

# FREQUENTLY ASKED QUESTIONS: HOUSING NEEDS OF PEOPLE WITH DISABILITIES DURING THE COVID-19 CRISIS

## HOW IS THE CORONAVIRUS PANDEMIC IMPACTING PEOPLE WITH DISABILITIES?

While having a disability in and of itself does not necessarily place someone at greater risk for contracting coronavirus or experiencing a more severe form of the disease, many people with disabilities have underlying health conditions that make them particularly vulnerable to serious harm. Because of structural inequities, people with disabilities face significant health disparities, and are, for example, significantly more likely to have heart disease, diabetes, cancer, or to have experienced a stroke or obesity. Additionally, people with disabilities are much more likely than other adults to live in congregate settings to access the services and supports they need - including group homes, nursing homes, and psychiatric institutions - where rates of coronavirus infection and mortality are among the [highest in the nation](#).

Many people with disabilities need in-person supports that they receive from the direct support professional (DSP) workforce and home health-aides, family members and friends - supports made difficult by social distancing protocols and a shortage of personal protective equipment (PPE). Additionally, people with disabilities experience persistent attitudinal and programmatic barriers to equal access to housing and health care, issues amplified as the coronavirus threatens to overwhelm the healthcare system, cities, and local communities.

## WHAT ARE THE HOUSING NEEDS OF PEOPLE WITH DISABILITIES?

People with disabilities live in poverty at more than twice the rate of people without disabilities and are less able to afford an apartment or other housing, increasing the likelihood of institutionalization or homelessness. Most families living in poverty have little to no margin for an unexpected expense that may arise during this time of economic distress and widespread uncertainty.

Even more starkly, before the COVID-19 crisis [4.7 million adults with disabilities](#) between the ages of 18 and 64 received income from the Supplemental Security Income (SSI) program. SSI is the federal income maintenance program that assists people with significant and long-term disabilities who have virtually no assets and, in most instances, no other source of income. Adults under 64 with disabilities living on SSI [confront a severe housing affordability gap](#) across all 50 states and the District of Columbia. Most of the 4.7 million people receiving SSI cannot afford accessible housing in their community without some form of housing subsidy. Under these circumstances, extremely low-income people with disabilities face an [unrelenting rental housing crisis](#) in every housing market. The COVID-19 crisis has presented additional, urgent challenges and laid bare the importance of affordable, stable, accessible housing.

## HOW ARE PEOPLE WITH DISABILITIES WHO LIVE IN CONGREGATE SETTINGS IMPACTED?

COVID-19 is disproportionately affecting people who reside or work in congregate facilities,<sup>1</sup> including the [1.3 million people in nursing homes, 800,000 people in assisted living facilities, and 75,000 people in intermediate care facilities](#). The data is incomplete, but [what we know so far](#) is alarming: as of April 23, there have been over 10,000 reported COVID-19 deaths of residents and staff in long-term care facilities in the 23 states publicly reporting COVID-19 fatalities. For several states, these cases represent over half of all COVID-19 cases and up to 81% of all COVID-19 deaths. This trend holds for psychiatric facilities

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1 As used here, the term "congregate settings" includes but is not limited to: group homes, nursing homes, intermediate care facilities, psychiatric facilities, and board and care homes. Note that at least [16.5% of people in nursing homes are under age 65](#).

in numerous states and is magnified in communities of color, where systemic [racism and discrimination](#) have led to coronavirus [disproportionately impacting people of color](#). These trends show no signs of diminishing. This dire situation has enormous implications for people with disabilities and their families, their communities, service providers, and our already overstretched medical care and hospital systems.

Unnecessary institutionalization and segregation of people with disabilities is a form of discrimination, and in the current health crisis, may result in higher rates of exposure to COVID-19 and death from the virus. We must accelerate opportunities for integrated, affordable, and accessible housing options in community-based settings for people transitioning from institutions or congregate settings or those at serious risk of institutionalization. People with disabilities have a right to live and receive services in the most integrated setting appropriate their needs. People with disabilities must be able to isolate safely, with the support and services they need, and they must not be forced to remain in or move to dangerous or segregated settings in response to the coronavirus emergency.

## **DID THE RESOURCES PROVIDED IN THE CARES ACT ADDRESS THESE HOUSING NEEDS?**

Though the Coronavirus Aid, Relief, and Economic Security (CARES) Act included significant funding for some housing programs, including Emergency Solutions Grant (ESG) funds, these funds are not available to provide non-congregate setting or rapid rehousing resources to most people who are in nursing facilities, congregate residential settings, state psychiatric hospitals or other institutions. ESG-funded programs only serve individuals who were homeless prior to entering an institution and were in the institution less than 90 days or are exiting a publicly-funded institution.

## **HOW CAN WE ADDRESS THE HOUSING NEEDS OF PEOPLE WITH DISABILITIES IN THE SHORT- AND LONG-TERM?**

We must address immediate needs to save lives and better safeguard the disability community and the people who provide their supports. States should use FEMA funds to [decongregate nursing facilities and other institutional settings](#). Congress must clarify that people in nursing facilities, intermediate care facilities, state psychiatric facilities and other congregate settings are eligible for ESG-funded programs, regardless of length of stay. To ensure DSPs, personal care attendants, and other direct care workers, and the people they serve are protected, they must have access to adequate PPE.

Moreover, Congress must ensure that people with disabilities coming from congregate settings and institutions are eligible for any emergency rental assistance, housing, and homelessness resources that may be included in the next coronavirus relief package.

In the long-term, permanent affordable housing solutions and supports are key to ensuring people with disabilities can remain in the community and successfully transition from congregate settings. Congress must increase investments in proven solutions, including targeted programs such as Mainstream Vouchers and Section 811 Supportive Housing, as well as Housing Choice Vouchers, the National Housing Trust Fund, and other programs. Robust long-term services and supports are also crucial, and meaningful federal and state investment, particularly in home and community-based services, is essential for aging adults and people with disabilities to remain in their homes and not be forced into congregate settings to receive necessary services, and so that people can safely transition back to the community.

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