DEFINITIONS – LIFE DOMAINS

When considering the array of long-term services and supports that might be made available to individuals on Medicaid, supporting individuals to maximize their potential in each life domain is essential. The life domains specifically identified by the Waiver Simplification Subcommittee include Community Integration, Living Arrangements and Health and Safety. If a life plan is used to set goals in each of the life domains and to identify needed supports and services, the person should have the opportunity to provide routine feedback to ensure that the life plan is being implemented according to the individual's wishes. Every effort should be made to ensure that the choices of those with communication difficulties are honored.

It should be recognized that barriers exist in maximizing the choice in each domain. Regulatory barriers exist that restrict someone's ability to live their lives. The culture of the system, particularly if it is risk-adverse, may pose unnecessary limits on choice. Services and supports to secure health and safety may be restricted because of regulatory and financial considerations. It is important therefore to recognize these barriers and to the extent possible minimize impediment on choice in each life domain area. The Waiver Simplification Subcommittee is charged with recommending an array of long-term services and supports to the Community Living Advisory Group. Each service will have a definition. Each definitions should be constructed so as to minimize restrictions on an individual to live life while supporting health and safety.

The following definitions of the Life Domains are meant to serve as a guide to selecting and defining the services and supports that might support a person in attaining individual goals in each area. The examples listed for each domain or barriers that might exist are not meant to be an exhaustive list. These lists are meant to provide a sense of what might be included within a particular domain or what might be an impediment.

COMMUNITY INTEGRATION	Individuals have the same opportunity to live in the community just like people without disabilities. They have choices for how they spend their time, with whom they spend their time and how they contribute to the community.

With whom does the person want to spend time?
- People who share similar interests: hobbies, job, church/synagogue,
- Own family
- Host family
- Friends from work, church, school, neighborhood, peers
- People who support the person
- Prefers to be alone most of the time

How does the person want to spend his or her time?
- Volunteering
- Job
- Adult learning opportunities
- Sports—recreation

- Church/synagogue
- Community activities: visiting museums, local attractions, coffee shops, restaurants, malls,
- Dating
- Listening to music, watching TV, movies,
- Hobbies
- Participate in groups or spend time alone
- School events (e.g. access to prom) and after school activities (e.g. sports, clubs, drama, etc.)
- Group activities and camps
- Hanging out with friends

How can the people who support the person help him or her be a part of my community?
- Providers should help identify interests and abilities
- Choices should be respected—including the choice to be alone or not to have community relationships
- As interests change, activities should also change
- Expectations should be higher than status quo
- Age, nature of disability should be considered
- Accessibility and transportation needs to considered
- Technological connections should be provided
- Social skill building opportunities should be made available
- Integrated/unified teams and activities
- Professionals should coordinate services and supports across settings (home/school)
- Peer mentorship services should be available in the community and at school

How can the person contribute to his or her community?
- Voluntarism
- Supported employment in a real job
- Customized employment
- Employment
- Shopping
- Worshipping
- Involvement in community organizations, clubs or political activism
- Supporting neighbors
- Fundraising for worthy causes
- Choice to not contribute to the community
- Training and ongoing support to manage money and resources under my control
- School to adult transition process needs strengthening

- Providers and case managers should offer opportunities to explore/test options
- Schools in rural areas could be key players for community engagement
- Definition of community contribution is different for different people

LIVING ARRANGEMENTS	With access to the services and supports needed to live safely and comfortably, individuals have choices with whom they want to live and where they want to live.

With whom? Choices:

- Live in one's own home
- Live alone or with a roommate/companion of choice
- Live in group setting (Assisted Living, Group Home)
- Live with own family or not
- Live with a family other than one's own (Adult Foster Care, Host Home)
- Live with a spouse or other domestic partner
- Live with pets or not

Considerations for Children

- Live with other family members by expanding definition of family to maintain waiver services
- Include child voice in decision (Best interest, least restrictive, least intrusive)
- Preserve family
- Live in voluntary/temporary placement setting

Where? Choices:

- Type of neighborhood—rural, urban, suburban, quiet, busy
- Setting with access to caregivers
- Setting with access to jobs or volunteer activities or church/synagogue
- Home owned or leased by the individual (co-signing OK)
- Home owned by an agency

What is needed to live comfortably and safely?

- Accessibility—ADA/FHA compliant
- Affordability
- Privacy when desired
- Independent living skills training
- Assistive technology
- Monitoring technology
- Adequate supports for the whole family, including ongoing planned respite, and crisis respite.
- Nutrition, physical activity

Barriers re: living arrangements that need to be addressed:

- Health and safety regulations that allow for as much independence as possible
- Control and choice over in-home supports
- Transportation
- HUD vouchers should be controlled by the individual not by an agency
- Future planning as individual and family needs and situations change
- Regulations that restrict parent/family involvement/caretaking –co-parenting, e.g. restrictions on how much time an individual can be "out of placement"
- Difficulty accessing HUD information
- Difficulty with landlords and policy being sensitive to behavioral issues

HEALTH AND SAFETY	Individuals access the service and supports necessary to address their needs, to live successfully in the community and to mitigate any risks for institutionalization, avoidable acute conditions and incidents of abuse, neglect and exploitation.

What supports are needed to live safely in the community?
- Access to mental health services and supports
- Access to long-term services and supports
- Access to health and dental care
- Access to transportation
- Access to planned therapeutic respite. Temporary out of home options that don't jeopardize waiver eligibility/enrollment

Things to consider regarding health and safe:
- Honor risk-taking choices
- Services and supports should be based on need not diagnosis
- Gaps in access to acute health care, dental, and psychological/behavioral services
- Provider preferences/conveniences should be identified and not imposed on individuals in service without knowledge and agreement
- Needs to be a balance between choice and risk
- Levels of risk are affected by many issues and all should be considered in services/plan development:
    o Culture
    o Age
    o Family of origin
    o Health conditions
    o Socialization history
- Peer mentorship helpful in negotiating risk and choice
- Support economic security for the individual
- Flexibility of paid supports to adjust with the acuity of behavioral needs

Considerations for Children across Life Domains	Embrace/incorporate values of Early Intervention and Family Support Services Program

- Focus is on helping parents and families meet the needs of their children
- Help parents and other family members learn ways to support and promote the child's development within their own family activities and community life.
- The definition of "parents" and "families" are used to mean anyone who is in charge of the care and well-being of a child. These can be legal guardians, single parents, grandparents, surrogate parents, foster parents, or other family members. CES limits eligibility to children living with a.) With biological, adoptive parent(s), or legal guardian
- Services must be responsive to the needs of the entire family unit
- Focus is on reducing the added stress on families as a result of supporting a family member with a developmental disability in the home (financial, emotional, and physical).
- Family support is needed throughout the lifespan of the individual who has a disability.
- Services must be flexible enough to accommodate unique needs of families as they evolve over time.
- Services should be comprehensive and coordinated across settings as well as the numerous agencies likely to provide resources, supports, or services to families. Foster collaboration and cooperation with all agencies providing services and supports to children and their families