Home and community-based services (HCBS)	These services allow people with disabilities and older adults to live in their own homes or in a community seoTms

Biopsychosocial model of disability	This model thinks about disability as the relationship between:
	Individual impairments, or differences in the way a person's body or brain works
	Personal factors, like age or gender
	Environmental factors, or the physical or social aspects of places that people live. This includes stigma.

| Policies	Policies are guidelines or laws created by governments and organizations.
COVID-19	COVID-19 is a disease that is caused by a virus. It very easy to catch, spread and can result in Illness and/or death. The disease spread quickly around the world, starting in 2019.
Attitudes	Thoughts, feelings and beliefs someone may have toward objects, people, things or events.

This section focuses on home and community-based services (HCBS). You will learn:
   What HCBS are
   Who uses HCBS
   They ways that people are trying to make HCBS better so people live the lives that they want

are services and supports that people with disabilities and older adults may receive. Medicaid pays for them. People with disabilities sometimes need support with:
   Transportation
   Health
   Daily activities
   Employment

These supports are provided by HCBS providers. HCBS providers are people who deliver services to people with disabilities. Years ago, people with disabilities who needed support were often moved
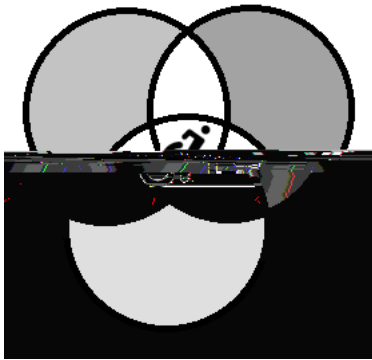
This section focuses on various models of disability. You will learn about the:
  Medical model of disability
  Social model of disability
  Biopsychosocial model of disability
You will also learn about the pros and cons of each model

For many years, people used the   In this model, disability is defined as something that is wrong with someone. In this model, people think of disability as a medical condition to be fixed.

More recently, people have started to think about disability in other ways. One of these ways is called the   . In this model, disability comes from a lack of accommodations.   are tools used to make something more accessible for everyone. As a result of accommodations, changes can be made to:
 a job
  the work environment
  the physical environment
  other settings
Without accommodations, people with disabilities are not always able to participate in their communities the way they want. For example, a wheelchair user may not be able to get around their community if there are no ramps. In the social model of disability, the wheelchair user is disabled because their environment is not accessible.

u ⸺ · — ⸺ · — ⸺ -

How these terms are used in different contexts
How these terms affect the way that people view
disability and supports for people with disability
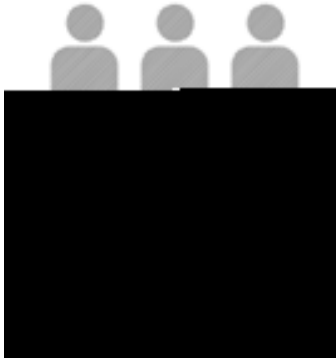
The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) defines   as present when:
People can live in their communities
People have the supports they need
People can work on life goals that are important to them

Different people use different terms to talk about this idea of person-centered practices. For example, the terms "person-centered" and "patient-centered" are sometimes used to talk about the same thing. While these terms have some things in common, they have other things that are different.
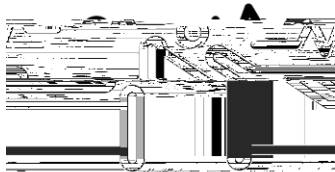
mean providing care that respects the preferences, needs, and values of patients (Institute of Medicine). Person-centered care and patient-centered care are similar because they try to include service users in making decisions about their care. But, they have different goals. Researchers found that person-centered care was about providing services so people live a meaningful life (Häkansson Eklund et al). Patient-centered care was about providing services so people have a functional life. In other words, in patient-centered care, providers are often trying to "fix what is wrong." In this way, the goal of patient-centered care is more like the medical model of disability.

10

Are there any times when the policy does not have to be followed?
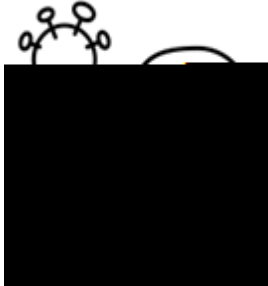
Many HCBS providers were flexible with some of the rules during   . Because of this, HCBS users might have had better experience with their services. We should look at if we can keep being flexible with some rules. If we can be flexible, we need to look at how this affects person-centered supports.

to be supported. People with disabilities should help create and lead these trainings.
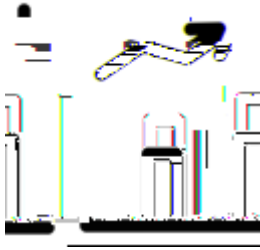
Lastly, we need to make sure that we understand how well training improves HCBS. This means looking to see whether the training helps people who use HCBS users have the outcomes that they want. It is important that we have good ways to measure how well services are working for people. We need to know this so we can make services better. Providers should be trained to collect data on how to make services better.

While these ideas may not fix everything, they might help make progress.

References

The Noun Project (2022, October-December). https://thenounproject.com/

Coquet, Adrian. https://thenounproject.com/icon/accessibility-904831/ ,

https://thenounproject.com/icon/rights-3967728/

Demushkin, Sergey. https://thenounproject.com/icon/braille-412511/

DesinCircle, https://thenounproject.com/icon/users-4526006/

IronSV. https://thenounproject.com/icon/scales-4038831/

Kamin Gaenkaew, https://thenounproject.com/icon/attitude-4328050/

Magicon. https://thenounproject.com/icon/wheelchair-access-203165/

Masriatum, Siti. https://thenounproject.com/icon/healthcare-5331741/ *

Prado, Luis. https://thenounproject.com/icon/wheelchair-access-203165/

Raymond, https://thenounproject.com/icon/medical-1053629/

Showalter, Sharon. https://thenounproject.com/icon/venn-diagram-1353435/

Studio 365, https://thenounproject.com/icon/patient-4067125/

Tadoungsorn, Prasong. https://thenounproject.com/icon/gavel-1385048/

Tahtah, Nithian. https://thenounproject.com/icon/social-equity-3030846/

WEBTECHOPS LLP, https://thenounproject.com/icon/policy-4906503/

Institute of Medicine. (2001). Crossing the Quality Chasm. Washington:
  National Academies Press.