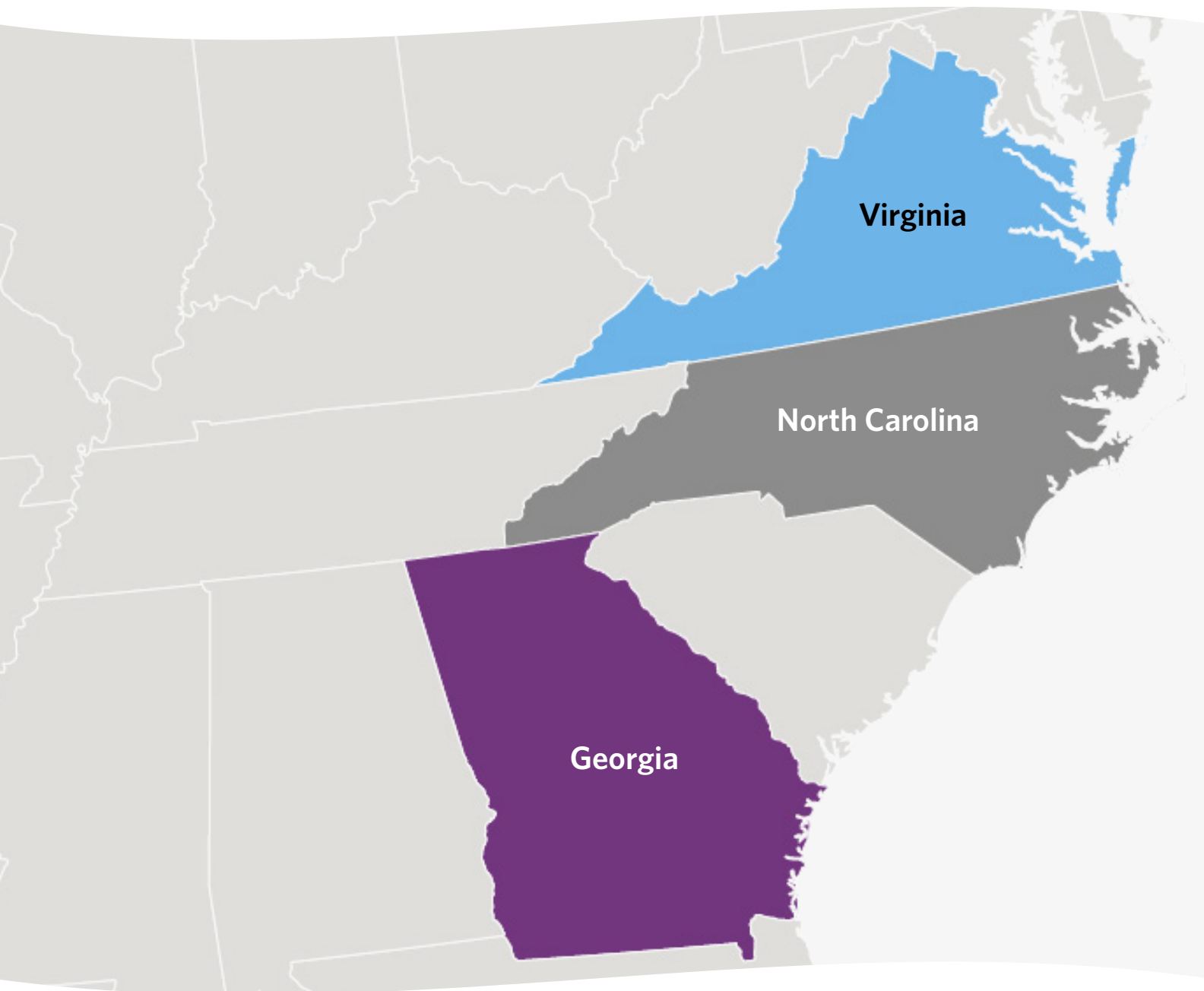











# ***Olmstead's* Effects on Housing Affordability, Supportive Housing, and Home and Community-Based Services: A Three-State Study**

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# Executive Summary

Implementation of the “integration mandate” found in the U.S. Supreme Court’s decision in *Olmstead* v. L.C. (1999) has led to a significant reduction in the number of disabled people who are institutionalized or at risk of institutionalization across Georgia, North Carolina, and Virginia. Settlement agreements stemming from litigation and complaints spurred state funding for housing rental vouchers, which make market-rate units affordable for low-income disabled people who are members of the settlement groups. These include people with intellectual and developmental disabilities (I/DD) and those who have serious and persistent mental illness (SPMI) or serious mental health disabilities. *Olmstead* settlements have also motivated additional state funding for supportive housing services and Medicaid waiver-funded Home and Community-Based Services (HCBS) that many disabled people require to live successfully in the community.

These settlements have also prompted the creation of permanent, integrated, scattered-site housing slots that afford tenancy rights. Slow-but-steady cultural changes and interagency collaborations within state governments and the support services sector, spurred by settlement goals, reflect a growing understanding of why community integration, choice, and agency are vital to people with diverse disabilities. Despite these advances, complex systemic barriers to community integration persist, including widespread shortages of affordable housing, lengthy waiting lists for specific HCBS, shortages in the direct care workforce, and state budget deficits. Moreover, recent deep federal reductions in funding threaten Medicaid HCBS, housing subsidies, and other programs that bolster *Olmstead*’s promise of integration.

This paper highlights the use of *Olmstead* as a tool for housing creation at the state and local level that has the potential to be emulated across the U.S.



Lois Curtis (plaintiff), Sue Jamieson (attorney), and Elaine Wilson (plaintiff). Photo courtesy of Atlanta Legal Aid.

# Background

In the mid-18th century, disabled people in the U.S. were often confined to squalid back rooms, almshouses, prisons, orphanages, or hospitals. Early proponents of the modern institution, which would dominate society's response to disability into the 21<sup>st</sup> century, celebrated the establishment of large, public asylums as a progressive alternative to traditional care.<sup>1</sup> Yet, these institutions were underfunded, overcrowded, and lacked sufficient oversight. Rife with human rights abuses, these sites of oppression became hubs for a burgeoning eugenics movement, ultimately replicating the same inhumane conditions that social reformers had sought to improve.<sup>2</sup>

A century later, opposition to institutionalization, initiated mainly by family members and advocates, led to a deinstitutionalization movement that arose in two waves. The first, which began in the 1950s, centered people with mental and behavioral health disabilities; the second, which emerged approximately 15 years later and was underpinned by the principles of autonomy and self-determination, focused on people

with intellectual and developmental disabilities (I/DD).

Section 504 of the Rehabilitation Act of 1973, federal legislation that established, for the first time, legal principles of disability non-discrimination and civil rights, enabled advocates to begin challenging institutionalization in the courts. Section 504 prohibited disability discrimination in programs that received federal financial assistance, including institutions operated by states or locales. Although Section 504 contained landmark civil rights provisions, its limited scope left disability discrimination unchecked in many aspects of community life, including private employment, public accommodations (such as theaters and restaurants), certain types of public transportation, and telecommunications. Following an extensive advocacy and legislative campaign by disability rights advocates, Congress enacted the landmark, bipartisan Americans with Disabilities Act of 1990, expanding significantly the scope of civil rights protections for disabled people.



Disability activists meet in the Department of Health, Education, and Welfare's San Francisco office for the April 1977 504 Sit-ins. Photo by Tom Olin.

## Background

Title II of the ADA requires state and local governments to adhere to the nondiscrimination directive in the provision or administration of their public services, programs, and activities. This “integration mandate” requires that public entities “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”<sup>3</sup> This central tenet is embodied in the ADA’s opening provisions, in which “Congress referred expressly to ‘segregation’ of persons with disabilities as a ‘for[m] of discrimination,’ and to discrimination that persists in the area of ‘institutionalization.’”<sup>4</sup>

Nine years after the enactment of the ADA, the U.S. Supreme Court ruled in the seminal case of *Olmstead v. L.C.* (1999) that institutionalization violated the law’s integration mandate. The case resolved a disability discrimination claim by Lois Curtis (L.C.) and Elaine Wilson (E.W.), two women with I/DD and psychiatric disabilities, who had spent years cycling between psychiatric hospitals and personal care homes in the state of Georgia. Both women expressed a strong desire to live in their communities. Still, the State refused repeatedly to provide appropriate community placement, including adequate supports and services, citing the financial and administrative onus of “fundamentally alter[ing]” the State’s programs, which they argued that the women’s “immediate transfer” to a less restrictive setting would require.<sup>5</sup> Delivering the majority opinion, Justice Ruth Bader Ginsburg underscored that needless segregation in institutions both perpetuates the “unwarranted assumption” that impacted individuals possess limited capacity for full societal participation and “severely diminishes the everyday life activities of [such] individuals.”<sup>6,7</sup>



Lois Curtis in her art studio holding a sign in support of the “I Am Olmstead” campaign. Photo: U.S. Department of Labor Blog.

The *Olmstead* decision was a judicial repudiation of the segregation, isolation, and paternalism that characterized 20<sup>th</sup>-century disability policy and a pivotal moment in disability rights history. The decision affirmed the integration mandate and the central legislative intent of the ADA and fundamentally transformed the provision of long-term services and supports (LTSS) and HCBS for disabled people. The ruling redefined state obligations toward its disabled residents and set the stage for proactive investment in housing, HCBS, and efforts to dismantle Medicaid’s institutional bias, the structural preference built into federal Medicaid law that makes institutional care mandatory while most HCBS remain optional for states.<sup>8</sup> *Olmstead* has also had a consequential impact on many areas of public policy, including state-funded affordable housing and supportive housing services. This report presents some of these effects in three states.



# Methods

Our investigation focused on the extent to which *Olmstead* litigation and legal advocacy had increased the availability of permanent, affordable, and accessible housing in three states: **Georgia**, **North Carolina**, and **Virginia**. We also examined the impact of case settlements in these states on the provision of HCBS, including supportive housing services, for disabled people who transitioned from institutions into the community or were assisted in avoiding institutionalization. Initially, we conducted a comprehensive



literature review to gain an understanding of the existing body of knowledge on the topics under investigation. Academic databases and grey literature sources were systematically searched, and relevant material was catalogued. We also searched legal databases to understand the scope of *Olmstead* litigation carried out over the past 15 years and to narrow down possible cases for further investigation. As the research progressed, we also reviewed court documents, including independent reviewer reports, as well as state budget, policy, and program reports. We selected key informants with specialized

knowledge, expertise, or experience related to the research questions. We conducted semi-structured interviews with 21 people across two cohorts: subject-matter experts and disabled class members and their families. Subject-matter experts included federal and state policymakers and advocates, disability and housing rights advocates and attorneys, independent reviewers, and current and former state and federal officials. After completing the first round of interviews, we conducted interviews with the families of class members to gain a deeper understanding of the experiences of individuals who had transitioned from an institution to a community setting. We identified these individuals by asking the first cohort of interviewees for assistance with referrals. Semi-structured interview guides were developed for each cohort, and interviews were conducted via Zoom. With consent, all interviews were audio recorded and transcribed verbatim for analysis.

The interview transcripts were imported into Dedoose, a mixed-methods qualitative data analysis software. Researchers then developed an initial coding framework based on the literature review and emerging themes from the data. Coding reliability was improved as multiple coders discussed differences and reached consensus. Thematic analysis allowed us to identify case settlement achievements related to housing and HCBS outcomes, class and individual impacts, and system transformations. The Brandeis University Institutional Review Board approved this project.<sup>9</sup>

# Introduction



**I think that *Olmstead* has been one of the most powerful tools to increase the availability of affordable and accessible housing."**

— Legal advocate



**Oh my gosh, she loves where she is and what she's doing now. She enjoys going out, doing things. She's leading her best life."**

— Family member of a disabled person who moved from an institution to the community

The *Olmstead* decision would serve as a powerful corrective, eventually leading to reforms of the historic discriminatory systems of care in the U.S. that isolated disabled people from community life. When the Court issued the *Olmstead* decision in 1999, thousands of people were living in segregated facilities, many located far from population centers. Over 51,000 people with developmental disabilities lived in state-run institutions, and over 124,000 lived in intermediate care facilities. More than 49,000 people with mental and behavioral health disabilities were living in state psychiatric hospitals, and over 1,628,000 disabled people lived in nursing homes; about 10 percent of them were under age 65.<sup>10</sup>

**Describing a family member when they were institutionalized, one interviewee recounted,**



**...when she got anxious, she would bite her hands. I guess they just kept giving her the same medication, and there was not that great of healthcare there. As she got older, I think her hair either came out or she pulled it out. But she stayed hyped up if things frustrated her or she didn't get what she needed. I'm glad she's out of there."**

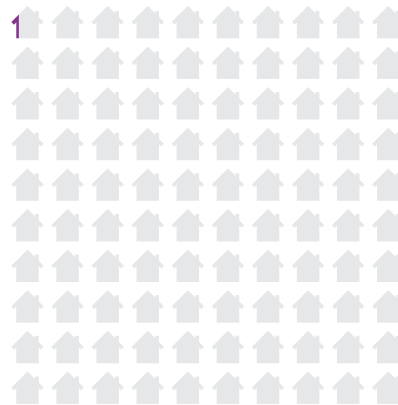
## Introduction

The Court explicitly rejected the longstanding practice of confining disabled people in these institutions as the accepted solution for addressing their services and supports needs. Compliance with the integration mandate has been driven primarily by disability rights organizations, legal services, and public interest groups, as well as enforcement by the U.S. Department of Justice (DOJ). For example, between 2009 and 2012, the DOJ was involved with more than 40 *Olmstead* matters in 25 states, "... challenging unlawful segregation in a wide range of settings, including state-run institutions, privately run institutions, such as nursing homes and board and care homes, and other non-residential settings." In addition, during the same time, DOJ filed briefs in 27 private lawsuits across 17 states supporting private litigation challenging the unlawful segregation of disabled people.<sup>11</sup>

As advocates and the DOJ began using legal advocacy to achieve implementation of *Olmstead's* integration mandate, states named in these cases began to recognize that widespread affordable housing shortages in most locales was a barrier to reaching settlement goals. Consequently, disabled people would continue to languish in institutions for months or years until housing and supportive and other services became available even though many were ready and eager to transition to community settings.

According to the U.S. Department of Housing and Urban Development (HUD), in 1999, the year the Court issued the *Olmstead* decision, only 40 affordable rental units were available for every 100 extremely low-income renters, representing a national shortage of 4.9 million units. Disabled renters who did not receive rental assistance and who received Supplemental Security Income (SSI) met the criteria for being extremely low-income.

They faced the highest rates of 'worst case' housing problems, such as overcrowding, being rent-burdened, and occupying inadequate housing.<sup>12</sup> The 1999 American Housing Survey did not include questions about housing accessibility; however, the 2011 Survey reported that only 0.15 percent of housing units were fully wheelchair accessible and approximately 3.8 percent of units were livable for people with moderate mobility limitations.<sup>13</sup>



Identifying strategies to ensure access to HCBS, including supportive housing services, therefore, became the focal points of some *Olmstead* settlement agreements.

**One key informant noted that some settlement agreements spelled out specific housing goals:**



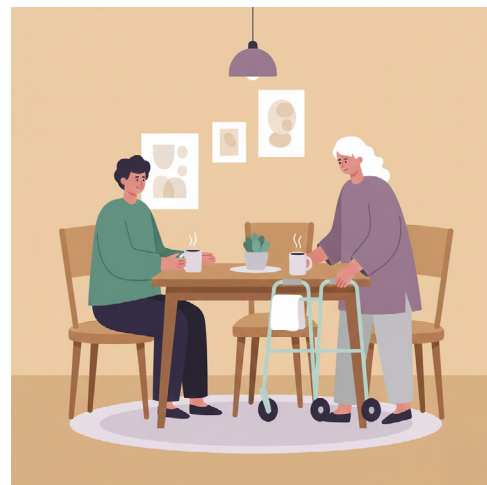
**There were commitments in those actual settlement agreements about a specific amount of investments and a number of supportive housing units."**



## Introduction

While the *Olmstead* matters we reviewed in Georgia, North Carolina, and Virginia have spurred substantial progress toward increasing access to permanent, affordable housing and services, barriers to full implementation have persisted. These barriers have been well documented, and we acknowledge at the outset the complexity surrounding the settlements' implementation and related delays.

Despite significant hurdles, these states have nevertheless demonstrated the capacity to create effective pathways for increasing permanent, affordable housing and other services that disabled people require to live full and integrated lives in their communities. The mechanisms states and locales have used to facilitate positive housing and service outcomes exemplify leadership, innovation, and a commitment to the goals of *Olmstead*, and should inspire other locales to study and emulate them. Even though the states have not yet fully met all the elements of their respective agreements, there have nevertheless been significant increases in both affordable housing and the availability of supportive and other services, a direct result of legal advocacy. Moreover, settlements have also driven critical cultural changes that reflect a growing understanding within state governments, housing authorities, and the support services sector that community integration, choice, and agency are fundamental for all disabled people.



# Olmstead Case Selection

Based on recommendations from key stakeholders, we selected for review an active *Olmstead* case in each of three states: Georgia, North Carolina, and Virginia. Although the cases involved plaintiffs from different disability groups (e.g., I/DD, serious and persistent mental illness), settlement agreements emphasized the critical roles that affordable housing and HCBS, including supportive and supported housing services, play in ensuring that disabled individuals could transition successfully from institutional to community living. Supportive housing is primarily a Housing First model that combines permanent, affordable housing with wrap-around services designed to help people maintain housing stability. This approach is most associated with individuals with mental and behavioral health disabilities, substance use disorders, and with people who have been chronically unhoused. In contrast, supported living is associated with people with intellectual and developmental disabilities and involve a person-centered service model that helps people live independently with choice and self-determination.<sup>14,15</sup>

Although states initially relied on federal housing programs, including Money Follows the Person<sup>16</sup> and the Housing Choice Voucher program, to cover transition and some housing expenses,<sup>17</sup> they came to recognize that federal support for affordable housing was insufficient to meet the housing needs of thousands of disabled people slated to return to community life — or avoid institutionalization and remain in the community.

As it became increasingly evident that affordable housing, along with HCBS and housing services, was crucial to resolving the litigation, each state allocated significant funding for rental vouchers that would enable very low-income disabled individuals to afford market-rate rents. In some cases, states also appropriated “bridge funding” that could be used for move-in costs, including first and last month’s rent, security deposits, household items, and some accessibility modifications. Rental vouchers, earmarked for the disability groups named in settlements, bridged the cost difference between market-rate rents and what people with incomes primarily from SSI could afford.

The case settlement agreements specified that many individuals also required HCBS, such as personal care assistance, and supportive and supported housing services, such as case management and mental health and substance use disorder treatment, to live successfully in the community. State legislatures eventually appropriated funding that bolstered the capacity of local disability service providers to take on additional clients and provide a range of services for those who needed them. In addition to adding clients, in some cases, providers also had to change their methods of delivering services and their organizational culture. These reforms were required to account for the individual’s desire to direct their own services and make independent decisions about their home life, need for personal assistance and support, and pursuing activities of their choosing in the community.

## Olmstead Case Selection

The integration of voluntary community-based services and supports, especially for people with mental health disabilities, provided alongside affordable housing, helped ensure that individuals had tangible opportunities to live successfully in integrated settings and interact with diverse neighbors and community members, visit family, attend school, work, and experience full lives.

A key informant observed,



**I think the goal always was to get this virtuous circle where people saw that this worked really well. People were living much more flourishing lives. In fact, it wasn't as expensive as people expected it to be and it wasn't as expensive as alternatives."**

Taken together, supportive services and housing affordability have enabled thousands of disabled people to transition from institutions, avoid unwanted institutionalization, come out of homelessness, and regain lives in the community. The impact of *Olmstead* enforcement on long-term housing affordability, and therefore housing stability for lower-income disabled people, has been undeniable.

Another key informant expressed,



**I remember spending several years listening, at that point, to federal officials talking about this great program which was cutting edge at that time and this big thing and it turned out that it was about 3,000 [housing] units and it was years in the making. And I was like, '3,000 units? You've got to be kidding me. That's less than... in a single *Olmstead* case in a single jurisdiction, and this is for the whole country?' So, that was, I think, one of the moments when it dawned on me how powerful the litigation was or could be."**



## Georgia<sup>18</sup>

In October 2010, the DOJ entered into a settlement agreement with the State of Georgia resolving a complaint alleging that the State had illegally segregated hundreds of people with serious and persistent mental illness (SPMI) and developmental disabilities (DD) in segregated institutional settings. The State was charged with failing to provide necessary services and supports to people with these disabilities and health conditions at risk of institutionalization.<sup>19</sup> When the case was filed, over 2,600 people with SPMI and DD were institutionalized in seven state institutions.<sup>20</sup>

This groundbreaking settlement was the first to apply to all state psychiatric and mental health facilities. Georgia agreed to stop admitting people with DD to state-operated institutions and transition all people with these disabilities to integrated settings that met their individual needs by July 2015. The agreement required Georgia to seek approval from the Centers for Medicare and Medicaid Services (CMS) for 1115 Medicaid HCBS waivers to provide services to people with DD in the community, according to their individual preferences and with their consent. Georgia also agreed to provide family supports, crisis respite homes, and mobile crisis teams. As of 2024, the State had eliminated 1,037 of 1,142 state institutional beds for people with DD and served 16,280 people in the community compared with 10,797 in 2010.<sup>21</sup>

Notably, Georgia estimated that 9,000 people with SPMI also required varied services to ensure stable independent community living. This large group included those who were living in state hospitals, frequently sought care from hospital emergency departments, were chronically unhoused, or were being released from jails and prisons. The State agreed to provide a combination of services through programs including Assertive Community Treatment (ACT) teams,<sup>22</sup> case management, crisis services, community support teams, crisis apartments, mobile crisis teams, community-based psychiatric beds, and peer support.

A key informant opined,



**I'd say every time there's a consent decree or settlement agreement that specifies the number of people that must be transitioned to the community in supported housing, I just think that's such an amazing tool to make that a state obligation. And that's the kind of explicit term that ends up really driving the state to really think about solutions."**

Although Georgia had made significant advances and hit specific benchmarks set out in the settlement agreement, the Court extended the original target date into 2025 while the remaining aspects of the settlement were implemented.



## North Carolina<sup>23</sup>

The DOJ, in August 2012, entered into a settlement agreement with the State of North Carolina resolving how the State served people with mental health disabilities. In 2012, the State's mental health service system provided custodial care for thousands of individuals with mental health disabilities in large adult care homes and facilities referred to as Institutions for Mental Disease (IMDs). The State entered into an eight-year restructuring agreement that the court subsequently modified several times and extended until July 2025. The State agreed to provide community-based housing with supportive services for 3,000 people who were living in the restrictive adult care homes and IMDs or who were at risk of being placed in these settings.

Administrative procedures such as discharge planning and pre-admission screening aim to expedite transitions to community living and prevent people at risk of institutionalization from being placed in these restrictive settings. The settlement agreement established community-based mental health services,

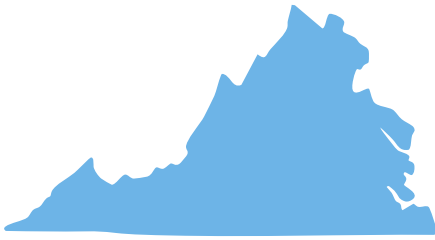
including mobile crisis teams, walk-in crisis clinics, short-term community hospital beds, and 24/7 crisis hotlines. Importantly, the State also expanded the capacity of Assertive Community Treatment (ACT) teams to serve 5,000 individuals and provide supported employment services to 2,500 individuals.



At the heart of the agreement was a provision calling for 3,000 community-based supportive housing slots that would become available over eight years. This housing provision focused on people who were institutionalized or at risk of being placed in restrictive settings. The State agreed to provide tenancy supports, rental subsidies, and housing transition assistance to help people retain affordable housing, adapt to integrated community living, and maintain full tenancy rights.

To ensure compliance with the settlement terms, the agreement included a system for quality assurance monitoring, requiring that progress toward settlement goals be evaluated and monitored by an independent reviewer, as well as mechanisms for managing any compliance disputes.

Like Georgia, North Carolina had made significant advances and hit specific benchmarks set out in the settlement agreement. However, the Court extended the original target date into 2025 while the remaining aspects of the settlement were implemented.



## Virginia<sup>24</sup>

In February 2011, the DOJ issued a letter reporting that the Commonwealth of Virginia was violating the ADA and the *Olmstead* decision by forcing people with I/DD statewide to live unnecessarily in segregated, restrictive institutions to receive needed supports and services that were not available to them in the community. DOJ identified the Central Virginia Training Center (CVTC), an intermediate care facility (ICF) for people with I/DD, as an example of this illegal practice. Statewide lack of community-based services, exceptionally long waiting lists for services available only through Medicaid waivers, and scarce social services — especially discharge evaluation, support, and planning — left people with I/DD languishing in institutions or unable to remain in the community.

Virginia entered a settlement in August 2012 in which the state agreed to increase community-based services for people with I/DD. The agreement facilitated their transition from institutions to community living and ensured that they would no longer be forced into institutions because supports and services were not available in the community. Virginia agreed to add additional slots to its Medicaid waiver programs and to begin providing services to people who were on waitlists. The state also agreed to provide employment training and crisis services.<sup>25,26</sup>

The agreement initially included an \$800,000 state fund for rental and housing assistance to enable people to move into homes of their own, as well as a study on the need for such housing options.<sup>27</sup> That fund led to the creation of the State Rental Assistance Program (SRAP), which provides rental vouchers to eligible people with I/DD.

In June 2025, the court approved a permanent injunction in the case, which was slated to last for seven years, ensuring that the state continued to be held responsible for implementing the remaining elements of the settlement.<sup>28</sup> Virginia also agreed to a list of commitments in perpetuity, including the establishment of a quality and risk management system.





# System Transformations

## Housing

*Olmstead* litigation and legal advocacy have been powerful tools that spurred state funding for rental vouchers and for additional HCBS and supportive housing services that enabled disabled people to leave restrictive institutions or avoid institutionalization. Research indicates that between 30,000 and 40,000 new permanent supportive housing opportunities were created in response to *Olmstead* settlement agreements across four states, including Georgia, Virginia, and North Carolina.<sup>29</sup>

Key informants interviewed for this research observed that *Olmstead* settlement agreements also have evolved over the years. They no longer rely on generic language about ensuring ‘most integrated settings,’ but instead include details about the number of people that will require housing and related rental vouchers and the type and extent of HCBS and housing supports they will need. More recent settlement agreements also specify the types of housing required and the quality standards they are expected to meet.

For instance, multi-family rental sites must be integrated and include disabled and non-disabled renters, and units must be located on scattered sites throughout the community.

Reflecting on their experience, one key informant observed,



**I've seen many examples where *Olmstead* litigation has led states to pretty significantly increase availability of accessible integrated housing with supportive services for people with disabilities..."**



## Georgia

Another key informant, praising the Georgia settlement agreement, observed,



**So the issues with housing that have happened under the Georgia Agreement, in many ways, have been very, very successful and beneficial. The state implemented a Georgia Housing Voucher Program with state funds. It paid for rental subsidies for people with serious and persistent mental illness, and that housing has been very successfully used."**

Georgia's settlement led to one of the most far-reaching housing programs in any state. The agreement aimed to provide, over time, supportive housing to as many as 9,000 individuals with SPMI and bridge funding for up to 1,800 people.<sup>30</sup> The Georgia Housing Voucher Program (GHVP), a permanent supportive housing program, was an outgrowth of the agreement created to address the need for affordable supportive housing, and arguably served as a model for other states. The base budget for GHVP in 2025 was \$26.7 million, an increase of \$1.7 million from the previous year.<sup>31</sup> At its peak, GHVP provided rental vouchers and ongoing supportive services for about 3,000 people with SPMI. The program also provided bridge funding, averaging about \$3,900 per person, that covered first and last month's rent, security deposits, and move-in costs.<sup>32,33</sup> Georgia also assigned a housing support professional (HSP) to all rental voucher holders. HSPs help people find housing, assist with leasing arrangements, conduct wellness checks, and mediate disputes and landlord concerns.

One key informant exclaimed,



**I thought this *Olmstead* decision [was] the best thing written in the Western world about people's rights with psychiatric disabilities!"**

Another key informant explained,



**Look, once you get a voucher you have support with the search... So, fewer people...fall out just because of no one checking or helping with any processes or challenges. Sometimes it's a simple problem, but it can result in a landlord saying, 'Well, forget it. You have to move.' There are many parts to that, but that's the biggest thing that I think we've seen work in getting folks into the housing in the way that was intended and helping them do well."**

According to one key informant,



**They really did this incredible supported housing program coming out of the settlement agreement for people who were coming in and out of ERs, in and out of the psych facilities, in and out of homelessness. In Georgia, the same people literally showed up in different doors...what they did in Georgia, it was so notable. It was really impressive."**

According to Court records, the State exceeded the settlement benchmarks for bridge funding. Georgia provided bridge funding to about 4,850 people with SPMI between August 2011 and March 2018, and an additional 3,220 received bridge funding between April 2018 and March 2024.<sup>34,35</sup> As of January 2025, approximately 2,200 individuals were being served through the GHVP.<sup>36</sup>





## North Carolina

A key informant observed that,



**[North Carolina] had this interesting benchmark where it's not just about how many people have transitioned or how much housing you need to build over the course of a settlement, but...how much supported housing has to exist in the system currently at any moment in time that is occupied by people who came out under the settlement of the adult care homes."**

The 2012 DOJ settlement in North Carolina established an innovative benchmark system that required 2,000 supportive housing units to be continuously occupied by people with mental and behavioral health disabilities who were unnecessarily segregated in adult care homes or at risk of being institutionalized. As of June 30, 2024, the State had made progress in providing permanent scattered-site housing slots that afforded tenancy rights and included a priority for single-occupancy residency. According to a 2024 independent reviewer's report, 3,654 people were occupying housing slots in accordance with the settlement agreement.

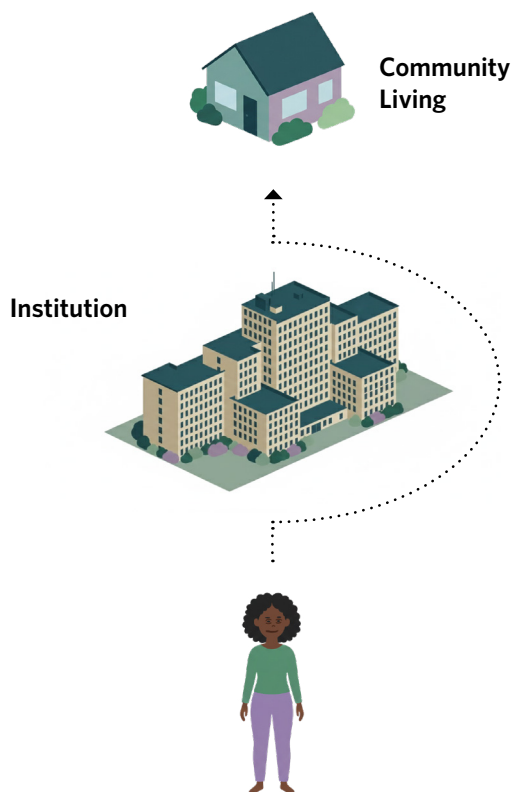
Another key informant noted,



**The *Olmstead* litigation ends up being sort of a stick and a state can decide that they're going to try to meet the bare minimum and continue to fight that, or they can actually use that as a way to actually do some transformative work. And I think North Carolina took the latter path of trying to use this as an opportunity to create some opportunity."**

North Carolina established the Transitions to Community Living (TCL) program to implement the settlement agreement. TCL supported community integration by providing long-term housing, community-based services, and supported employment for people with mental and behavioral health disabilities. The Transitions to Community Living Voucher (TCLV) program, a tenant-based rental subsidy initiative, was established to provide rental assistance for this group so they could transition out of restrictive settings and avoid institutionalization or homelessness.<sup>37,38,39</sup> The program paid the difference between the cost of a rental unit — up to 120 percent of fair market rent — and the tenant portion of the rent. It also paid security deposits on rental units for voucher holders. Moreover, TCL participants who required a live-in personal

care attendant to assist them with activities of daily living could request a unit with an extra bedroom, consistent with rights established by Section 504 of the 1973 Rehabilitation Act.<sup>40</sup> In 2023, the TCL initiative reported that over 4,800 people had left or been diverted from institutionalization since 2018, and the State had received 1,889 federal rental vouchers from 2017 through 2022. The rental subsidy funding included federal Mainstream Housing Vouchers, Section 8 Housing Choice Vouchers, and access to Low Income Housing Tax Credit properties.<sup>41</sup> As people transitioned to federal housing vouchers, the state rental vouchers were reassigned to others who were eligible under the settlement.<sup>42</sup>



North Carolina also made emergency housing funds available to TCL participants for one-time emergencies. Pre-tenancy emergency funding was available for barriers or housing-related expenses that could prevent or delay leaseholders from occupying the unit during the period before they were scheduled to

move in. In addition to these emergency funding options, North Carolina provided bridge housing — short-term housing for TCL beneficiaries while they awaited transition to permanent supportive housing. TCL also offered risk mitigation of up to \$3,500 for landlords in the event the tenant damaged the unit, failed to pay rent, or abandoned the unit. The program also paid landlords for successful eviction costs. Risk mitigation served as an important incentive for landlords who might hesitate to rent to people with mental or behavioral health issues.<sup>43</sup>

To continue complying with the settlement agreement, in June 2025, the North Carolina legislature appropriated \$12,192,124 for the TCL program for each year of the 2025-2027 fiscal calendar. The funds supported a full-time *Olmstead* associate director, community-based supportive housing, tenancy support, and supported employment. The appropriation also paid for community-based mental health services for people with serious mental and behavioral health conditions as they transitioned from institutions to homes in the community, and TCL project management support.<sup>44</sup>

According to a 2024 independent reviewer report, the North Carolina Department of Health and Human Services (DHHS) and the North Carolina Housing Finance Agency (NCHFA) collaborated to improve the capacity of the supportive housing system to serve adults with mental and behavioral health disabilities. This collaboration facilitated the development of new, affordable, and accessible housing, as well as increased housing opportunities. It also helped the State obtain federal housing funds, including HUD 811 project-based rental assistance. This interagency alliance also led to improvements in data collection and analysis.<sup>45</sup>





## Virginia

Virginia's original settlement agreement established an \$800,000 state fund for housing rental assistance to facilitate the placement of individuals in homes or apartments. This initial fund demonstrated that rental assistance was viable and necessary to help people transition out of institutions and into homes in the community. The fund provided permanent rental assistance to those deemed eligible, serving as the foundation for Virginia's expanded housing assistance programs, including the State Rental Assistance Program (SRAP).

The Department of Behavioral Health and Disability Services (DBHDS) administers SRAP, and it has entered into agreements with Public Housing Agencies and Community Service Boards in 40 cities and counties throughout the state to administer the program. SRAP provides rental assistance to eligible individuals, enabling them to lease market-rate rental units that meet their specific needs; services and supports are provided separately through Medicaid waivers. The structure of the program resembles that of the federal Housing Choice Voucher program: it offers portable tenant-based and project-based vouchers, uses HUD fair market rental guidelines to determine rental payment rates, and is administered by local agencies.

Program funds can be used for the first month's rent, security deposits, utility set-up fees, household supplies, non-reimbursable environmental modifications, and temporary support staffing. Eligibility for SRAP requires that applicants also establish eligibility for the developmental disabilities (DD) Medicaid waiver. In addition, SRAP utilizes federal housing programs to the extent possible to meet the housing needs of people with DD.<sup>46</sup> As of 2021, the program had served 847 individuals across the state, providing an average of \$10,213 in rental assistance per person.<sup>47</sup> In 2025, the Virginia legislature allocated \$3,393,060 for SRAP to comply with the *Olmstead* settlement agreement.<sup>48</sup> Although the Virginia legislature has continued to support SRAP, the cost of living has increased faster than state investments in the program, causing a loss of some vouchers in 2024.



## Medicaid Waivers and State Plans



### Georgia DD Community Waivers

To successfully transition people with developmental disabilities (DD) from institutions to community settings, Georgia created and used Medicaid DD waivers to move a total of 692 people from state hospitals to the community as of March 2024. The 2025 state budget included funding for 100 additional waivers to be used to assist people with DD who remain in state hospitals, who are on an active transition list, or who did not oppose receiving services in the community.

To prevent unnecessary institutionalization, Georgia also created an additional 675 waiver slots for individuals on a waitlist for services that would prevent their institutionalization. Between the time the State entered into the settlement agreement in 2010 and June 2024, 19,461 people with DD at risk of institutionalization were utilizing waivers that enabled them to remain in the community. According to court records, the State exceeded the waiver benchmarks specified out in the settlement agreement.<sup>49</sup>



### North Carolina Waiver and State Plan Amendment Services

North Carolina's *Olmstead* settlement agreement required the State to provide community-based housing with supportive services for 3,000 people with mental and behavioral health disabilities who were living in restrictive adult care homes or at risk of being placed in those settings. The State implemented several significant Medicaid waiver changes and state plan amendments in 2024, including expansion of HCBS, which benefits individuals included in the settlement as well as others.

In addition to going beyond the original settlement agreement, the most important advantage of this change was that individuals with behavioral health conditions, I/DD, and traumatic brain injuries were no longer required to meet institutional level of care criteria to access HCBS. Unlike the previous Medicaid waiver program, the expanded state plan amendments used needs-based criteria rather than requiring people to qualify for nursing home or other types of institutional care. This change significantly expanded access to community-based services for the groups specified in the waiver. Moreover, the program did not allow waiting lists, offered funding and support to help people move from institutions to the community, and provided individualized support and assistance.<sup>50</sup>



## Virginia HCBS Waivers

Virginia's settlement required the creation of approximately 4,200 Medicaid HCBS waiver slots by 2021 for people on waitlists or who transitioned from institutions to community living. 805 waiver slots were earmarked for individuals transitioning from Training Centers, and nearly 3,000 were allocated for individuals with I/DD on urgent waitlists and youth in private facilities.

**Remarking on the cultural shift in Virginia, one key informant recounted,**



**I think in most *Olmstead* cases up until the Virginia case, it was like, 'Okay, people [with I/DD] go live in group homes. That's what there is,' or they get supports in their family home."**

After entering into the settlement agreement, Virginia appropriated \$30 million during the first year to create housing services and supports, as well as additional Medicaid waiver slots. During the second year, the state appropriated approximately \$50 million to fund community-based residential support services, crisis management, family support, and workforce expansion. The state's commitment to funding costs related to transitioning people from institutions — or preventing their placement in them — was foundational to complying with the settlement agreement.

According to the 2024 independent reviewer's report, by 2021, Virginia had created new HCBS options for 1,872 individuals who were living in their own homes. This compares with 341 individuals who were living in their own homes with HCBS waiver services in 2015.<sup>51</sup>

The state reached an important milestone in 2025–2026 when it eliminated the waitlist for Medicaid waiver services for "Priority One" individuals — those who required immediate services due to safety and health concerns. The state appropriated \$150,253,459 for fiscal years 2025 and 2026, which funded 3,440 new DD Medicaid waiver slots. 344 of these slots were for community living waivers, and 3,096 were earmarked for family and individual support slots. Elimination of the waitlist represented the culmination of over a decade of court-mandated reforms and increased the number of people who could receive the services they require to live in the community.<sup>52,53</sup>

Unlike earlier settlements, the Virginia case was groundbreaking in that it presumed that people with I/DD, with appropriate services and supports, could live successfully in their own homes in the community. According to several key informants we interviewed, this progressive presumption eventually led to a cultural and attitudinal shift among state legislators and state agency personnel. They grew more aware that disabled people could and should live in their communities and that the practice of institutionalization should be challenged along with the stigma it attached to members of the disability community.

**Observing state actions, a key informant remarked that,**



**The big solution was really the state taking ownership of the problem and saying, 'How can we get this done?' and then working together with the state agencies."**

**Another key informant noted,**



**...Our state agency... they've committed, not that they didn't have to, but they keep saying, 'We commit to doing this no matter what.'"**

# State-level Structural Reforms

Legal action fostered structural changes, including interagency collaborations and the creation of new state agencies, departments, and programs to support the implementation of specific settlement provisions. Many key informants we interviewed suggested that these actions served as a catalyst that led to a meaningful shift in state governments' understanding and appreciation of the urgent need to reverse decades-old policies that favored the institutionalization of disabled people. Moreover, settlement agreements drove the creation of more robust community mental health systems and helped expand and improve services and supports for people with I/DD. On the 25th anniversary of the *Olmstead* decision in 2024, 250 HCBS Medicaid waiver programs were operating across all 50 states, and **an estimated four out of every five disabled people who had been living in an institution in 1987 were living in a community-based setting as of 2019.**<sup>54</sup> The federal government also has played an important role in *Olmstead* implementation, which is briefly summarized in the Appendix.

Commenting on a state's transformation, one key stakeholder noted,



**And I think you've seen examples...where because of *Olmstead*, it forced the state to really think differently about what their obligation was to provide service-supported housing for people who were covered under their litigation."**

The states we reviewed had made substantial investments in developing such infrastructures. These foundations have evolved into effective systems for delivering services, and they promote long-term sustainability. These structural changes demonstrate the capacity of legal advocacy to achieve systemic solutions when disability stigma, historical political and budgetary barriers, and general bureaucratic inertia might not have otherwise been overcome.

## State-level Structural Reforms

An interagency collaboration between the North Carolina Department of Health and Human Services and the State's Housing Finance Agency improved communication and coordination of the State's supportive housing system for people with SPMI. The collaboration also prompted the creation of new accessible, affordable housing by leveraging federal funds, including HUD 811 project-based rental assistance.

According to key informants we interviewed, although the Virginia settlement agreement did not require the state to close state-operated institutions, the state's leadership and state agency officials had slowly been moving toward shuttering these facilities. However, they never fully committed to closures. Notably, the state included a provision in the settlement agreement that set out a schedule to further downsize and eventually close the facilities, even though neither the judge in the case nor DOJ required them to do so.

Georgia shuttered three state institutions by 2015 and repealed the state statute that facilitated admission of people with DD to state hospitals. Over 1,000 institutional beds for people with DD were eliminated by 2024, representing a 90 percent reduction in institutional capacity. By April 2024, over 16,000 individuals with developmental disabilities were being served in the community, a 50 percent increase since 2010.<sup>55</sup>

**A key informant we interviewed explained,**



**I have felt like if the settlement were to go away, I don't think the state would turn around and say, 'Let's get rid of this program.'"**

**A key informant we interviewed explained,**



**I think there were people within the state agencies who wanted to do the right thing all along and just couldn't get a toehold. And this litigation or threat of litigation gave them some ability within their agencies to get attention to the things they were asking for."**

In addition to funding a significant number of housing vouchers, covering housing transition expenses, and enhancing Georgia's capacity to provide supportive services, the State eventually recognized the need for a dedicated state-level agency to oversee the implementation of these programs. In 2019, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) created the Office of Supportive Housing (OSH) to oversee the Georgia Housing Voucher Program (GHVP) and bridge funding, as well as Projects for Assistance in Transition from Homelessness (PATH) grantees.<sup>56</sup>

The mission of OSH was to lead and oversee housing programs' supportive services that fulfilled the intent and spirit of the settlement agreement for people with SPMI transitioning from institutional settings or who were not stably housed.

**According to two key informants,**



**And this all came about because of *Olmstead*. I think this agreement in Georgia is over 10 years old now, going on to 14 years, the first agreement. And it had to build from the ground up. So yes, there's more left to be done, and there's always the concern about sustainability, but I think there wouldn't have been these changes, I don't think, without the litigation and the support of the government of Georgia to implement the litigation.**



**Funding is always an uphill battle, but some agency officials are advocates or at least supportive — pragmatists, not ideologues."**



# Discussion: Barriers and Challenges

*Olmstead* settlements have undeniably increased affordable housing opportunities and access to HCBS and supportive housing services for disabled people who were living in institutions or at risk of being institutionalized. Some states have adopted the integration mandate enshrined in the decision and established state agencies, programs, and services aimed at making the promise of community inclusion a reality. However, other systemic factors have also affected progress toward meeting the goals of the agreements. The states featured here, along with most in the nation, have experienced severe affordable housing shortages and an increasingly expensive rental housing market in recent years. Moreover, research has revealed persistent high rates of landlord discrimination against lower-income disabled renters using housing vouchers or who need a reasonable accommodation to enable them to move into a rental unit.<sup>57,58</sup> Independent reviewers monitoring *Olmstead* settlement agreements have also reported that some people moving out of institutions or at risk of institutionalization could not find affordable housing that also met their accessibility requirements.<sup>59</sup>

Furthermore, direct care workforce shortages, exacerbated during the COVID-19 pandemic, have complicated the states' capacity to fulfill the settlements' requirements that supportive services be provided to ensure meaningful community integration.<sup>60</sup> Taken together, it becomes apparent that *Olmstead* implementation barriers cannot be explained solely as functions of inadequate resources or political will, although both factors play important roles. Instead, these multiple systems are functionally interconnected and together compound obstacles to community integration.

These barriers and challenges dampened the capacity of the states to rapidly create housing opportunities — even after they had adopted a positive and cooperative attitude toward the goals of the agreements — and affected the states' ability to meet the benchmarks set out in the settlements. Unquestionably, the settlements enabled thousands of disabled people to move to integrated community settings, yet the need for affordable, accessible housing and community-based services continued to outstrip availability.<sup>61</sup>

## Discussion: Barriers and Challenges

Research suggests that as many as 18 million low-income disabled people do not receive housing assistance for which they are eligible. Over 4.1 million disabled people who receive Supplemental Security Income (SSI) cannot afford to rent an apartment anywhere in the U.S.<sup>62</sup> Moreover, as recently as 2023, an estimated 692,000 people remained on waiting lists for HCBS. This figure was projected to double by 2040 unless states fully commit to implementing *Olmstead's* integration mandate.<sup>63</sup>



**18 million**

Number of low-income disabled people who do not receive housing assistance for which they are eligible. (See endnote 62.)

Such a high level of unmet need reflects the fact that many disabled people, especially those with I/DD, are still living in group homes, nursing homes, and congregate care facilities rather than in integrated community settings. It also underscores the precarious circumstances in which other non-institutionalized disabled people are living, including people experiencing homelessness, and the extent to which they are at risk of unwanted institutionalization. These structural barriers impede progress in fulfilling *Olmstead's* promise of full community integration and even threaten the long-term sustainability of current gains in affordable housing and community-based services.



**+4.1 million**

Number of disabled people who receive Supplemental Security Income (SSI) cannot afford to rent an apartment anywhere in the U.S. (See endnote 62.)



**692,000 people**

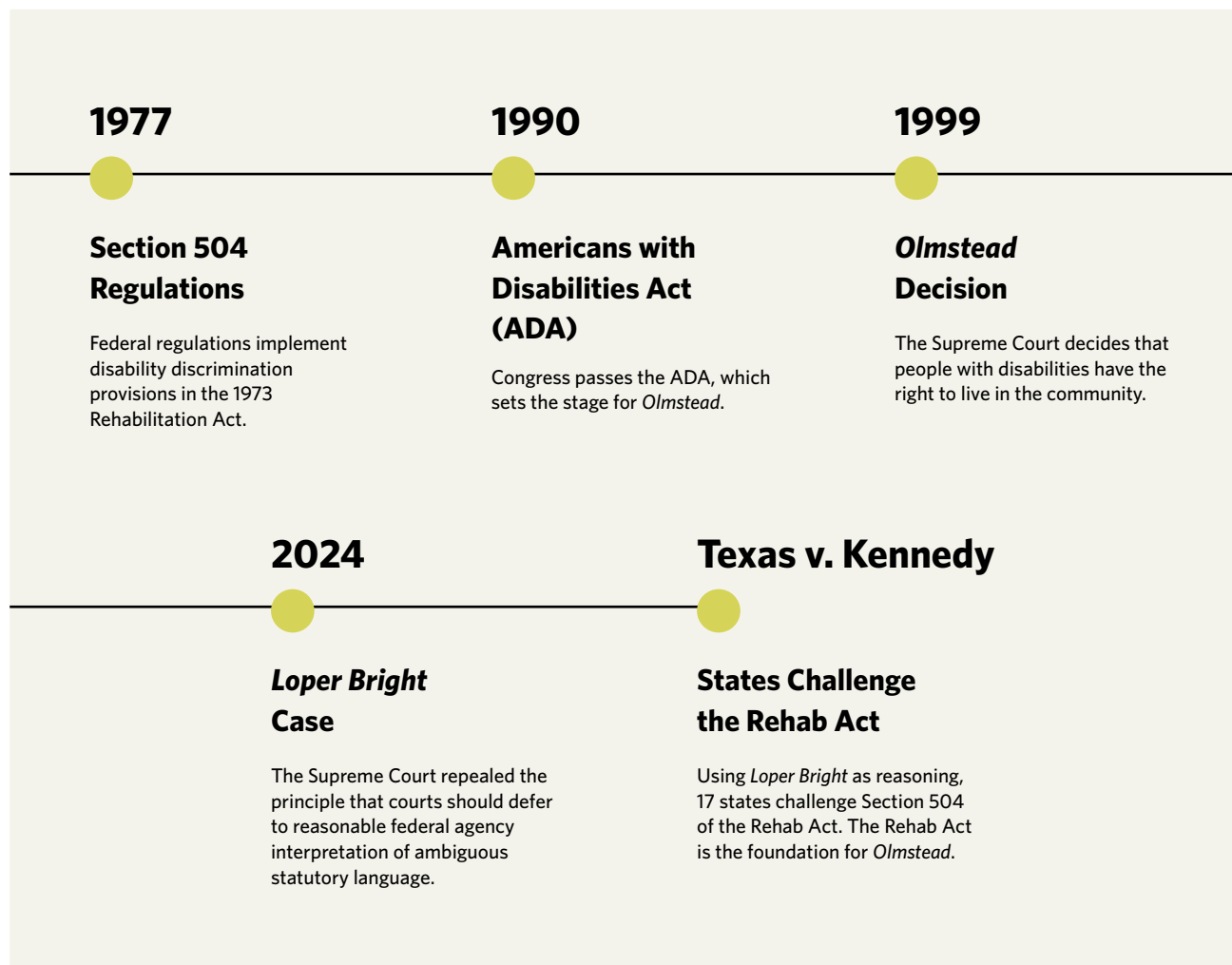
Estimated number of people still on the HCBS waiting list in 2023 — a total projected to double by 2040 unless states fully commit to implementing *Olmstead's* integration mandate. (See endnote 63.)

## Discussion: Barriers and Challenges

Legal advocates will likely seek additional court remedies in the future if state legislatures fail to provide funding for programs that enable full community integration for disabled people, including those who are still on long waiting lists. However, several recent court decisions, along with the current political climate, will make it more difficult for *Olmstead* cases or complaints to prevail. The U.S. Supreme Court's 2024 decision in the *Loper Bright* case established an unprecedented threat to *Olmstead* implementation by profoundly altering how federal courts can interpret disability rights regulations.<sup>64</sup> The *Loper Bright* decision repealed the long-established principle of *Chevron* deference established in *Chevron*, which held that courts should defer to reasonable federal agency interpretation

of ambiguous statutory language.<sup>65</sup>

In September 2024, acting quickly and relying on *Loper Bright*, Texas and 17 state attorneys general challenged HHS' recently revised regulations implementing Section 504 of the 1973 Rehabilitation Act, which established the original integration mandate and created the legal foundation for the *Olmstead* decision. Although the case is temporarily on hold, implementation of the new Section 504 regulations and other disability rights regulations is at risk.



## Discussion: Barriers and Challenges

In the 2024 Grants Pass decision, the U.S. Supreme Court criminalized homelessness, thus responding to community concerns about perceived health and safety threats posed by the growing number of unhoused people, many of whom were people with mental, behavioral health, and other disabilities. By allowing law enforcement to remove unhoused people from encampments and arrest or fine them for the “criminal” conduct of simply being unhoused, the court significantly diluted the fundamental right of disabled people to community integration, instead permitting and sanctioning unnecessary incarceration and institutionalization.<sup>66</sup>

In addition to these unprecedented legal threats, Medicaid spending is expected to be reduced by \$1 trillion over 10 years. Reducing Medicaid directly affects states’ capacity to implement *Olmstead*’s integration mandate and could drive the re-institutionalization of thousands of disabled people, contravening over four decades of disability rights gains. Because most Medicaid HCBS are optional, states are likely to reduce or eliminate them first to contend with significant upcoming budget shortfalls, thus resurrecting the institutional bias that *Olmstead* aimed to eliminate.<sup>67</sup> Furthermore, proposed reductions in federal housing programs, especially rental subsidies, if fully implemented, will likely reverse *Olmstead* gains in every state.<sup>68</sup>

Taken together, these judicial and legislative threats undermine the progress that states have made in reducing institutionalization, creating affordable housing opportunities, establishing home and community-based supportive services, and reforming state agency culture by fostering acceptance of community integration. They also create legal roadblocks that could weaken *Olmstead*’s

claims of disability discrimination and slow or reverse progress toward entirely ending the many forms of institutionalization that remain.

A key informant we interviewed remarked,



**I do worry there’s a big pendulum swing happening right now as we speak, where because of the homelessness crisis that is often conflated with behavioral health issues and serious mental illness and addiction issues, that we’re going to be starting to see a proliferation of segregated settings and more program and therapeutic-based housing, that I think will maybe 10 years from now under more friendly administration, we might see, frankly, litigation against a number of states for what they’re trying to invest in now.”**

# Conclusion

The *Olmstead* decision has profoundly influenced some state policies and services affecting people with diverse disabilities and reduced or even eliminated some forms of institutionalization. The states featured in this report significantly increased the availability of affordable housing, primarily by funding rental vouchers and leveraging federal housing subsidies. They created new or expanded Medicaid waiver programs that pay for HCBS and other services so disabled people could transition from institutions to homes in the community or avoid institutionalization. Although the full promise of *Olmstead* remains to be fulfilled, its impact has been undeniable on

the availability of affordable housing, HCBS, and the culture of state agencies charged with implementing settlement agreements. The evidence of these successes resides with thousands of disabled people who are living with agency in homes of their own, with the supports and services they need, and in communities of their choice. Threats from federal court rulings and reductions in Medicaid and other federal programs that support disabled people, including affordable housing, could halt this progress. The specter of such a future impels disability rights advocates and allies to join forces and resist these threats on the legislative, philanthropic, legal, and community organizing fronts.



# Appendix

## Federal role

Although states carry out functions related to compliance with *Olmstead* settlements, federal policy and commitment to community integration has also played an important facilitation role. For instance, in 2009, the Obama administration launched “The Year of Community Living,” directing federal agencies to work together to promote independent living by identifying ways to improve access to affordable housing and community services and supports. This initiative included increasing the number of Housing Choice Vouchers available to the states and earmarking 1,000 vouchers for individuals moving to community settings from nursing homes and other institutions. The initiative also improved interagency coordination in support of *Olmstead*’s integration mandate. Building on the Year of Community Living initiative, in 2010, Congress enacted the Frank Melville Supportive Housing Investment Act, which created the Section 811 Project Rental Assistance (PRA) program, a more effective model for creating integrated affordable housing.<sup>69</sup>

In 2013, HUD issued guidance clarifying how federal housing programs could support state *Olmstead* compliance efforts by providing housing for disabled people in the most integrated settings. The guidance, intended to help states, takes advantage of federal housing resources and offers a policy framework for making integrated housing available.<sup>70</sup>

The U.S. Department of Health and Human Services promulgated the Home and Community-Based Services (HCBS) Settings Rule in January 2014. The Settings Rule applies to Medicaid-funded HCBS and supports the *Olmstead* principle of providing services for disabled people in the most integrated setting appropriate to individual needs.<sup>71</sup> It specifies where Medicaid-funded home and community-based services can be delivered to ensure community integration and protects personal autonomy and choice.<sup>72</sup> After multiple delays, the Settings Rule went into effect in 2023. Although states consistently reported concerns about administrative complexity and costs, they have generally embraced the Rule’s fundamental goal of community integration.<sup>73</sup> According to a 2023 survey carried out by KFF, 24 states report implementing the Settings Rule across all HCBS waivers, and 19 states report partial implementation.<sup>74</sup>



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# Endnotes

<sup>1</sup> Dorothea Dix, "'I Tell What I Have Seen'—The Reports of Asylum Reformer Dorothea Dix," *American Journal of Public Health* 96, no. 4 (2006): 622–624, <https://doi.org/10.2105/ajph.96.4.622>.

<sup>2</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, [1st ed.] (Boston: Little, Brown and Company, 1971).

<sup>3</sup> 28 C.F.R. § 35.130(d) (1998).

<sup>4</sup> *Olmstead v. L.C. by Zimring*, 527 U.S. 581, 589 (1999).

<sup>5</sup> *Id.* at 592.

<sup>6</sup> *Id.* at 600–601.

<sup>7</sup> *Id.* at 592. The court established a three-part test: states must place disabled individuals in community settings when treatment professionals deem such placement appropriate; the impacted person does not object to such placement; and the state can reasonably accommodate such placement, given both the state's available resources and the needs of other disabled individuals who receive state services.

<sup>8</sup> Max Kupperberg, "Understanding the *Olmstead* Decision: ADA Integration Mandate and Enforcement," *Training & eTracking Solutions* (blog), May 4, 2025, <https://www.yourtrainingprovider.com/blog/understanding-the-olmstead-decision-ada-integration-mandate-and-enforcement>.

<sup>9</sup> Brandeis University, Committee for Protection of Human Subjects. (2019, November 8). "IRB Protocol #20048R E Caldwell: Understanding Barriers and Facilitators to Increasing Affordable Housing for People with Disabilities."

<sup>10</sup> Mark S. Salzer, Katy Kaplan, and Joanne Atay, "State Psychiatric Hospital Census After the 1999 *Olmstead* Decision: Evidence of Decelerating Deinstitutionalization," *Psychiatric Services* 57, no. 11 (2006): 1501–1504.

<sup>11</sup> "Olmstead Enforcement Update: Using the ADA to Promote Community Integration," Thomas E. Perez, Assistant Attorney General, Civil Rights Division, Department of Justice, before the Senate Committee on Health, Education, Labor and Pensions, United States Senate, June 21, 2012.

<sup>12</sup> U.S. Department of Housing and Urban Development, *Trends in Worst Case Needs for Housing, 1978–1999: A Report to Congress on Worst Case Housing Needs Plus Update on Worst Case Needs in 2001*. Office of Policy Development and Research, December 2003.

<sup>13</sup> Economic Systems Inc. *Accessibility of America's Housing Stock: Analysis of the 2011 American Housing Survey (AHS)*. Prepared by Luke Bo'sher, Sewin Chan, Ingrid Gould Ellen, Brian Karfunkel, and Hsi-Ling Liao. Submitted to the U.S. Department of Housing and Urban Development Office of Policy Development and Research. Falls Church, VA: Economic Systems Inc., March 19, 2015.

<sup>14</sup> Bazelon Center for Mental Health Law, "Supportive Housing: The Most Effective and Integrated Housing for People with Mental Disabilities," April 2017, <https://www.bazelon.org/wp-content/uploads/2017/04/supportive-housing-fact-sheet.pdf>. In the context of housing for disabled people, the words "supportive" and "supported" are sometimes casually used interchangeably but nevertheless have distinct meanings.

<sup>15</sup> California Department of Developmental Services, "Supported Living Services," last modified June 6, 2025, <https://www.dds.ca.gov/services/supported-living-services/>.

<sup>16</sup> Centers for Medicare & Medicaid Services, "Money Follows the Person," Medicaid.gov. <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person>.

<sup>17</sup> U.S. Department of Housing and Urban Development, "Housing Choice Voucher Program," <https://www.hud.gov/helping-americans/housing-choice-vouchers>.

<sup>18</sup> *United States v. Georgia*, 546 U.S. 151 (2006).

<sup>19</sup> ADA Settlement Agreement, *United States v. State of Georgia*, October 19, 2010, [https://www.justice.gov/sites/default/files/crt/legacy/2011/01/10/US\\_v\\_Georgia\\_ADAsettle\\_10-19-10.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2011/01/10/US_v_Georgia_ADAsettle_10-19-10.pdf)

<sup>20</sup> Memorandum In Support of Joint Motion to Remove Discrete Agreement Provisions from Active Monitoring, *United States v. Georgia*, No. 1:10 – CV –249 – CAP, (N.D. Ga. Sept. 30 2024).

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<sup>21</sup> *Id.*

<sup>22</sup> Georgia Pines, Specialty Services, “Assertive Community Treatment (ACT),” accessed October 20, 2025, <https://www.georgiapines.net/specialty-services/>. Assertive Community Treatment (ACT), a community-based service for people with a severe and persistent mental illness, uses a multidisciplinary team of licensed mental health professionals to provide services primarily within each person’s home or location. The ACT team supports social, emotional, and practical functioning and aims to prevent admissions into more restrictive settings, such as jails, hospitals and long-term treatment centers.

<sup>23</sup> *United States v. North Carolina*, No. 5:12-cv-557-D, (E.D.N.C. Sept. 21, 2017).

<sup>24</sup> *United States v. Virginia*, No. 12659, Civil Rights Litigation Clearinghouse (Jan. 26, 2012), <https://clearinghouse.net/case/12659/> (last updated July 28, 2025).

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> U.S. Department of Justice, Civil Rights Division, *United States v. Virginia - Settlement Agreement Fact Sheet* (Jan. 26, 2012), [https://archive.ada.gov/olmstead/documents/virginia\\_fact\\_sheet.pdf](https://archive.ada.gov/olmstead/documents/virginia_fact_sheet.pdf).

<sup>28</sup> National Association of State Directors of Developmental Disabilities Services, “Virginia Announces End of Settlement Agreement with DOJ.” Accessed August 19, 2025. <https://www.nasddds.org/virginia-announces-end-of-settlement-agreement-with-doj/>. The Permanent Injunction approved in January 2025 focuses on 27 specific compliance areas that Virginia had not yet fully met. Key requirements include:

- Hiring behavioral analysts to train community providers
- Increasing funding for children’s respite services
- Building new crisis therapeutic homes
- Conducting rate studies for 11 specific services between now and 2030
- Maintaining the Independent Reviewer for an additional two years

<sup>29</sup> Technical Assistance Collaborative, “*Olmstead* Implementation,” National Low Income Housing Coalition, 2024, [https://nlihc.org/sites/default/files/AG-2024/6-6\\_Olmstead-Implementation.pdf](https://nlihc.org/sites/default/files/AG-2024/6-6_Olmstead-Implementation.pdf)

<sup>30</sup> See *supra* note 17.

<sup>31</sup> Leah Chan, Overview: 2026 Fiscal Year Budget for the Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Budget and Policy Institute, accessed February 15, 2025. <https://gbpi.org/wp-content/uploads/2025/02/DBHDDBudgetOverview-3.pdf>.

<sup>32</sup> Georgia Department of Community Affairs, “Georgia Housing Voucher Program,” accessed August 9, 2025. <https://dca.georgia.gov/housing-choice-voucher/housing-choice-voucher>.

<sup>33</sup> State funding for the GHVP however has fluctuated over the years and saw reductions during the COVID-19 pandemic. GHVP is not available to people with I/DD unless they also have a mental health diagnosis.

<sup>34</sup> “Georgia Housing Voucher Program Fact Sheet,” Georgians for a Healthy Future, 2024, <https://healthyfuturega.org/wp-content/uploads/2024/10/GHVP-Fact-Sheet.pdf>.

<sup>35</sup> Memorandum In Support, United States District Court (N.D. Ga.), 2024.

<sup>36</sup> Georgia Budget and Policy Institute, “Overview: 2026 Fiscal Year Budget for State Housing Programs,” accessed August 19, 2025, <https://gbpi.org/overview-2026-fiscal-year-budget-for-state-housing-programs/>.

<sup>37</sup> Technical Assistance Collaborative, “North Carolina Permanent Supportive Housing Assessment with Recommendations to Comply with the *Olmstead* Settlement,” July 25, 2017, [https://www.nchfa.com/sites/default/files/page\\_attachments/TACReport.pdf](https://www.nchfa.com/sites/default/files/page_attachments/TACReport.pdf).

<sup>38</sup> FY 2024 Annual Report of the independent Reviewer, *United States v. North Carolina*, No. 5:12-cv-557-D, (E.D.N.C. Sept. 21, 2017).

<sup>39</sup> Technical Assistance Collaborative, July 25, 2017. Local Management Entity/Managed Care Organizations (LME/MCOs) serve as gatekeepers, conducting assessments and authorizing services for people with I/DD. They play an essential role implementing the settlement agreement by managing access to Medicaid waivers, which provides community-based alternatives to institutional care. They also serve others including people with mental health issues and substance use disorders. [https://www.nchfa.com/sites/default/files/page\\_attachments/TACReport.pdf](https://www.nchfa.com/sites/default/files/page_attachments/TACReport.pdf).

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<sup>40</sup> 29 U.S.C. § 794 (2018).

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