OASIS · AT A GLANCE

Housing for Adults with Significant Behavioral Challenges

When providers say "we can't take him," the answer is rarely about him. The answer is usually about their staffing and their behavior-support infrastructure. A field guide to specialized placements, behavior support plans that increase acceptance, and the advocacy that turns "no" into "yes."

BY JIM PALASTY · OASIS FOR AUTISM · 10 MIN READ

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PLAN THAT OPENS DOORS

One thoroughly documented behavior support plan, paired with a willing-provider conversation, opens more doors than every cold provider call combined.

How it works

THREE STEPS

Build the BSP packet

Functional Behavior Assessment. Behavior Support Plan. Crisis protocol. Medication plan. Communication plan. The provider needs to see all five.

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Specialized placements

Some providers specialize in high-support-needs adults. Find them. The right provider says yes more often than the average provider says yes.

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When the answer is "no"

The HCBS Settings Rule prohibits blanket exclusion. State Medicaid agencies have a complaint pathway. The Olmstead enforcement door is real. Use the doors.

What goes in the BSP packet

FBA	Functional Behavior Assessment by qualified BCBA or clinical psychologist
BSP	Behavior Support Plan addressing each identified function with strategies
Crisis protocol	Written de-escalation steps, safe-physical-management (if any), exits
Medication	Current medications, PRN protocols, side-effect monitoring
Communication	Verbal, AAC, gesture; what works under stress, what does not
History	Prior placements, what worked, what did not, contact references
Quality of life	Activities, preferences, routines that calm and engage

WHAT IT LOOKS LIKE

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Eleven providers said no. The twelfth had a behavior specialist on staff. She read the FBA before we ever met. She called us back saying she could see exactly what was happening at three in the afternoon when the snack routine broke down and that her team had managed it before with a different resident. Our son moved in eight weeks later. He has been there three years. The same boy that eleven providers refused was the same boy the twelfth provider was already prepared for. The difference was the packet and the provider, not the boy.

MARLENE, SAGINAW

What matters, at a glance

"We can't take him"

Provider declinations are usually about provider capacity, not the adult. Staffing ratios, behavior support training, insurance considerations. Decline language sounds clinical; the reasons are operational.

FBA-driven BSP

Functional Behavior Assessment identifies the function of the behavior (escape, attention, sensory, tangible). The Behavior Support Plan addresses each function. Providers read FBA-driven plans differently than provider-described concerns.

Specialized providers exist

A subset of residential providers specializes in adults with significant behavioral support needs. Higher staffing ratios, in-house behavior specialists, stronger training. Find them through Arc affiliates, P&A, and case manager networks.

Provider acceptance timeline

From first contact to acceptance offer, with a complete BSP packet, typically thirty to ninety days. Without the packet, indefinite.

The HCBS Settings Rule applies

Federal rule prohibits Medicaid-funded settings from blanket exclusion based on disability characteristics. Specific support needs must be individually assessed. Refusal that fails this test is appealable.

Olmstead is real

The Olmstead decision and DOJ ADA enforcement protect against unnecessary institutional placement. When providers refuse and no community alternative is offered, the state has an obligation under federal law.

BRING THESE · CHECK AS YOU GO

- [ ] FBA completed by BCBA or licensed psychologist
- [ ] BSP drafted with strategies per function
- [ ] Crisis protocol in writing
- [ ] Medication and communication plans attached
- [ ] Specialized providers identified
- [ ] Refusals documented in writing
- [ ] P&A and state Medicaid complaints filed where warranted

YOUR MOVE

When a provider says no

1. Request the refusal in writing with the specific support need the provider cannot meet.
2. Ask the case manager to identify providers in the region that DO have that capacity. Document the answer.
3. File a complaint with the state Medicaid agency if no provider in the region accepts; this is the HCBS Settings Rule pathway.
4. Contact the state Protection & Advocacy organization. The P&A can intervene in placement disputes at no cost.
5. If the pattern is systemic, contact the DOJ ADA enforcement line. Olmstead violations have remedies.

"No" is information about the provider, not about the adult. Read it that way and keep going.

RESOURCES NAMED IN THIS POST

oasisforautism.com · https://oasisforautism.com

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ABOUT THE AUTHOR

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