



Planning Ahead- A Guide to Residential Services for Persons with Mental Retardation / Developmental Disabilities

Society changes. Today, for example, there is greater understanding, acceptance and a more open environment for people with mental retardation or developmental disabilities (MR/DD); they have the opportunity to learn and develop throughout their lifetimes. There have been many agents of this change: the advent of community Intermediate Care Facilities for the Mentally Retarded (ICFs/MR); progressive laws such as the Developmental Disabilities Act (1970); the Individuals with Disabilities Education Act (1975); additions to the Social Security Act (1981); the Americans with Disabilities Act (1990); and, educational services such as Special Education that emphasizes mainstreaming in public schools. Another change agent has been locating small facilities and group home residences in communities.

Over time, long-term care has been redefined to include, with the inception by the federal government of ICFs/MR in 1971, services and supports for persons with MR or DD (referred to as "residents" or "clients"). Today, community ICFs/MR provide a progressive and technically advanced care and quality of life environment, with access and choice the hallmarks of these services. ICFs/MR offer a wide array of therapies, and an on-site medical staff to meet the complex and changing needs of clients, while also providing support to families.

Training programs provide more opportunities for individuals to live in settings they choose with greater access to the full benefits of the community-at-large, jobs, socialization, etc. Personal and support services add to the quality of life and help motivate clients to learn practical life skills in socialization, employment, recreation, etc. ICFs/MR, whose clients range from youngsters to the elderly, often serve as a true home, with staff becoming a second and sometimes sole family for some residents.

The result is that people in these settings have the opportunity to live their lives characterized by health, happiness, dignity and productivity to the maximum extent possible for the individual.

In ICFs/MR, there is one constant--the licensure and inspection regimes remain the same irrespective of how they are organized. This contrasts with group homes under the HCB waiver program that may only have a few clients in a staffed (or unstaffed) residence with minimal government involvement, supervision or oversight.