to increase housing options for people with I/DD.

[Alliance Housing Taskforce](#) represents the association for Community Centered Boards and service providers in Colorado.

[Trauma-Informed Design Resources](#) developed, researched, and practiced by Colorado affordable housing professionals.

National Research on Neuro-inclusive Housing

A Place in the World: Increasing Housing and Community Options for Adults with Autism and Other Neurodiversities is a comprehensive report providing latest research, policy papers, foundational nomenclature, promising practices, and a housing market guide.

The Housing Design Standards for Accessibility and Inclusion define a set of disability-forward multifamily housing design and operations strategies, particularly useful for architects. Development teams can use the design standards to plan, design, then self-certify their communities on their level of access and inclusion.

Colorado Resources for Individuals with I/DD and Families

Help Connecting to Local Resources: [Centers for Independent Living \(CIL's\)](#) offer people with disabilities assistance in understanding and applying for local and public resources that may be available to live independently. Examples include HCBS services, supplemental security income, housing choice vouchers, SNAP, LEAP, etc.

Accessing Home and Community-based Services: [Community Centered Boards \(CCB\)](#) across Colorado offer case management services which determine eligibility and access to Medicaid-funded HCBS long-term support services.

Rental Assistance: [Public Housing Agencies \(PHAs\)](#) may have housing vouchers available to help subsidize rent. PHAs can prioritize people with disabilities. Contact the PHAs in the area/s you want to live for details.

Finding Affordable Properties: [Colorado Housing Search](#), funded by CHFA, Colorado Division of Housing and other partners, can help you to locate available affordable housing options throughout the state.

Help Buying a Home: [CHFA's HomeAccesssm Program](#) helps individuals who have a permanent disability or are the custodial parents of a minor child who has a permanent disability to be able to purchase a home in Colorado. Based on feedback from partners, people with disabilities, as well as feedback from CHFA's neuro-inclusive research, CHFA's HomeAccess Program is undergoing significant updates in hopes of serving more eligible homebuyers. A new and improved version of the program will be available soon.

Legal and Financial Planning: Unique planning is needed to protect people who rely on means-tested programs from losing their public benefits like Medicaid, SNAP, supplemental security income, etc. [The Colorado Fund for People with Disabilities](#) is a nonprofit organization that helps Coloradans directly, or you can visit the [Arc's Center for Future Planning](#) to begin planning yourself.

Tax-deferred Savings Account: [Colorado ABLE Accounts](#) allows those with disabilities and their families to save for many daily, disability-related expenses on a tax-deferred basis, including housing, without putting means-tested programs at risk.

Assistance with Home Modifications: A [\\$5,000 income tax credit](#) is available when retrofitting a residence for greater accessibility. Medicaid HCBS waivers may also include a [benefit up to \\$14,000 for home modifications](#).

Accessing Assistive Technology: The [Assistive Technology Program of Colorado](#) provides information and assistance to individuals with disabilities and their service providers. [SimplyHome](#) designs and installs innovative and affordable technology solutions that empowers individuals to live their own self-determined lifestyle while addressing the concerns of caregivers. [Able Link](#) makes everyday technologies, such as smartphones, tablets, and desktop computers accessible to people with cognitive barriers.

Legal Assistance for Disability Discrimination: [Disability Law Colorado](#) defends the rights of people with disabilities to live in safe and accessible housing, aids in the transition from institutional facilities, and investigates abuse and neglect of persons with I/DD.

Explore, learn, and connect with other residential resources: The [Autism Housing Network](#) is an online platform that brings together the best ideas in housing for people with autism and other I/DD.

endnotes

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