

state Medicaid HCBS programs, target groups, participants, and expenditures are summarized. The data shows the progress in providing Medicaid HCBS but also identifies many current problems and policies. Inequities in access to services and limited funds result in unmet needs for HCBS. HCBS cost issues have been a primary focus of policy makers and quality problems are largely not addressed. Policy recommendations are made to improve access, costs, and quality at the federal and state levels in the future.

This document is available for download on [naric.com](http://naric.com)

Kitchener, M., Ng, T. (2008) **Assistive technology in Medicaid home- and community-based waiver programs.** *The Gerontologist*, 48(2), 181-189. [NARIC Accession Number: J54392](#). Project Number: H133B031102. Abstract: Article presents national assistive technology (AT) expenditure and participation trends for Medicaid 1915 (c) waivers, the largest Medicaid home and community-based services program. Data was compiled from annual Centers for Medicare and Medicaid Services Form 372 waiver reports for the period from 1999 to 2002. A descriptive analysis examined trends in national participation and expenditures, interstate variations in participation and expenditures, and differences in provision between elderly adults and people with developmental disabilities. In addition to reporting the growing number of states that provide AT to Medicaid waiver participants, the results showed an increasing number of AT participants and expenditures. However, there has been much slower participant growth compared with the broader waiver program, and there is wide interstate variation in waiver AT provision. Not only do most waivers with AT serve people with developmental disabilities, AT spending for that group is nearly twice that for elderly or disabled waiver participants.

Lakin, K., Prouty, R. (2008) **Trends and milestones: Twenty-five years of Medicaid home and community based services (HCBS): Significant milestones reached in 2007.** *Intellectual and Developmental Disabilities (formerly Mental Retardation)*, 46(4), 325-328. [NARIC Accession Number: J55055](#). Project Number: H133B031116. Abstract: Article provides state-by-state data on changes in expenditures and number of recipients for the Medicaid Home and Community Based Services (HCBS) waiver program from 1982 to 2007. The HCBS program permits states to provide a wide variety of community services to people with intellectual and developmental disabilities (IDD) to reduce the use of and per person expenditures for a nursing facility or intermediate care facility for people with mental retardation. Fiscal Year (FY) 1982 was the first year in which states could apply to use the new HCBS option. At the end of state FY 1982 (June 30, 1982), only two states (Montana and Oregon) offered HCBS to persons with IDD, with only 1,381 total service recipients. Nationally, FY 2007 HCBS programs for persons with IDD passed two milestones. On June 30, 2007, state HCBS programs in the aggregate were supporting for the first time more than 500,000 individuals with IDD. FY 2007 was also the first year in which state and federal HCBS expenditures exceeded \$20 billion.

Rimmer, J. (2006) **Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities.** *Disability and Rehabilitation*, 28(17), 1087-1095. [NARIC Accession Number: J51451](#). Project Number: H133E020715.

Abstract: Article describes how the International Classification of Functioning, Disability and Health (ICF) can be used to identify factors associated with participation in community-based physical activities and rehabilitation among people with disabilities. The ICF allows health professionals to identify the level of functioning at the body, person, and societal level, as well as understand the person-environment contextual factors that impact participation.

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### **NIDRR Grantees on the Cutting Edge** **Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders (VCU ASC Career Links) Virginia Commonwealth University (H133A080027)** led by Paul Wehman, PhD. Leslie J. Caplan, PhD, Project Officer.

Abstract: VCU ASD Career Links conducts evidence-based research on vocational rehabilitation (VR) service models for individuals with autism spectrum disorders (ASDs). The project is based at Virginia Commonwealth University (VCU) and is a collaborative initiative between VCU and the Virginia Department of Rehabilitative Services (DRS). The scope of research covers four areas: (1) the impact of intensive, community-based work experiences on the employment outcomes of youth with ASDs; (2) the postsecondary school participation and ultimate employment of college students with ASDs; (3) the impact of personal digital assistants (PDAs) on the employment outcomes of individuals with ASDs; and (4) a longitudinal analysis of VR service delivery and employment outcomes among DRS clients with ASDs.

Find out more at: [www.worksupport.com](http://www.worksupport.com)

### **Rehabilitation Research and Training Center on Employment Service Systems Hunter College of CUNY (H133B040014)** led by John O'Neill, PhD. David W. Keer, Project Officer.

Abstract: This Employment Service Systems Research and Training Center develops, enhances, and utilizes partnerships to improve the quality of employment services, opportunities, and outcomes for people with disabilities. The Consortia for Employment Success (CES) creates and evaluates fully integrated disability service provider networks in three local communities. The CES increases access for people with disabilities to both effective, comprehensive placement services, and a well-managed and centralized employer network that will increase employment and career advancement opportunities for persons with disabilities. The Workplace Socialization Model (WPS) supplements the CES

#### What is *Community-Based Rehabilitation (CBR)*?

CBR focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation. CBR is a multi-sectoral approach and has five major components: health, education, livelihood, social and empowerment. CBR was developed in the 1980s, to give people with disabilities access to rehabilitation in their own communities using predominantly local resources.

Source: *World Health Organization*

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Model by focusing on job enhancement and retention. The WPS aims to extend the job tenure of employees with disabilities and other positive work outcomes including the employee's job satisfaction, organizational commitment, and level of work culture competency, as well as the employer's satisfaction with the employee's job performance.

Find out more at: [www.essrtc.org](http://www.essrtc.org)

**Rehabilitation Research and Training Center on Measurement and Interdependence in Community Living (RRTC/MICL)** *The University of Kansas* (H133B060018) led by Glen W. White, PhD. David W. Keer, Project Officer.

Abstract: The goal of this project is to increase the independence and participation of people with disabilities in their communities through the development and implementation of scientifically sound, theoretically driven, and evidence-based interventions. Researchers accomplish this through six core projects. Two research projects, one on community participation and a second on economic utility, involve development of theory-driven measurement tools. The remaining four projects include the application of these measurement tools as part of their methods and procedures: assessing the economic utility and health-related outcomes of participants enrolled in Home and Community-Based Service (HCBS) waivers; evaluating the effects of different independent living advocacy-service models to determine the comparative effectiveness of different models in increasing community participation; examining the effectiveness of personal assistance services and enhanced training to increase consumer participation in the community; and examining the effects of a consumer-led grassroots approach in identifying and removing barriers to increase community participation.

Find out more at: [www.rtcil.org/micl/](http://www.rtcil.org/micl/)

### **Current Literature - Selections from REHABDATA**

(2010) **Center for personal assistance services bulletin, January 2010**, 7(1), 10. NARIC Accession Number: O17701. Project Number: H133B031102.

Abstract: Newsletter provides the latest news on issues relating to personal assistance services (PAS), home and community-based services, the PAS workforce, and workplace PAS. In this issue: (1) abstracts from research articles and reports, (2) PAS Center news, (3) policy and legislation, (4) new resources available on the Center for PAS website, and (5) selected conferences during January, February, and March 2010.

Mooney, O., Doig, E. (2009) **Risk assessment and management for providers of community-based rehabilitation to people with acquired brain injury: Health professionals' perspectives.** *Disability and Rehabilitation*, 31(6), 500-507. [NARIC Accession Number: J57228](#). Project Number: H133A980008.

Abstract: Study examined health professionals' perspectives regarding the presence,



[www.who.int/disabilities/cbr/global\\_database\\_form/en/index.html](http://www.who.int/disabilities/cbr/global_database_form/en/index.html)

Does your organization provide **Community-Based Rehabilitation**? Consider registering in the World Health Organization's database of CBR providers at [www.who.int/](http://www.who.int/)

#### **Where Can I Find More?**

A quick keyword search is all you need to connect to a wealth of disability and rehabilitation research. NARIC's databases hold more than 80,000 resources. Visit [www.naric.com/research](http://www.naric.com/research) to search for literature, current and past research projects, and organizations and agencies in the US and abroad.



#### **The Cochrane Library**

The Cochrane Library features systematic reviews of healthcare interventions designed to help practitioners make evidence-based decisions for their patients. Cochrane features several reviews of community-based treatment including one on Assertive Community Treatment for People with Severe Mental Disorders. This and other reviews can be sampled free of charge at [www.thecochranelibrary.org](http://www.thecochranelibrary.org)

assessment, and management of risks when providing community-based rehabilitation (CBR) to clients with acquired brain injury (ABI). Data were collected through semi-structured interviews conducted with 11 health professionals working in CBR. Analysis of the data revealed the following main themes were: (1) risk assessment in CBR settings is an informal, unstructured, complex, multi-phase and cyclical process extending over a period of time; (2) structured and standardized risk assessments were not considered ideal for use in CBR services catering for people with ABI; (3) CBR services face numerous challenges in providing effective risk assessment and management; (4) the risks encountered by health professionals in CBR settings are not always predictable or preventable; and (5) CBR risk management focuses on implementing a range of practical strategies.

Drum, C., Peterson, J. (2009) **Guidelines and criteria for the implementation of community-based health promotion programs for individuals with disabilities.** *American Journal of Health Promotion*, 24(2), 93-101. [NARIC Accession Number: J57314](#). Project Number: H133B040034.

Abstract: Article presents a set of guidelines for implementation of community-based health promotion programs for individuals with disabilities. The guidelines were developed by an expert panel convened by the Rehabilitation Research and Training Center on Health and Wellness at Oregon Health and Science University. Procedures included a review of background material and a systematic literature review with drafted guidelines consisting of operational, participation, and accessibility recommendations. The guidelines address key issues, including: the role of people with disabilities in health promotion program planning, implementation and evaluation; the physical and fiscal accessibility of programs; and the importance of evidence-based practices.

(2009) **Proceedings from the NYAPRS 5th annual executive seminar on systems transformation: A life in the community.** [NARIC Accession Number: O17685](#). Project Number: H133B080029.

Abstract: Document compiles information presented at the fifth annual seminar of the New York Association of Psychiatric Rehabilitation Services (NYAPRS), a statewide coalition of people who use and/or provide recovery-oriented community based services for people with psychiatric disabilities. This groundbreaking seminar focused on promoting "A Life in the Community." Sessions addressed 3 areas: service transformation, integrated care, and community integration. This document is available for download on naric.com

Harrington, C., Ng, T. (2009) **Home and community-based services: Public policies to improve access, costs, and quality.** [NARIC Accession Number: O17456](#). Project Number: H133B031102.

Abstract: This report examines issues related to access, cost, and quality for Medicaid home and community-based services (HCBS) programs. The trends in