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Review of the Literature Regarding Community Integration: Services Necessary for Individuals with Disabilities to Live in their Own Homes

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Introduction

This literature review was produced for the Center for Health Care Strategies by the Center for Health Services Research and Policy at The George Washington University School of Public Health and Health Services. Its purpose is to provide background on the range of services and supports identified in literature on chronic conditions, disability, and their consequences as well as by consumers, and disability and patient advocates. Formal literature reviews were conducted, and an exhaustive review of Web-based sources of information was undertaken. This analysis provides useful information necessary to identify potential measurement “domains” in an effort to examine national and state progress toward community integration.

It is estimated that more than 12 million people in the United States, about half under age 65, need services to support chronic illnesses or disabilities that create functional limitations.¹ About one-third need what is considered to be substantial services and supports. Gaps between perceived need and actual resources can be considerable: research suggests that about 20 percent of adult community residents with ongoing service and support needs report that they are unable to get the care they require.²

This analysis surveys the literature to create an inventory of the types of services and supports that have been identified as key in promoting the community integration of persons with physical and/or cognitive impairments. In the summer and fall of 2002, GW researchers examined data from a broad range of sources, including the federal government, state governments, advocacy organizations, peer-reviewed journals, and various service providers. Data was collected from reports, studies, the print media, peer reviewed journals, and electronic information sites. A taxonomy paralleling the key domains of integration that emerged from this survey was then created in order to organize the material and make it accessible to readers.

Findings

Consumers repeatedly have noted the need for very specific groups of services that are considered indispensable to community integration. The findings presented here follow these consumer-identified needs, with particular emphasis on personal assistance services, services designed to aid access to public accommodations (both physical access and other types of access), services that aid competitive employment, appropriate housing, and assistive technologies that have been proven to promote independence.

Personal Assistance Services – Personal assistance services (PAS), managed by people with physical and/or cognitive impairments, provide the opportunity for optimal

¹ Feder J, Komisar J and Niefeld M. “Long-Term Care Systems.” *Health Affairs*, May/June 2000.

² Ibid.

community integration through the provision of a wide variety of medical and non-medical supports. While all population groups require these types of services, they are tools used more frequently by working age adults who have the ability to fund their own aides. Service animals, trained to serve as aids to people with severe ambulatory disabilities, have proven to be excellent sources of personal support, limiting the number of hours that a paid assistant or unpaid family member is needed, and increasing some important measures of community integration.

Public Accommodations – The literature suggests the need for ongoing emphasis on access to public accommodations. Since the passage of the Americans with Disabilities Act (ADA), the Air Carrier Access Act, and newly enacted federal screening measures at U.S. airports (as part of a larger response to September 11th activity), public accommodations have become more accessible to persons with disabilities. Facilities that provide overnight lodgings are increasingly providing assistive devices and remodeling entrance ways. Providers of public transportation are offering services to aid persons with disabilities in boarding. While these advances have increased access for many persons with disabilities, the documents examined here emphasize continued need for further evaluation of services for uniformity, consistency, and appropriate customization in order to promote travel independence and greater ease in travel. In the context of the ADA, public accommodations also include medical care services, a unique aspect of the law. Access to health care in ambulatory settings thus remains a key focus area.

Employment – The literature on work and disability emphasizes the need to fully incorporate persons with disabilities into working America. It also suggests that otherwise qualified individuals continue to confront economic, physical, and social barriers to meaningful employment opportunities. The materials on employment indicate the need to continue to alleviate economic barriers to gainful employment, including continued access to government-supported financial and health benefits by qualified workers with disabilities. The materials in this review also indicate the need for supports to employers to assist them in making reasonable accommodations as a hiring incentive.

Housing – The literature underscores that significant barriers to community integrated housing remain problematic for those wishing to make the transition from institutional living. The lack of housing has become a particular object of focus in the wake of the 1999 Supreme Court decision in *Olmstead v. L.C.* Successful community housing for individuals with disabilities involves a complex balance of services and supports. The literature frequently underscores the importance of interagency communication and coordination around the development of supportive housing as critical to community integration.

Technology – The evidence suggests that persons with disabilities may be the largest group that would receive the most benefit from access to technology. Studies also reveal, however, that persons with disabilities have significantly limited access to

important technology because of financial, educational, and informational barriers. As a result, persons with disabilities find themselves excluded from accessing technology that could significantly increase their ability to participate in activities necessary to community life. The literature suggests the need for emphasis on access to assistive technology through increased funding, as well as enhanced opportunities for training and information-sharing regarding the capabilities of various technologies.

Personal Assistance Services

The literature reveals that disability rights advocates and others have long focused on the need to create viable alternative approaches to large institutional placements. Personal assistance services, delivered to a diverse group of people with long-term care needs, have become the centerpiece of that campaign.³

Under the PAS model, physically and/or mentally impaired people are not considered patients, but are informed consumers of services who are able to efficiently and effectively assess their needs, recruit, hire, train, supervise, and monitor the quality of services they receive from aides who provide necessary supports for non-medical, routine activities in their home. These supports include help with daily activities such as dressing, using the bathroom, preparing meals, and other tasks that easily are performed by people without disabilities. People with cognitive impairments may need help with those tasks, as well as planning, shopping, paying bills, maintaining medication schedules, remembering to eat, and handling personal finances.⁴

Benefits for consumers who receive services through PAS, include consumer autonomy by providing substantial control over the scheduling and the manner in which services are rendered, increased consumer satisfaction, and improved health and functional capacity.⁵

PAS has become the model of choice for approximately 13 million Americans who have been able to achieve unprecedented independence. About 40 percent of PAS users are working-age adults (age 18-64), who are employed and able to pay for the services themselves. Others receive PAS through different channels. Some paralyzed veterans receive PAS from the Veterans Administration, while, as noted below, some states offer PAS through Medicaid. However, most people in need of these home services are unable to access them through these avenues and must rely on informal support offered by friends and family, or institutional care.⁶

³ Dautel PJ. and Frieden L. *Consumer Choice and Control: Personal Attendant Services and Supports in America*. Report of the National Blue Ribbon Panel on Person Assistance Services, produced by Independent Living Research Utilization, August 1999.

⁴ Ibid.

⁵ Batavia AI. "A Right to Personal Assistance Services: "Most Integrated Setting Appropriate" Requirements and the Independent Living Model of Long-Term." *American Journal of Law & Medicine*, 2001; 27(1).

⁶ Ibid.

Some Medicaid recipients receive PAS in states that have agreed to pay for this type of long-term care through a patchwork of specialized waiver programs.⁷ While all states use waivers to some extent,⁸ approximately half of the programs have included PAS as an available service. These programs target various populations, with three-quarters of total expenditures aimed at people with mental retardation/developmental disabilities, and most of the remaining expenditures focused on the elderly and/or disabled. Other target populations who receive these services include people with chronic mental illness, children with special health needs, adults and children with AIDS, and people with traumatic brain injuries. However, expenditures for those individuals equaled slightly more than one percent.⁹

Service Animals

Service dogs provide utility and cost-effectiveness as adjuncts to human personal assistants. Dogs were trained to serve as aides to persons with severe ambulatory disabilities.¹⁰ The dogs were able to perform nearly 100 tasks such as opening and closing doors, turning switches on and off, pulling a person up from a sitting or lying position, assisting a person in and out of baths and pools, helping with shopping, carrying parcels, and dragging a person to safety in case of fire or other emergency.¹¹ These animals are widely accepted and are guaranteed access in all areas of community life. A Department of Justice fact sheet notes that the ADA requires all businesses to permit people with disabilities to bring their service animals onto business premises in whatever areas customers are generally allowed, even in the cases when pets are not permitted entry.¹²

In a study demonstrating the benefits of service dogs, 100 percent of study participants showed substantial improvements in self-esteem, internal locus of control, and psychological well-being within six months after receiving service dogs. Participants also reported increased school attendance and part-time employment. Economically, all participants were able to dramatically decrease the number of both paid and unpaid human assistance hours, even though all participants still required a minimum amount of human help daily. Finally, the use of service dogs promoted increased levels of important measures of community integration, such as social interaction with the general public, employment, and use of public transportation.¹³

⁷ Lutzky S. et al. *Review of The Medicaid 1915(c) Home and Community Based Services Waiver Program Literature and Program Data, Final Report*. The Lewin Group, June 2000.

⁸ Hemp R. and King M. *Medicaid's Home-and Community-Based Waiver*. National Conference of State Legislatures, February 2001; LegisBrief Vol 9, No 10.

⁹ Lutzky et al., op.cit.

¹⁰ Allen K, PhD and Blascovich J, PhD "The Value of Service Dogs for People With Severe Ambulatory Disabilities: A Randomized Controlled Trial." *The Journal of the American Medical Association*, 1996; 275(13), 1001-1006.

¹¹ Ibid.

¹² U.S. Department of Justice ADA Information Line. *Commonly Asked Questions About Service Animals in Places of Business*, 1996 (Fact Sheet). (<http://www.usdoj.gov/crt/ada/qasrvc.htm>) Accessed 7/18/02.

¹³ Allen, et al., op. cit.

Public Accommodations

According to the Spina Bifida Association of America, the passage of the ADA in 1990 has made physical access to public places as well as public systems for transportation more accommodating to persons with disabilities. Increasingly, persons with disabilities are able to take advantage of discounted travel fares as well as legally mandated physical access by air, sea, rail, and road. However, the Association recognizes that complete accessibility is not yet a reality for most persons, who are still largely responsible for ensuring that their destinations are able to accommodate their individual needs. This assurance generally requires that persons with disabilities make travel plans well in advance, interview professionals who will be attending to their needs while en-route, and ensure that all the necessary facilities will be prepared to provide full accommodation. This scrupulous advance planning eliminates the ability to take spontaneous trips, but is nevertheless required so the individual can be confident that they will be provided with the services and facilities necessary.¹⁴

Air Travel

The passage of the Air Carrier Access Act, and new guidelines for airport screening developed post-September 11th, have increased access to air travel for persons with disabilities.¹⁵ However, difficulties remain. Barriers to air travel include damage to wheelchairs, improper reassembly of chairs, untrained staff, limited space in airline aisle seats, hard seat cushions that cause decreased circulation and skin irritation, and inaccessible onboard restrooms. A Spina Bifida Association fact sheet suggests steps to ameliorate these problems and aid passengers to fully use airline resources. The suggestions include making advance reservations and entering all relevant travel needs into the passengers record, arriving at the airport with extra time in order to talk to staff to guarantee receiving appropriate services, reminding flight attendants to radio ahead to ensure that appropriate accommodations are available upon landing, obtaining the names of staff who were helpful or who hindered the passenger during travel as an indicator that quality is demanded, and attempting to guarantee that all equipment is properly labeled for storage.¹⁶

As a post-September 11th measure, Congress has delegated staff to work with air travelers with disabilities. This new division will enforce accountability in airline screening procedures that will make the process easier for travelers. Screeners will be trained to work with guide dogs, to safely escort passengers while their assistive devices are being screened, and to offer private screening when a wand search is necessary.¹⁷

¹⁴ The Spina Bifida Association of America. *Travel With a Disability: Easier than Ever*, 2001. (Fact Sheet) (<http://www.sbaa.org>) Accessed 8/02.

¹⁵ Wald ML, "Easier Airline Screening for Disabled Travelers." *The New York Times*, August 11, 2002.

¹⁶ The Spina Bifida Association of America, op. cit.

¹⁷ Wald ML, op. cit.

Bus/Train Travel

Travel by bus or train presents a different set of obstacles for persons with disabilities. Most of these systems do not allow a person with a disability to access the transportation independently. The Amtrak rail system requires passengers with disabilities to make their reservations in advance so that seating with additional legroom that is located near restroom facilities can be reserved. Passengers also must indicate if a ramp or other assistive device is needed to board. Some train stations present significant height differences between platforms, which are difficult for some passengers to maneuver without the assistance of a lift or ramp. These devices are readily available with the aid of Amtrak personnel, but require advance notification.¹⁸

Systems such as the New York City Subway, Long Island Rail Road, and New Jersey Transit do not require advance reservations, but passengers with disabilities must decipher which stations are accessible, how to access those services, and how to signal a conductor when boarding assistance is required. Generally, each of these systems may require that the passenger signal a conductor in order to have a bridge plate positioned to assist passengers with crossing the gaps between the platform and trains. Passengers needing other assistance may need to be accompanied by their own personal assistants. These assistants are entitled to ride with the passenger free of charge. Riders must also be sure to educate themselves about elevator outages and stations that do not have operating elevators to transport passengers from platform to street levels.¹⁹

Currently, the Metropolitan Transit Authority, which serves New York's five boroughs and Long Island, operates more than 733 stations, but only approximately 75, or 10 percent of the stations in the entire system are fully accessible. An additional 120 stations have elevators and ramps to provide wheelchair access. Renovations are underway at stations that have been identified as providing the most benefit to persons with disabilities. These stations will feature accommodations such as elevators, ramps, handrails, large print and tactile signs, audio and visual information systems, and modifications to reduce the gap between the platform and the train.

While the number of fully accessible and wheelchair accessible stations has been significantly increased, the MTA reports that many stations still require renovations in order to fully comply with the ADA. The renovations will be completed over time beginning with those most frequently traveled.²⁰

In order to obtain appropriate bus service, passengers may be required to make reservations in advance to ensure that a lift-equipped bus is on the correct route. All new

¹⁸ Amtrak, Accessibility Services. (Fact Sheet) (<http://www.amtrak.com/accessibility-board.htm>) Accessed 8/02.

¹⁹ Metropolitan Transportation Authority, MTA Guide to Accessible Transit, (Fact Sheet) (<http://www.mta.nyc.ny.usd/ada/index.html>) Accessed 8/02.

²⁰ Ibid.

buses must be equipped with these devices. Buses that were in service before August 26, 1990, even though they are still operational today, are exempt from this requirement. It is, therefore, up to the passenger to ensure that an accessible bus is provided on the route before planning a trip.²¹

Medical Transportation

Persons with disabilities may require non-emergency medical transportation. As the Community Transportation Association of America notes, Medicaid is important to community transportation for both symbolic and practical reasons. It is the only federally sponsored program that guarantees citizens the enforceable right to transportation services for medical appointments and services. As the funding resources for conventional federal transit funding have decreased, reimbursement from Medicaid comprises an ever-larger portion of many community transit agencies' budgets.²²

Project Access' MedZip program, a model transportation program shows the benefits of group transportation for non-emergency medical services. Project Access is a new service model that was developed to make medical transportation more affordable to patients with a variety of special needs. Over an 18-month period, 12 transportation carriers, 23 clinics, and several hundred patients benefited from an appointment-setting strategy that produced group travel discounts and greater access to medical appointments. This travel program eliminates the wide range of times associated with appointment setting. Transportation carriers, clinic staff, and patients were coordinated to reduce the number of trips necessary on any given day, thus reducing cost and increasing effectiveness. The MedZip program has laid the groundwork for broader home-based care models to provide the support needed to allow persons to successfully live in integrated community settings.²³

Travel Lodgings

Accessible lodgings must be available so that travelers can fully utilize the transportation that is available. Travelers must contact a facility in advance to discuss the features that will be needed to provide full accessibility. Lodging facilities must comply with ADA standards, which are designed to accommodate a large spectrum of disabilities, but may not address the specific needs of an individual traveler. These mandated features include wider doorways, roll-in showers, and alternative notification devices designed to alert the traveler to a door knock, phone call, or fire alarm.

It is important to note that these requirements apply to lodging designed or constructed after January 26, 1993. Older facilities are exempt from this requirement, so

²¹ The Spina Bifida Association of America, op. cit.

²² Raphael D. *Managing Medicaid Transportation – Innovative Service Delivery Models Under State Medicaid Managed Care Programs*. Center for Health Care Strategies, August 1998.

²³ Jacobik J. *Project Access: The MedZip Transportation Program*. Center for Health Care Strategies, July 2001.

many have not implemented the accommodations. Therefore, travelers must interview facility management to ensure that all of the required features will be readily available.²⁴

Employment

Much of the available literature on workforce issues for persons with disabilities focuses on factors affecting the supply of and demand for workers with disabilities, the use of assistive devices, the impact of welfare reform strategies, and programs that offer comprehensive services to aid persons with disabilities in participating in competitive employment. Reported barriers to employment include the lack of post-employment, government-supported health care, vocational rehabilitation, personal assistance services, and accommodations in the work environment and duties.²⁵ The elimination of these work disincentives requires closer scrutiny so that persons with disabilities can more fully participate in the work force.²⁶

Participation in the labor force is a critical factor in an individual's ability to gain independence, establish social roles, and contribute to an integrated society. Unfortunately, while the desire for employment is present, many people with disabilities are unable to obtain competitive work.²⁷ Less than one-fifth of wheelchair and walker users are employed (17.4 and 14.5 percent, respectively).²⁸

Persons with disabilities often are required to incur additional expenses in order to work, constituting a significant barrier to employment.²⁹ These expenses include the costs of rehabilitation, special transportation, equipment, or personal assistance services. Unless third party payers are available to absorb a portion of the cost of these additional services and modifications, paid employment may prove to be too costly for many to undertake.³⁰

Another key factor that creates an economic barrier to competitive employment is the loss of government-subsidized funding and health insurance. Often persons with a significant disability are unable to obtain employment that offers sufficient wages to satisfy the additional expense of maintaining adequate insurance coverage.³¹

²⁴ U.S. Department of Justice, Civil Rights Division, Disability Rights Section. ADA Checklist for New Lodging Facilities. (<http://www.usdoj.gov/crt/ada/hsurvey.htm>) Accessed 8/02.

²⁵ Stapleton D, et al. *An Exploratory Study of Barriers and Incentives to Improving Labor Force Participation Among Persons with Significant Disabilities*. U.S. Department of Health and Human Services, Office of Disability, Aging and Long-Term Care Policy, June 30, 1995.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Disability Statistics Center. *What are some Socio-demographic Characteristics of People who use Mobility Devices?* (Fact Sheet), 2000.

²⁹ Stapleton, et al., op. cit.

³⁰ Disability Statistics Center, op. cit.

³¹ Noble, Jr. JH, PhD. "Policy Reform Dilemmas in Promoting Employment of Persons With Severe Mental Illnesses." *Psychiatric Services*, June 1998; 49:775-781.

The Ticket to Work Incentives Improvement Act became law in 1999. This federal initiative is intended to minimize the economic disincentives associated with persons with disabilities returning to work. Under the Act, individuals will receive health care, employment preparation, and placement services intended to decrease dependency on cash benefit programs. Additionally, states are encouraged to permit individuals with disabilities to purchase Medicaid coverage necessary to aid them in maintaining a level of health that allows participation in work.³² Finally, a return to work program is established that permits individuals to seek the services necessary to obtain and retain employment. Full implementation of the Act will permit persons with disabilities to accept employment while maintaining some of the necessary benefits that are the vital link to the ability to maintain a job.³³

The literature indicates that employers are routinely able to provide the architectural modifications and the workplace environment needed to aid a person with impaired mobility. However, reports reveal that the accommodations necessary for workers with visual and/or hearing impairments, or workers with learning disabilities have proven to be more difficult to accommodate.³⁴ Additionally, workers with disabilities do not feel secure that once obtained, a paid position will continue. Many have reported that they often feel more vulnerable for dismissal and demotion than other employees, and that promotion possibilities are more limited.³⁵

Housing

Accommodating persons with a variety of physical and mental disabilities in integrated, community housing situations is a challenge that must be met with an interagency approach. State health, human services, and housing agencies must modify existing programs and policies to accommodate the need for housing financing and the coordination of individualized, necessary supportive services. The goal should be a mixed income and mixed population approach where a substantial number of units are made fully accessible for persons with physical disabilities. With the proper support and technical assistance, states can begin to incorporate the diverse needs of persons with disabilities into their housing plans.³⁶

While not directly addressing housing, the Supreme Court's landmark decision in *Olmstead v. L.C.* is expected to have a significant impact.³⁷ As a result of the decision,

³² Silverstein R. and Jensen A. *The Ticket to Work and Self-Sufficiency Program and Established Under the Ticket to Work and Work Incentives Improvement Act of 1999*. The Center for the Study and Advancement of Disability Policy, The George Washington University, School of Public Health and Health Services. February 2000, Policy Brief, Vol. 2, No. 2.

³³ Ibid.

³⁴ Bruyere S. and Horne R., *Disability Employment Policies and Practices in U.S. Federal Government Agencies*. Report by the Presidential Task Force on Employment of Adults with Disabilities, 1999.

³⁵ Ibid.

³⁶ O'Hara A. and Day S. *Olmstead and Supportive Housing: A Vision for the Future*. Center for Health Care Strategies, December 2001.

³⁷ Ibid.

future state policies and approaches to the provision of community-based housing options for persons with significant disabilities are expected to expand. They further assert that thousands of people who currently are living in institutions must be offered housing and community supports that will allow for less restrictive housing accommodations.³⁸

O'Hara and Day believe that the Supportive Housing Model serves to link normative housing options with needed supports to bridge the barriers that otherwise prevent persons with disabilities from living in integrated communities. The model includes government funded housing assistance, individual control over the environment and housing, permanent housing, and readily available, individualized supportive services. The authors also suggest that this model can be implemented with the introduction of several fundamental changes in service delivery, which may include conversion of facility-based services to more flexible mobile services, assurance that services are accessible and responsive, integration of and communication between agencies, and coordination of care among supportive housing environments.³⁹

Developing appropriate housing options for persons with mental retardation requires consideration of additional factors. Many people with mental retardation live either with family members or with a group of other people with disabilities. Both of these situations limit the choice to live independently and have placed restrictions on almost all basic decisions of daily life.⁴⁰

Schoultz states that housing and support services should be delinked in order to promote increased choice. Combining community supports and housing gives the person in need of the services very little opportunity to seek apartment living or home ownership. A person with mental retardation may be able to decide where and with whom to live while still receiving necessary individualized supports from an independent source. Separating services and housing encourages communities to grant persons with mental retardation the opportunity to choose their housing arrangements while maintaining access to services that can be tailored to their specific needs as they would no longer be part of a pre-established package provided in group housing situations for persons with mental retardation.⁴¹

Technology

Persons with disabilities may be the single segment of society with the most to gain from the advances in technology. Unfortunately, this population also may have the lowest rate of technology use, as well as the group least likely to have the financial

³⁸ Ibid.

³⁹ O'Hara, et al., op.cit.

⁴⁰ Shoultz B. *A Home of One's Own*, Community Integration Report. Research and Training Center on Community Integration, Center on Human Policy, Division of Special Education and Rehabilitation, School of Education, Syracuse University. (<http://www.thearc.org/faqs/home.html>) Accessed 8/13/03.

⁴¹ Ibid.

means to access the technology.⁴² Eight percent of those who own assistive technologies received them free of charge, typically as gifts.⁴³ Of those who paid for the technologies, nearly half paid for them personally or with family support, while third party sources offered some payment for almost 50 percent.⁴⁴ Many persons with disabilities cannot afford either a computer system capable of navigating the internet, or the advanced software needed to adapt the system to their individualized needs. Additionally, many individuals cannot afford the monthly charges for internet access. Finally, information about new technology and the education needed to effectively use the technology are not readily available for persons with disabilities.

The financial, informational, and educational realms combine to create barriers many cannot overcome. Various program eligibility policies often restrict people with disabilities from obtaining the communication services and supports that are necessary for them to communicate and participate in daily life activities. The National Joint Committee for the Communication Needs of Persons with Severe Disabilities notes that eligibility for communication services and supports should be based on the individual's communication needs. The committee details criteria that violate practice principles and place unnecessary barriers between individuals who need a particular technology and the technology itself.⁴⁵ These include discrepancies between cognitive and communication function, chronological age, diagnosis, absence of cognitive or other skills considered to be prerequisites, failure to benefit from previous communication services and supports, restrictive interpretations of education, vocational, and/or medical necessity, lack of appropriately trained personnel, and lack of adequate funds or other resources.

As technology develops simpler platforms, resulting in decreased costs of computing, the expectations are that this vital technology will become more accessible to persons with disabilities. The current literature makes clear, however, that education, training, and support services must be developed and readily available to persons with disabilities before significant progress in closing the gaps and expanding the use of technology will be realized.⁴⁶

The National Council on Disability recommends federal action that may alleviate some of the barriers to technology. These recommendations include encouraging the use of generic federal technology funding streams to purchase technology when assistive technology is needed for accessibility; revising the Medicare

⁴² Silverstein, et al., op. cit.

⁴³ LaPlante MP, Hendershot GE, and Moss AJ. The Prevalence of Need for Assistive Technology Devices and Home Accessibility Features. *Technology and Disability*, 1997; 6, 17-28.

⁴⁴ Ibid.

⁴⁵ National Joint Committee for the Communication Needs of Persons with Severe Disabilities. *Position Statement on Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies*, 2002.

⁴⁶ Kaye HS, PhD. "Computer and Internet Use Among People with Disabilities." *Disability Statistics Report*. U.S. Department of Education, National Institute on Disability and Rehabilitation Research, March 2000; (13).

and Medicaid definitions and description of “medical care,” “medical necessity,” and “durable medical equipment” to broaden the range of assistive technology provided; ensuring access to basic telephone service to those who cannot use a traditional telephone due to disability; and ensuring that the Agency for Healthcare Research and Quality undertakes a study on the role of assistive technology in improving the functional abilities of persons with disabilities.⁴⁷

The New Freedom Initiative introduced by President Bush strives to bridge the gaps and remove the barriers to technology. The initiative proposes federal investment in assistive technology research and development, increasing the Rehabilitative Engineering Research Centers’ budget for assistive technologies, and creating a new fund to help bring assistive technologies to market. The Initiative also aims to provide increased funding for low-interest loan programs so that individuals with disabilities may purchase assistive technologies.⁴⁸

Conclusion

Our research suggests that persons with disabilities have successfully identified the services and accommodations that will permit them to navigate the world as well as non-disabled persons. But without easy and reliable access to the necessary tools, accommodations, and services essential for successful community integration, persons with disabilities are required to rely on others to provide the support needed for daily living. Thus, access to appropriate supports is essential for persons with disabilities to enjoy full community integration.

The literature regarding the types of services needed to support full community integration for persons with disabilities suggest that barriers exist in every aspect of life. Persons with disabilities continue to encounter difficulty obtaining personal assistance services, readily available accommodations in long distance and local transportation systems, meaningful employment, appropriate community-based housing options, and full access to important assistive technology.

⁴⁷ National Council on Disability. *Federal Policy Barriers to Assistive Technology*, May 2000.

⁴⁸ Bush GW. *Remarks by the President in Announcement of New Freedom Initiative*, 2002. (<http://www.whitehouse.gov/news/freedominitiative/freedominitiative.html>) Accessed 7/02.

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