
VOR Statement on the White House Office of Legislative Counsel Interpretation of the Integration Mandate

Background: VOR's Long-Standing Position

VOR has long advocated for a simple but foundational principle: no single residential or service setting is right for every person with an intellectual or developmental disability (IDD). Individuals and their family members, in partnership care teams, have a right to choose the setting that best meets individual needs, whether that is a family home, supported living, community-based program, intermediate care facility (ICF), or another specialized residential option.

When the Supreme Court decided *Olmstead v. L.C.* (1999), VOR participated as an amicus, supporting the plaintiffs' right to community services while cautioning against a ruling that would mandate community placement for all. The Court's actual holding reflected that balanced approach: *unjustified* institutionalization based solely on disability constitutes discrimination under the ADA, with choice and resources necessary determinants of what constitutes "unjustified" institutionalization. That outcome was consistent with VOR's values then, and it remains our benchmark today.

What the OLC Opinion Says

On June 18, 2026, the Department of Justice Office of Legal Counsel (OLC) issued a memorandum opinion concluding that neither Section 504 of the Rehabilitation Act nor Title II of the ADA impose an "integration mandate" on states, and that the *Olmstead* decision did not require states to treat individuals with mental illness in the most integrated setting appropriate to their needs. The opinion further concludes that existing HHS and DOJ regulations embodying that mandate exceed agency authority and should be rescinded.

Where the OLC Opinion Aligns with VOR

VOR agrees with the OLC's affirmation that community placement cannot and should not be treated as mandatory for every individual. The memo acknowledges that facility-based care can be clinically appropriate and that resource constraints, safety considerations, individual needs, and choice are legitimate factors in treatment decisions. These are positions VOR has held for decades. We also agree that *Olmstead's* actual holding was narrower than how it has often been applied — and that overly aggressive enforcement has, in some cases, resulted in individuals being moved into community settings without adequate support, contributing to poor outcomes including homelessness and inadequate supervision.

Where VOR Has Significant Concerns

The OLC opinion does not simply restore balance — it substantially weakens the legal floor that protects individuals from unwanted or unjustified institutionalization. VOR is concerned about several specific implications:

- The opinion's standard — that disability must be the *sole* motivating factor for a treatment decision to constitute discrimination — sets an extremely high bar that may leave individuals with few legal remedies when they are inappropriately denied access to community options they and their families want.
- Rescinding integration mandate regulations could reduce federal pressure on states to adequately fund and expand Home and Community-Based Services (HCBS) and Medicaid waiver programs that many individuals with IDD and their families depend on and want.

- While VOR supports the right to choose facility-based care, we do not support conditions in which individuals lack meaningful access to community services. Choice requires real options, including fully resourced community options.

VOR's Call to Action

Choice is at the heart of both VOR's mission and the ADA's promise. VOR calls on Congress and the Administration to recognize that true choice requires protecting access to all appropriate settings. Weakening enforcement of anti-discrimination protections without ensuring robust, adequately funded alternatives does not advance choice, it limits it.

We urge policymakers to:

1. Protect the continued availability and quality of ICFs and other specialized residential settings for individuals who need or choose higher levels of care.
2. Preserve and strengthen funding for HCBS and Medicaid waiver programs that enable community-based living for individuals with IDD who choose it.
3. Ensure that any revision to existing regulations includes meaningful protections against unwanted institutionalization and does not reduce individuals' ability to seek legal recourse for discrimination.
4. Engage families, self-advocates, and disability organizations, including those representing individuals with the most significant support needs, in any rulemaking process.