

## MaxHousing Comments on OHFA Draft 2027 Design & Architectural Standards

From Steve Hansler, President

These are our official comments on the May 2026 Draft of the OHFA 2027 Design & Architectural Standards (DAS). MaxHousing is a leader in Ohio in the development and management of accessible housing.

The first part of the DAS, in Section G1 Introduction are the principles that shape the DAS. We are encouraged to see that one of those principles is Accessibility. The language is great. *“Address the need for more units that can accommodate those with disabilities or mobility challenges. Encourage architectural adaptations beyond the code minimum.”*

We also strongly agree with the principle of Quality of Life, especially the goal to *“create safe and healthy living conditions, in an environment that upholds the dignity and worth of residents.”*

Unfortunately, there is a disconnect between the strong values expressed in the introduction and the percentage requirements and accessibility standards that ultimately drive project design. Some detailed comments are further down.

Fortunately, there are some relatively simple changes that OHFA can make to the DAS to better align it with the goals expressed in the principle of Accessibility.

First, for all accessible units in new construction, they should meet the Accessible Units requirements in ICC ANSI A 117.1-2017 (A117). Much of what is in the DAS appears to be an effort to take a mediocre, at best, Section 504 accessibility standard and make it a little better through some piecemeal upgrades. **Why not actually create accessible units by requiring compliance with A117 Accessible units?**

Second, and more important, is the need to increase the percentages of accessible units required. Our original comments on updating the DAS, which OHFA should have, contain empirical data and supporting statistics. Based on that data, the following percentages of accessible units should be required.

- For general occupancy housing (non-senior), a minimum of 20% based on HUD data showing that 19% of households include “someone with accessibility needs.”
- For senior housing, a minimum of 35% based on the same information that shows that 35.5% of households that include someone over 65 have accessibility needs.

Those percentages should be easy for OHFA to justify. It would also eliminate the need for ill-defined categories such as “semi-ambulatory” and “flex” units.

While we think all of these units should be Accessible per ANSI A117, having half of them as Accessible units and half as Type A units would still be progress.

Third, we understand that rehabilitation projects are more difficult in terms of accessibility. In these cases, there may be a need for some type of list to choose from. The goal should be to establish a measurable expectation to increase accessibility in order for the project to be funded. One important point is that all projects that opened since March 13, 1991 were required to comply with the Fair Housing Act accessibility requirements. We would guess that many of the projects starting to come in for rehabilitation funding may be in that category and should have higher expectations for accessibility.

We recognize that rehabilitation projects present unique challenges. However, a simple approach could be to require the developer to include an accessibility improvement plan where they agree to spend either a percentage of the project cost (at least 1%) or so much per unit on improving accessibility of individual units and of the property. A list of suggested improvements could be provided. That plan could then be reviewed by a small committee of OHFA staff and accessibility experts. MaxHousing would be happy to participate.

The above reflects our thoughts on the simplest ways to improve the DAS and better align it with its stated principles. Below are some more specific comments.

We do want to acknowledge there are some good things in the draft as they relate to accessibility.

The single best change is in section N3 OHFA Design Requirements, under Section N3.2.3: “Building and all dwelling units must have a no-step entry (1/2” or less) at main entrance.” We are told that this also applies to single-family. Steps to get into a unit are the number one barrier for people with any type of mobility disability and make adapting a home for aging in place much more difficult. We commend OHFA for this vital change.

Other items in Section N3 that we applaud are noted below:

N 3.1.2- A deeper overhang for accessible units.

N 3.1.4 – wider sidewalks

N 3.5.2 – This is good but should be expanded to include a requirement that all units, including single-family, be required to have a visitable toilet room, not just multi-story townhomes.

N 3.5.3 – Roll-in showers.

N 3.5.3.1 – Trench drain or floor drain

N 3.5.4 – loop handles

N 3.6.1.4 – loop handles

N 3.10.1.2 – lever style handles

N 3.10.3.2 Switch style

N 3.10.3.3 Outlet mounting height

Most of these good features are also in the Rehabilitation Sections with similar numbers.

We have additional more specific comments and suggestions below but want to address a couple of important general items related to accessibility.

First, it is a fact that able-bodied people can live and function well in accessible housing while people with disabilities (and most of us will develop disabilities at some point in our lives) cannot function in inaccessible housing. Given that, the question is why not make all new housing accessible? The most common answer is that it costs more.

The reality is that OHFA and every other housing funder/regulator consistently make value decisions that many things are worth the extra cost. Air conditioning is an example of that. There are requirements about radon protection in the DAS which add cost. If cost is the primary concern, why not require cinder block structures? All of these are decisions made that requiring certain design features is worth the extra cost.

Most estimates put the additional cost of a well-designed accessible unit at about 1 to 2% higher. OHFA funds about 8000 units per year. Taking the higher 2% cost, making all units accessible would mean that OHFA would now fund 7840 units. But all 7840 would work for everyone. On the other hand, if only 10% of the units are accessible, there will be 7200 units developed that don't work for the 19% of the population that has accessible housing needs. In terms of long-term costs, having all units accessible means that there will also be significant savings by not having to pay for nearly as many reasonable modifications. A cost benefit analysis clearly shows that full accessibility is worth the small extra cost.

Next, we have expressed dismay over the fact that all senior housing is not required to be accessible given the well-known statistics about the high rate of disability among seniors. At some point in the life of a senior housing unit, it will almost certainly have someone residing in it that has a mobility disability. In talking with seniors and people who work with seniors, there is a perception among most seniors that something wouldn't be called senior housing if it wasn't designed for them. They are often surprised when they find out, often too late, that their units are not really accessible. Not requiring 100% accessibility in

senior housing goes against the stated principle in the DAS to “create safe and healthy living conditions.”

The rest of our comments address items in the draft DAS in the order written with comments on the chart on page 11 at the end.

Page 8 G4 – the second paragraph referencing ANSI A117.1-2017 should be clarified to note that it requires a percentage of units in a building with 20+ units to meet the accessibility requirement for Type A units.

Page 9 - it talks about Section 504 units and refers to the UFAS or HUD 2010 ADA standards. As previously noted, these are substandard accessibility guidelines and should be replaced with ANSI A117.1-2017 Type A or Accessible Units.

On page 9, the DAS say that the accessible (mobility) units should be distributed among multiple floors. However, if units are to be on an upper floor with only one elevator, that is not ideal for someone who can't use stairs. ALL elevators sometimes stop working or are unavailable. This is both a quality of life and safety issue. The goal of having choice and not clustering accessible units is admirable but having safe units is more important.

On page 10, Section G5, as previously noted, the number of mobility accessible units is far, far too low.

On Page 10, Section G5, Options B and C are problematic. They are not tied to any established standards meaning that they are open to interpretation which may undermine the intent of the standards. As noted earlier, there may be room for some type of partial accessibility in rehabilitation projects only; but these options should definitely not be applied to new construction.

Page 14, Section N 3.2.4.1 means that a 3-story walkup building can be developed without any elevators. This should be changed so anything more than 2 stories must have an elevator. As people develop disabilities off and on throughout life, having someone on the third floor who is, even temporarily, unable to use stairs, is a quality of life and safety issue.

Page 16, N 3.7.1.1 Given that wheelchairs (and many people) have become wider, 36 inch doors should be required in new construction.

Page 26 R 4.7.1 Doors in rehab projects. We don't have a lot of comments on the rehab criteria but there should be a requirement that for any door under 36 inches wide, swing clear hinges must be installed. That will add about 2 inches of opening to all doors, which is helpful to everyone. It may also reduce upkeep and damage to doors.

## Comments on page 11- “Additional Features for 504 Mobility Units”

Page 11 has a hodge-podge of accessibility features to be selected. Any list of this type should only be used for rehabilitation projects, if at all. As previously noted, for new construction, there is a much better way than this list. Simply require that the units be required to meet the standards of an Accessible unit as defined by ANSI A117.1-2017. That will make units that are more accessible and more consistent than will result from this list.

The only reason to have a list would be for rehabilitation projects. In that case, there should be a list where people can't get away cheap and the options should be based on cost, value, and making an actual difference in accessibility.

The other reality is that developers will, typically, pick the items from this list that are the easiest/cheapest to achieve. They will not pick items in a way that is meant to best increase accessibility.

For example, in Column A1, someone can comply by installing a \$30 lockbox. In column C, the cooktop near the sink, the storage in bathroom, closets with no doors, and manual pulls to close door are all items that are lower cost and likely to be chosen. Things that will make a bigger difference in terms of accessibility, such as a side-by-side refrigerator or dishwasher or grab bars, will not be chosen.

There are several questionable items in the lists.

Ovens with side-opening doors and wall ovens are only helpful if they are mounted at the correct height. This doesn't require that.

### Column A2

Depending on building size, code may require more than one elevator, so someone shouldn't get credit for that in Column A2.

The playground or splash pad should only be in family housing.

### Column B

Requiring only one item from this list makes almost no difference in accessibility

A remote control thermostat is fine but doesn't make a big difference. Some people with disabilities are unable to use a remote control or a smartphone.

A double acting hinge is a negative and should be removed. People with disabilities have trouble with swinging doors.

Column C

Swing up grab bars can actually make transferring more difficult for some wheelchair users.

Storage in the bathroom is undefined so that requirement is meaningless.

Bottom paragraph

This will not encourage extra accessibility if everything needs to be explained and justified for cost and value. The list on page 11 has no real correlation between cost and value, so why would additional features have to meet a higher standard?

In closing, we urge OHFA to take a more consistent and forward-looking approach to accessibility by aligning requirements with established standards and recognizing that accessibility benefits everyone over time. A modest investment upfront will create long-term usability, safety, and equity and will better reflect the needs of the people these programs are intended to serve.