

NASET's Educating Children with Severe Disabilities Series

Residential Placement Options for Individuals with Severe Disabilities

Part II

The goal of residential programs is to provide access to the highest possible quality of services that a person with certain disabilities needs, while at the same time permitting and encouraging the person to be as independent as possible.

Adult Foster Care

Adult foster care homes are provided by families who, for altruistic, religious, or monetary reasons provide a home care environment for the adult with disabilities. In this residential option, the foster care family receives government reimbursement for this service. While this living arrangement is meant to be a permanent situation, no guarantees exist.

According to Adult Foster Care Services (2003), Adult Foster Care is a licensed family setting for adults who are unable to live alone due to physical, emotional, or developmental impairments. These homes often provide 24 hour care for a small number of impaired residents. Residents receive meals, support, supervision and some assistance with personal cares and living skills, as needed.

There is a minimum room and board payment made to providers per month which is set by the State. Adult Foster Care is not a therapeutic residential facility where a resident receives awake night or nursing care assistance.

Boarding Homes

A boarding home is a residential facility that provides minimal structure and training for the adult with disabilities. These homes may provide sleeping and meal arrangements, and deal with a varied clientele with a variety of disabilities.

Family Subsidy Program

This program provides financial assistance to families to enable them to care for their children with disabilities up to age 22 at home. The Department of Human Services pays eligible families a monthly allowance for certain home care costs, such as medical equipment, respite care, transportation, and special diets. Eligibility for the program is based on the needs of the family and their ability to provide the necessary level of care in the home. The program is not based on financial need.

Free-Standing Weekend Respite

This is a community-based program for families in need of respite on a planned or emergency basis. The overall objective is to afford families a reprieve from the day-to-day care giving responsibilities. Respite provides room and board, 24-hour supervision, and appropriate recreational activities to individuals with developmental disabilities.

Group Homes

Ensuring nondiscrimination in housing means ensuring an essential element of independence and integration into the community for disabled individuals. Theright to vote, to work, and to travel freely are all important aspects of an individual's life, but none is more elementary than having the freedom to choose where and how one lives. Housing is shelter, but it is much more. It's the opportunity to be part of a community. It's a chance to enjoy the social and recreational aspects of being a neighbor. It can be the independence to flourish in a lifestyle of one's own choosing. In short, housing is a basic right that we cannot allow to be denied on the basis of disability.

Senator Alan Cranston

Senate Report

CRANSTON-GONZALES NATIONAL AFFORDABLE HOUSING ACT, 1990

Until the 1950s and 1960s, our society relied upon large institutions like state hospitals, training centers, nursing homes and detention facilities to house and care for people with disabilities and addiction disorders, at-risk and delinquent children, and adults who had been found not guilty by reason of insanity. Over the last several decades, however, many of these large institutions have been closed, and state agencies have come to see group homes and other congregate living arrangements as one of the ways to provide a transition back into the community for these individuals. The passage of the Fair Housing Amendments Act of 1988 accelerated this trend for people with disabilities and children (Whitman and Parnas, 1999).

The general characteristics of group homes include:

- a home with fewer than sixteen people
- a family like structure
- similarity to surrounding homes in the community
- performance of tasks by the residents of the home to the extent of their abilities, that is, cooking, mowing the lawn, laundry, and so on.
- the expectation that the disabled individual will graduate to a more independent situation that will meet his or her needs and preferences

The term group home has taken on many meanings. The concept has certain general characteristics, but these may vary from facility to facility. Specifically, group homes are divided into two arrangements: semi-independent living arrangements and supervised living arrangements. These options differ in the following ways:

- staffing arrangements
- level of disability
- the need for supervision

Some people with disabilities, however, live in group homes,1 either because they require a high level of support or because there is a lack of resources, such as funding for individual rental assistance or for personal care attendants, that would allow them to live independently. Group homes allow people with disabilities to be reintegrated into single- and multi-family residential neighborhoods where their needs can be met and where they can fit naturally into the community. Well-run homes provide access to a safe, healthy living environment and the same quality of housing and community opportunities available to other families in the neighborhood (Whitman and Parnas, 1999).

Semi-Independent Living Arrangements (SIL)

These services provide intensive support and training to persons with disabilities 18 years of age and over to enable them to learn to live independently in the community or to maintain semi-independence. Persons eligible for SILs do not require daily support services, but are unable to live independently without some training or occasional support. SILs recipients live in their own homes or apartments, in rooming houses, or in foster homes. They often share living arrangements with other persons who have disabilities. The key characteristic is that the staff does not live in the facility. In some cases, they may be on call in cases of emergency.

Home Care Attendants or Personal Assistant Services

These auxiliary services are available to assist consumers in housekeeping and personal care needs; they enable the consumer to live more independently. They may be paid for by the individual or by public funds through Medicaid.

Supervised Living Arrangements

These services provide intensive support and training for persons with severe disabilities. Unlike Semi-Independent Living Arrangements, these facilities have full-time residential staff. This type of arrangement is usually provided for individuals who are not able to care for themselves and need full-time supervision.

Intermediate Care Facility (ICF/MR)

ICF/MR facilities are specially licensed residential settings for persons who require 24-hour care and supervision and are supported by Medicaid funds. An ICF/MR is a nursing home, recognized under the Medicaid program, which provides health-related care and services to individuals who do not require acute or skilled nursing care, but who, because of their mental or physical condition, require care and services above the level of room and board available only through facility placement (Insurance Glossary, 2003).

Specific requirements for ICF's vary by state. Institutions for care of the mentally retarded or people with related conditions (ICF/MR) are also included. The distinction between "health-related care and services" and "room and board" is important since ICF's are subject to different regulations and coverage requirements than institutions which do not provide health-related care and services. Group homes may range in size from small six-person homes to larger institutions. Most of them are small residences, serving under sixteen people. The ICF provides a full array of direct-care and clinical services within the program model. Clinical services include psychology, social work, speech therapy, nursing, nutrition, pharmacology, and medical services. ICF admission requires that participants be Medicaid-eligible, have an IQ below 59, and manifest deficits in basic skills such as grooming and hygiene.

Supportive Living Units (SLU)

SLUs are state-funded small residential sites, typically housing one to three high-functioning individuals. These individuals may or may not be Medicaid-eligible, are typically competitively employed, and require 21 hours or less per week individual protection and oversight by a direct-care person.

Waivered Services

The term waivered services applies to persons with mental retardation who are currently in ICF/MRs, or who are at risk of being placed in ICF/MRs unless the waivered services can be provided to them in a home or community setting. The possible living arrangements are intended to be much less restrictive and isolated from the mainstream world than the traditional ICF/MR settings. The home or community-based residence could include a person's own parental home, a foster home, an apartment, or a small group home. These services are available to individuals who would otherwise qualify for Medicaid only if they were in an out-of-home setting.