

Boston Center for *Independent* Living, Inc.

The Alternative Housing Voucher Program

DHCD Line Item 7004-9030

Established in 1995, the Alternative Housing Voucher Program (AHVP) provides rental vouchers to applicants with disabilities who are not elderly and who have been determined eligible for Chapter 667 (elderly and disabled) housing. DHCD's Division of Public Housing and Rental Assistance administers this program.

How it works:

A tenant will pay either 25 or 30% of their net income to the landlord, depending on whether or not the utilities are included in the rent; and the state's local housing authority will pay the remainder.

Who is eligible:

Those applicants who are eligible under the Ch. 667 elderly and disabled program, but who are under the age of 60.

Application process:

Applicants can apply at any of the 23 local housing authorities that have received an allocation of Alternative Housing Vouchers. If eligible, their names will be placed on a waiting list. Once their name reaches the top of the list, the applicants will be given a briefing on all aspects of the program. During the briefing, the applicant will receive an AHVP Voucher which allows 120 days to locate appropriate housing. The vouchers can be used throughout Massachusetts only.

Current program status:

Through December 2012, 412 households were under lease; the line item is funded at \$3.45 million. *The program was originally funded at \$4 million in 1995 to support 800 vouchers!* Advocates are seeking a \$1.55 million increase in the line item, as a shortage of affordable housing continues to beset adults with disabilities, especially people who are forced to reside in nursing homes for a lack of housing. The federally-funded Money Follows the Person initiative in Massachusetts, which will support nursing home diversions, will increase the need for more units.

For more information, contact Bill Henning or Adrienne Langlois at the Boston Center for Independent Living, 617-338-6665, bhenning@bostoncil.org or alanglois@bostoncil.org.

Choose to Reuse Durable Medical Equipment



What is REquipment?

A collaboration of community-based reuse programs that collects donated durable medical equipment (DME), cleans and refurbishes them and reassigns them to people in need at no charge.

- We accept donations of gently-used manual and power wheelchairs, sling lifts, rollator walkers, shower chairs, portable ramps and more.
- We pick up donated items, sanitize and repair them so they are fully functional and safe, and deliver them.
- We make it easy for people to donate and find equipment using a single point of entry, web-based portal of available equipment
- We provide consumer phone support to help people find equipment that meet their needs

Who Benefits from REquipment?

- Kids, adults and seniors across the Commonwealth
- People with chronic or newly acquired disabilities
- Veterans, newly disabled or aging, who need equipment
- People with limited insurance coverage for DME
- People being discharged from hospitals or rehab anxious to return home after costly stays
- Elders who need increased safety at home
- People whose primary wheelchairs are being repaired and need to get to work, school or doctors appointments
- People with a temporary equipment needs due to accident or illness
- Taxpayers and MassHealth because equipment gets a second life serving more than one person, saving \$\$\$
- MA landfills

Why support DME reuse in MA?

- Avoids prolonged hospital stays by facilitating quicker hospital discharge getting individuals home safely faster without having to wait for equipment
- Helps people continue to be productive at work and be active out in the community
- Back up equipment can avoid being bedridden and reduces potential costly secondary medical conditions
- Supports the equipment needs of MassHealth, Medicare and OneCare beneficiaries as back up devices
- Cost-effective way to support the Money Follows the Person (MFP) back up equipment requirement
- Supports environmental Green initiatives
- Because "it's the right thing to do."

What does funding mean?

- Continues delivery of reuse equipment beyond the pilot funding end date of June 2014
- Brings REquipment to people beyond the Greater Boston pilot area to span the Commonwealth
- Expands our network of community reuse partners so they can respond to local needs quicker
- Makes it easier for people with disabilities to get the equipment they need to live productive lives
- Provides a faster and cost-effective alternative to purchasing new equipment through MassHealth or other insurance
- Encourages people to give new life to expensive equipment when a loved one passes on, instead of trashing it

How can you help REquipment?

Please make DME reuse your legislative priority and request an additional \$500,000 funding to Mass Rehabilitation Commission account 4120-4000 to be expended for DME reuse program to be administered by the State AT Act Program, MassMATCH within MRC.

Contact Randi Sargent for more information.

Let's Increase Employment for People with Disabilities!

Did you know that more than 81% of people with disabilities are not working according to the U.S. Bureau of Labor Statistics?

HOUSE No. 136: An Act to Increase the Commonwealth's Compliance with Federal Law Meeting Requirements of the Americans with Disabilities Act.

House 136 will create more employment opportunities for people with disabilities in Massachusetts than any other piece of legislation in the state. The bill will require companies who contract with the Executive Offices of the Commonwealth to commit to hiring people with disabilities and training all employees involved in hiring decisions on the requirements of the Americans with Disabilities Act.

We need to take an immediate step forward and change this:

Please contact House Ways and Means Chairman Dempsey and ask him to move House Bill 136 out of his committee:

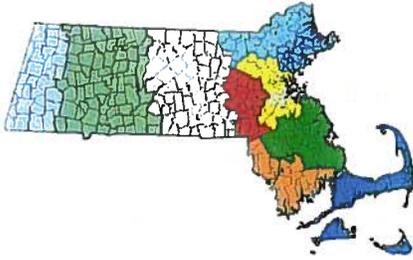
State House; Room 243, Boston, MA 02133

Phone: 617-722-2990

Email: Brian.Dempsey@mahouse.gov

For more information about HOUSE No. 136 or if you would like to be listed as a supporter of this bill, please contact Joe Bellil, VP of Public Affairs, Easter Seals Massachusetts, jbellil@eastersealsma.org or 508-751-6340
Also visit <http://increasedisabledemploymentma.wikispaces.com/home>

Massachusetts Association of Independent Living Centers



FY 2015 Budget Priorities

1. Increase for IL Centers statewide of \$750,000 to the IL Line item: 4120-0200

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- For more than 18,000 people last year, the state's eleven ILCs were the last stop to find or keep housing, to get jobs, to stay in school, to live in the community.
- MA ILC's need additional staff to enable us to provide newer services such as Money Follows the Person and Housing Search.
- Annually, ILCs assist about 200 people to move out of nursing homes and many more to stay out of institutions, saving MA as much as \$6,608,866 in Medicaid funds.
- ILCs employ 190 people with disabilities , investing in the productivity and economy of MA.

2. Add directive into the MRC Budget Line Item 4120-4000 for the Durable Medical Equipment ReUse Program for approximately \$500,000

3. Add resources for accessible housing by increasing DHCD Line Item 7004-9030, Alternative Housing Voucher Program, by \$1,550,000

Funding for Independent Living Center priorities benefits all citizens of the Commonwealth!

*Please share this message with your legislators.
For more information contact Paul Spooner at 508-875-7853.*

Ad-Lib, Inc.
Pittsfield

Boston Center for
Independent Living
Boston

Cape Organization for
the Rights of the
Disabled
Hyannis

Center for Living and
Working, Inc.
Worcester

Independence
Associates, Inc.
Brockton

Independent Living
Center of the North
Shore and Cape Ann
Inc.
Salem

MetroWest Center for
Independent Living
Framingham

Multi-Cultural
Independent Living
Center of Boston
Jamaica Plain

Northeast
Independent Living
Program
Lawrence

Southeast Center for
Independent Living
Fall River

STAVROS
Amherst

www.mailc.org

I agree and ask you to support these IL priorities for FY 2015.

Name:

Email and/or phone:

Town:

Additional Info:

Fact Sheet

Senate Bill 1869 “An Act Relative to the Architectural Access Board (AAB)”

Primary Sponsor: Senator Timilty

Current Status of Bill: Senate Committee on Bills in Third Reading

Statute: M.G.L. Chapter 22, Section 13A

Reasons to Support Legislation:

- The bill would allow the AAB to promulgate new regulations that are in compliance with the 2010 Americans with Disabilities Act Standards.
- Currently, AAB regulations are inconsistent with the federal standards; therefore, developers must consult with multiple state and federal regulations and decipher which one applies.
- In order for the AAB to promulgate new regulations, the statute needs to be modified to remove restrictive and outdated language that prohibits the board from revising its regulations to address deficiencies.
- The result of revised regulations would be to align the MA access codes so that developers, by simply consulting and applying state access codes, would be afforded greater protection from liability.
- This statute was last substantively changed in 1990. While federal access regulations have changed multiple times since then, state regulations have fallen increasingly behind. Therefore, the proposed statutory changes would allow the AAB to remain current with any future changes in federal law by being able to promulgate new regulations through the public process without having to pursue further statutory change.
- Regulations consistent with the 2010 ADA Standards would ensure that individuals with disabilities have enhanced opportunity for meaningful employment in all newly constructed buildings.

Financial Impact: This legislation would not incur any significant costs.

Opposition: None (as far as we know)

Contact: MA Statewide Independent Living Council: info@masilc.org or 508-620-7452

March 20, 2014

Massachusetts State House
Boston, MA 02133

Dear Representative:

As Commissions for Persons with Disabilities, charged with representing residents with disabilities, we know that few things are more important than being able to live independently. Living independently with appropriate supports enables people to be full participants in the cultural, economic, and political lives of their communities. However, the dramatic scarcity of affordable housing has led to many unnecessarily living in nursing homes—if not in the streets, as the rate of homelessness among people with disabilities is more than twice that in the general population.

We therefore join with disability rights advocates across the state in urging you to support increased funding for the **Alternative Housing Voucher Program (Line Item 7004-9030)**. The program provides non-senior people with disabilities vouchers that enable them to live in market-rate housing while paying no more than 30% of their income. When it was created in 1995, the program provided 800 vouchers per year, but funding cuts, inflation, and the rising cost of housing has cut that number to just over 400. Advocates are seeking a **\$1.55 million funding increase**, enough to provide about 150 more people the opportunity to live independent lives.

Thank you for your attention to the urgent need for affordable housing for people with disabilities. For more information, please contact Allegra Stout of the Boston Commission for Persons with Disabilities at astout@bostoncil.org or 617-338-6665 or Colin Killick of the Somerville Commission for Persons with Disabilities at colinjkillick@gmail.com or 520-403-3079.

Sincerely,

Boston Commission for Persons with Disabilities
Ruben Roux, Chair

Somerville Commission for Persons with Disabilities
Colin Killick, Chair

Newton Commission on Disabilities
Girard Plante and Rob Caruso, Co-Chairs

Acton Commission on Disabilities
Lisa Franklin, Chair

Cambridge Commission for Persons with Disabilities
Miriam Cooper, Chair

CHART: COMPARISON OF TRADITIONAL REHABILITATION PROGRAMS AND INDEPENDENT LIVING PROGRAMS*

	REHABILITATION	INDEPENDENT LIVING
Definition of problem	physical or mental impairment; lack of vocational skill (in the VR system)	dependence upon professionals, family members and others
Locus of problem	in the individual (individual needs to be "fixed" to "fit" into society)	in the environment; in the medical and/or rehabilitation process itself
Solution to problem	professional intervention; treatment	barrier removal; advocacy; self- help; peer role models; consumer is focus rather than options and services
Social role	individual with a disability is a "patient" or "client"	individual with a disability is a "consumer" or "user" of services and products
Who controls	professionals	"consumer" or "citizens"
Desired outcomes	maximum self-care (or "ADL"); gainful employment in the VR system	independence through control over <i>acceptable</i> options for every day living in an integrated.