

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2009

MAKING ENDS MEET



THE REAL COST OF CARE

Julia Freeman-Woolpert, Disabilities Rights Center

Welcome to the Winter Issue of the Rap Sheet. Our nation's economic crisis is touching all Americans, but people with disabilities are especially hard hit. The association of poverty and disability has long been recognized. By all economic measures – annual income, health care coverage, home ownership, savings – people with disabilities lag far behind the rest of the population. With NH and other states making drastic cuts in vital supports and services, people with disabilities are now at an even greater risk.

Money isn't the most important thing in life, but it's reasonably close to oxygen on the "gotta have it" scale.

~ Zig Ziglar

What do musicians Beyonce and Rachmaninoff have in common? They're both favorites of Joe White, audiophile and man of eclectic interests. Joe's interests also include the Red Sox, football, and – just passing this on – blond women. Joe is also a proud member of the Sons of the American Legion.

Joe and his mother, Patrice Dubois, live in Lebanon. They share a home with their friend Martie Linn; she owns the house and they pay rent to her. Joe, who is now 28, has severe cerebral palsy and is considered medically fragile. To get enough calories to maintain his weight, Joe is fed through a g-tube. Joe relies on sophisticated medical equipment and requires around-the-clock services and supports to stay healthy and active.

When Joe was born Patrice was told that her son would never be able to learn. But Joe, like so many other people with disabilities, proved the doctors wrong. By fifth grade he was reading and had memorized all the facts

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Patrice Dubois, Joe White, and Martie Linn

SUSAN COVERT, EDITOR

A COLLABORATIVE EFFORT BY THE

DISABILITIES RIGHTS CENTER, INSTITUTE ON DISABILITY, AND NH COUNCIL ON DEVELOPMENTAL DISABILITIES

(Cover story continued)

on his collection of football cards. Joe went through high school right along side other students and now knows almost everyone in town.

A single parent, Patrice raised her son completely on her own. When Joe was in school, Patrice worked part time jobs arranging her schedule around school hours. The family received respite care from Pathways of the River Valley (Pathways), the area agency providing developmental services in New Hampshire's west central region. The year Joe turned 21 and aged out of educational services, the legislature provided funding for the developmental services wait list and Joe was able to enter the adult service system. The agency presented the family with two options for services. Either Pathways could provide in-home supports for Joe, or the agency could contract directly with Patrice, through a consumer directed services plan, and she could provide and manage her son's services. Joe was not offered the choice of living with support in his own apartment or moving into a group home, as these would cost more than the agency could afford. Patrice chose to become Joe's service provider, making this her full time job.

Consumer directed services are an option through the Medicaid home and community-based care waiver program for people with developmental disabilities. Consumer directed services are frequently referred to as "521," the number of the Medicaid rule governing this services. Under 521,

a family is certified as the person's provider and assumes responsibility for managing the supports and services the person receives. The family can contract with others to provide care and services, or family members can provide the services themselves. Consumer directed services allow people to stay with their families, and give families control over how services are provided. This option is also a huge savings for the state, costing a fraction of other day and residential services.

With income from 521 and Joe's Social Security Disability Income (SSDI) and by living with Martie, the family has managed to stay afloat. However, there is a lot that doesn't get covered. Patrice cannot afford health insurance for herself, and under 521 she does not receive any benefits. In addition, no money is being paid into the Social Security system for her retirement. While a 521 budget can be used to pay for services, it does not cover food or rent. Patrice considered looking out of town to see if she could find a cheaper place to rent, but ultimately decided against it. She didn't want Joe to have to move. "Everyone knows him," explained Patrice. "It's his community."

In 2006, Joe's long-estranged father died and Joe began to receive Social Security Survivor's Benefits. His monthly income went from the \$688.00 (\$603 from SSDI and \$85.00 from APTD) to \$834.00. This increase was just enough to disqualify him for many benefits, including APTD, food

This issue of the Rap Sheet is dedicated to Bryant Paquette who died March 24, 2009. Bryant who was 20 at the time of his death was a strong advocate for disability rights. Bryant and his mother Cheryl had recently helped the Disabilities Rights Center produce a television show on assistive technology and the Spring 2006 Rap Sheet included a story about Cheryl's fight to obtain Medicaid coverage for the medical equipment Bryant needed. Bryant will be remembered for his advocacy, his wonderful sense of humor, and his love of life. Our thoughts are with his family.

For those wishing to make a donation in Bryant's memory, the family has established an education fund for Bryant's sister's who is studying to become a special education teacher. Donations may be sent to the Bryant Paquette Memorial Fund, c/o TD BankNorth, 2 High St., New Boston, New Hampshire 03070.



stamps, and fuel assistance. To compound the situation, Joe's increased income meant he was now responsible for contributing financially to Pathways for his services. For a time, Pathways covered these "cost of care payments," but in the summer of 2008, without notice or explanation, Patrice started receiving monthly bills for his care. (Monthly billing amounts have fluctuated; currently, the bill for cost of care is \$169 a month.)

Patrice called Pathways to try and straighten things out. What followed was a classic bureaucratic runaround. Unable to explain the bill, the agency's case manager told Patrice to call the Claremont office of the Department of Health and Human Services (DHHS). Patrice made numerous attempts to contact a caseworker at DHHS and was repeatedly told someone would get back to her. No one ever did. The bills kept coming.

Finally, Patrice called the Disabilities Rights Center and spoke with attorney Danielle Portal. In November the DRC attorney attempted to contact the DHHS office and ran into the same brick wall. She made multiple calls that were not returned and neither the caseworker nor her supervisor responded to DRC's emails and faxes. Finally in mid-December Danielle heard from a caseworker and was told that the bills were a mistake and Joe White did not need to pay for cost of care. Unfortunately, this information proved to be incorrect. In March 2009 Patrice learned that

under the state's policy on cost of care determinations, Joe would be charged for a portion of his care. Patrice has no idea where she is going to find the money to pay her family's bills.

In real terms, the Social Security Survivor Benefits that Joe receives have resulted in the family being much worse off financially. The government gave with one hand and took away more with the other. "These programs and their rules are chewing us up one dollar at a time," Patrice said. "I don't want more. I just want them to stop taking money back." And trying to straighten it all out has used up another precious asset. Patrice has spent hours and hours filling out paperwork and struggling to get answers from unresponsive bureaucrats – time that she would rather have spent taking care of Joe.

Relying on government programs and benefits has been difficult, but Patrice realizes without this help she and Joe could not survive. Without Medicaid Joe would not be able to pay for his health care or for his wheelchair, lift, his electric bed, and the other medical equipment he needs. Patrice hopes that the legislature will take note of just how hard it is for families to make ends meet. When lawmakers consider level funding agencies or cutting program budgets they are putting people in danger. "People die if they don't get what they need," Patrice said. "You can't cut funding on the backs of those who are most fragile."



MONEY MATTERS COALITION



Andrea Gilbert, Under One Roof Project and Jane LaPointe, River Center Board of Directors

What is asset building and why do we need it? Simply put, asset building is about saving money. If you are able to build your assets, you have money to make some of your dreams come true, you don't have to worry about having enough money to pay your bills, and there is money in your bank account for emergency expenses. For people who earn low wages, saving can be a real challenge, but it's not impossible. In 2007, the River Center, a community resource center located

in Peterborough and serving the 13 towns in NH's eastern Monadnock region, created Contoocook Valley Money Matters Coalition – known locally as *Money Matters* – to help people learn how to save more of the money they earn.

Money Matters is an accessible, grass-roots program that utilizes trained community volunteers to help individuals and families learn to responsibly manage their finances. One of the services that *Money Matters* provides is

free tax preparation by certified volunteers for people who are low to middle income and who may qualify for payments through the Earned Income Tax Credit (EITC). Tax return preparation is overseen by the AARP (American Association for Retired People) and the IRS provides software for certification of volunteers. Nationwide, over one million working people with disabilities who are eligible for tax credits do not receive them, primarily

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ADVANCING ASSET DEVELOPMENT

Michael Morris, Director, National Cooperative Bank and Development Corporation

True freedom and full community participation for Americans with disabilities will not be achieved until we understand the power of assets and wealth creation.

The National Institute on Disability and Rehabilitation Research has recently funded the Asset Accumulation and Tax Policy Project (AATPP). The five year project led by the Law, Health Policy, and Disability Center at the University of Iowa College of Law, in collaboration with Southern New Hampshire University School of Community Economic Development, the National Federation of Community Development Credit Unions, the World Institute on Disability, and the National Cooperative Bank Development Corporation, will conduct research studies, demonstration projects, training, and provide technical assistance to increase the understanding and utilization of asset development strategies for Americans with disabilities. The five partnering organizations bring together expertise in multiple disciplines – law, economics, community development, finance, disability studies, and public policy – with real world experience of persons with disabilities and their families, financial service providers, and community developers.

While there has been a national focus on the removal of barriers to participation in the workforce and improved access to education, health care, and community experience there has been very little, if any, attention on how to advance economic freedom for people with disabilities. If recipients of Supplemental Security Income (SSI) are encouraged to enter or return to work, but are not allowed to maintain control of assets above \$2,000, our public policy is sending conflicting messages. If access to critical health care benefits through Medicaid requires individuals with disabilities to maintain limited assets, then individuals with disabilities face major public policy barriers to improving their economic status.

The project in its first year will review and analyze 30 specific government benefits, tax policies, and legislative initiatives to increase understanding of eligibility requirements that are tied to asset levels. The analysis will identify trends in the structure of these benefit options and make recommendations for future policy development. Findings from this analysis also will be used to design, pilot, and evaluate intervention strategies to improve personal and economic independence for youth and adults with disabilities in six states. The strategies to be tested include participation in financial education programs, waiver of SSI asset limits to remain eligible for Social Security and Medicaid, inclusion in community economic development initiatives that create cooperative housing and business ownership, access and development of matched savings plans (individual development accounts – IDAs), improved utilization of tax credits and deductions that encourage savings and asset accumulation, and improved access to low-cost financial services through community development credit unions.

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because they do not file a tax return to claim these credits. Families raising children with disabilities also may qualify for EITC. To receive EITC you must meet certain federal rules and file a tax return; you will need to file a return even if you do not owe any taxes or did not earn enough money to be required to file a return. In most cases, EITC payments will not be used as income to determine eligibility for public benefits such as Medicaid, SSI or SSDI, food stamps, WIC, TANF (temporary assistance to needy families), or subsidized housing. Tax preparation is available at the River Center on Tuesday and Saturday until mid-April. This service is open to residents of one of the 13 towns in the Contoocook River Valley.

Money Matters also offers Financial Tools Workshops to help community members learn more about how to be "money smart." Workshop topics include: budgeting, banking, debt and credit management, food shopping, and owning and/or renting a home. These informal hands-on workshops are held on the first or second Saturday morning each month from November through May. Presenters include community members with financial expertise, as well as representatives from the UNH Cooperative Extension Program and Consumer Credit Counseling of New Hampshire and Vermont. To make it easier for people to attend workshops, the River Center provides free childcare, a free pizza lunch, and a \$5 gas card.

In addition to the workshop series and assistance with preparing tax returns, *Money Matters* has recently begun a free Money Coaching service. Money Coach, Larry Schwartz knows that financial habits are hard to change. He helps people find new ways to think about and use money to improve their daily lives. With support from a Money Coach individuals can learn how to decrease unnecessary spending, set aside money to cover essential expenses, and improve their ability to save. Currently, *Money Matters* is recruiting and training additional Money Coaches to ensure that this service is available to all who are interested.

Money Matters has a core of over 30 dedicated volunteers and, in addition to the organizations already mentioned, *Money Matters* has worked with a variety of partners. The Monadnock Ledger-Transcript, the region's biweekly newspaper, publishes *Money Matters* articles and Monadnock Worksource delivers workshop fliers. The Center for Economic Development and Disability at Southern New Hampshire University has provided a mini-grant for outreach to organizations that serve people with disabilities and their families. Additional support for the program is provided by the Franklin Family Resource Center of the Annie E. Casey Foundation, NH State EITC Alliance, the Institute on Disability/UNH, the Under One Roof Project, and the River Center. *Money Matters* is grateful for the enthusiasm, talent, and support of its volunteers and partners.

Making Every Penny Count

Priscilla Miller, *Monadnock Ledger-Transcript*

Kim Duthie, of Peterborough, first learned about the Financial Tools Workshops last fall when she took her four-year-old son, Ernie, for a playgroup at the River Center. Duthie says, "Being a single parent with two kids, I decided I better know how to manage my money." Duthie, who is not in debt and wants to keep it that way, says her biggest financial challenges are "just meeting all the payments, making sure there's enough in the bank to make rent and to make electric and make the phone bill."

Duthie wants to become a Waldorf teacher and is working towards her associate's degree. She has put her education temporarily on hold until Braden, her four month old, gets a little older. Currently she has a part-time job in childcare and is able to take Braden with her to work, while her older son goes to preschool. She says, "I eventually want to own my own home and hopefully, these workshops will help me manage it, so that I can." Since she began attending the workshops, Duthie has learned that every little purchase matters. She reports, "I've actually been budgeting better than I ever have done before and sticking to it."



Kim Duthie

Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites provide free tax preparation in 69 locations around the state – to locate the nearest free tax site near you contact 211 or visit www.nheitc.org. Some taxpayers with disabilities do not file their taxes because they don't think they earned enough to make it worthwhile, but there are refundable credits they might be eligible for, including the Earned Income Tax Credit. A credit that is refundable is a credit that is above and beyond what you paid into the government. EITC is available to low-income taxpayers even if they have no children.

FALLING SHORT

Betsy McNamara

Recently I was among more than 100 people who testified before a New Hampshire House committee about the consequence proposed cuts in the governor's budget would have on those whose lives are impacted by disability.

The next day Natasha Richardson died of a brain injury doing something that nobody would categorize as risky behavior: skiing on the bunny slope. Richardson's injury and subsequent death hit me surprisingly hard. It felt personal because she was about my age and has two boys about the same ages as my two boys. Her death also illustrated a point that is important to keep ever-present when considering policy toward people with disabilities: It could be you.

Since becoming a part of the disability rights movement, I've learned that many people with disabilities refer to those of us without a disability as "temps." As in "temporarily able-bodied." It's hard to miss the meaning: All of us – at some

time in our lives – are likely to experience a disability, whether it is present at birth or appears later through illness, injury or aging. This is not a threat. It is an appreciation that disability is a natural part of the human existence. It is an understanding of what writer and activist Norman Kunc calls "the inherent differentness among people."

In this worldview disability is not a detriment but a characteristic, like hair color or weight. A person with a disability is not a burden to society but a natural part of it. We acknowledge that the line between having a disability and not is fluid. Funding decisions about supports for people with disabilities are no longer about "those people" – but about all of us.

Which brings me back to money. Gov. John Lynch's proposed budget has no money for services for adults who are new to the state's developmental disabilities system. This means no money for young adults with a disability who

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During the course of the project, AATPP will bridge relationships between the asset development and disability communities to answer two questions: What policies need to be amended or developed to advance personal and economic freedom for Americans with disabilities? What strategies, supports, and services are effective to advance asset development at an individual level and at a community level?

For more information about AATPP contact Michael Morris mmorris@ncbdc.org or Tobey Partch-Davies t.partch-davies@snhu.edu

The challenges to wealth creation for Americans with disabilities are daunting:

- ◆ 34% of people with disabilities live in households with a total income of \$15,000 or less as compared to 12% of those without disabilities (Disability Rights Advocate, 1997)
- ◆ 68% of people with disabilities cite lack of money as a serious problem, 39% say that the lack of financial resources is *the* most serious problem they face. (National Organization on Disability/Harris Survey 2000)
- ◆ Only 37% of adults with significant disabilities are participating in the nation's workforce. (National Health Interview Survey, 2000)
- ◆ Workers with disabilities earn substantially less than non-disabled workers, roughly 72% to the dollar. (National Council on Disability 1996 Report)
- ◆ Public assistance represents 59% of the total income of people with significant disabilities and only 8% of the total income of people who have no disability. (Harris Survey 2000)
- ◆ The percentage of people with disabilities who own their own homes is in single digits as compared with 70% of Americans with no disabilities. (White House 2001)

age into the system by turning 21, and no money for parents who are just too old to care for their adult child with a disability any longer.

A bit of background: From ages 3 to 21 services for young people with disabilities are provided by school districts. Upon their 21st birthdays, the funding for people with a disability who need supports in order to be a part of the community comes through the state Department of Health and Human Services.

Until 2007, funding for those services was inadequate, resulting in a waiting list of young people aging out of school district funding. Someone with significant needs would fall off a cliff service-wise – receiving nothing for months or up to a year. Families with a young adult on the wait list were left scrambling and desperate; the young adults were stuck at home with no future and no plans.

The fear and uncertainty this puts on families is hard to absorb. I have two sons, and when they each turn 21 I hope they will be seniors in college ready to launch themselves into young adulthood. Because one of my sons has a disability, he will need help, a lot of help, to be where I expect my other son to be without much effort (besides a hefty tuition bill). He'll need help getting out of bed and getting dressed, getting to class, transcribing notes, eating in the cafeteria. He'll even need support to go out with friends.

Some of this help will come from his circle of family and friends, and some will be available thanks to the funding provided from the developmental disabilities system. If there is a waitlist when he turns 21, I have no idea what we'll do.

In 2007 state government passed SB 138, which mandates services for adults new to the system of supports. It was heralded as an end to the wait list, and included the requirement for adequate funding to support people new to services. Families like mine breathed a sigh of relief; the fear of our child's 21st birthday was over.



Betsy McNamara and her family Isaiab, Samuel, and Dan Habib

Now, in what feels like a Machiavellian twist, the governor's budget includes no money for people new to the system. The wait list is back.

What will this mean to people with disabilities and their families? A degradation of services that are already at the bare minimum. The New Hampshire developmental disabilities system is cost efficient to the extreme; the cost per person served is the lowest in New England.

Prior to 2007, agencies designated to serve people with developmental disabilities had received level funding for 10 years. This in a decade in which these agencies experienced the same increases in the costs of doing business that everyone else did: health care, energy, wages.

The developmental disabilities system in New Hampshire cannot take more cuts. The budget hearing I attended was packed. It was so full the overflow crowd filled the hall outside the committee room, and those who testified were asked to leave when they were done to make room for others in the room.

I heard a mother describe what she and her husband do each day to support their adult son with a disability. He needs help eating, dressing, toileting, and bathing. But, she said as her voice choked up, "We love him and want him at home. We'll do this as long as we can."

A young woman with cerebral palsy described her dream: to open her own hair studio. A recent high school graduate, she is more independent than many, but still needs support to make it through the day. "People like me have dreams, too," she said.

My favorite though was the mother of a 20-year-old son – on the edge of that cliff – who not so politically called a spade a spade.

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UNDER THE BRIDGE

I am a formerly homeless disabled veteran with a Bachelor's degree and time on my hands. I cannot go to a job everyday, but I have found ways to help others. I am a member of the NH Under the Bridge outreach team. We are an all-volunteer service made up of formerly homeless persons and people in recovery programs. For ten years we have worked with the unsheltered homeless in Manchester.

Under the Bridge provides support to homeless people who, for a variety of reasons, are not using services. Many are unaware of services, some are actively avoiding help, and others have been ignored or underserved by the traditional service system. We view outreach as a process rather than an end in itself. We focus on first establishing rapport with a person with the goal of eventually helping the person to connect with the services and resources he or she needs. In some cases it may take weeks or months for someone to trust us enough to tell us their name and their story. With our advocacy some people are able to get

financial assistance, some find jobs, some receive services, and some get sober. Some get off the street – some don't. Some die.

In my work, I have found that a disproportionately high percentage of people who are homeless also have disabilities. Given the significant number of people with disabilities who live on the streets, it is frustrating that shelter and homeless provider services are not better prepared to work with this population. Many organizations state that they are not "specialists" and are unwilling to make accommodations for people who have disabilities. Those who are banned from shelters because of behaviors related to their disability, find they now have another label, "the chronically homeless."

I would like to share with you the story of one of these people. When I first met Paula (not her real name) she was thirty-five years old and living with several other people in a camp behind a shopping plaza. Paula does not drink or do drugs and I wondered how she ended up on the streets. I brought

Cindy Carlson, NH Under the Bridge

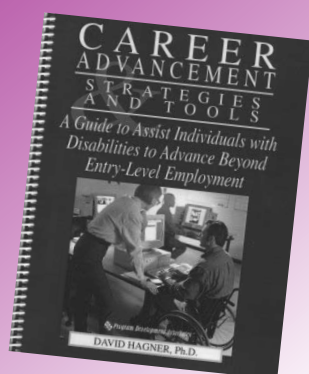
Paula clothing, food, and other basic items. I made a point of drawing Paula away from the others so we could talk privately and I always treated her with respect. It took a whole summer for Paula to trust me.

Paula was originally from a small town and up until five years ago she lived with her mother and her young daughter in her childhood home. As a child, Paula was in special education classes; she never graduated from high school or earned a GED. Paula's mother did everything for her. Paula never learned to cook, manage money, or care for her child. When her mother became ill and went into a nursing home where she eventually died, Paula did the best she could. But with no skills, Paula was unable to provide the care her daughter needed. When the State came to investigate an abuse and neglect complaint, they found that the little girl was malnourished and placed her in foster care.

Some "friends" offered to help Paula. They convinced her to let them act as payee for the money from her mother's

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"You people have reneged on your promise to us," she said referring to the now un-funded mandate to serve all who are entering the system.

I hate testifying before the Legislature for funding to support people with disabilities. I do it because it is important in our democracy to let our elected representatives know how we feel and because when my son turns 21 my family will be directly affected by these cuts. But I can't escape the feeling that I'm begging.

I don't envy the legislators their task this year; trying to balance a budget in this economic climate will be

estate and promised to pay her bills for her. Telling her that she would manage better in a smaller place they set her up in an apartment, while they moved into her mother's house. Then her friends cut Paula loose.

When Paula was evicted from her apartment she did not try to move back into her mother's home; she simply had no clue how to help herself. For a short time she moved in with an older man, but he died of heart attack and Paula was left to fend for herself. When a homeless man befriended her, she moved into the camp with him.

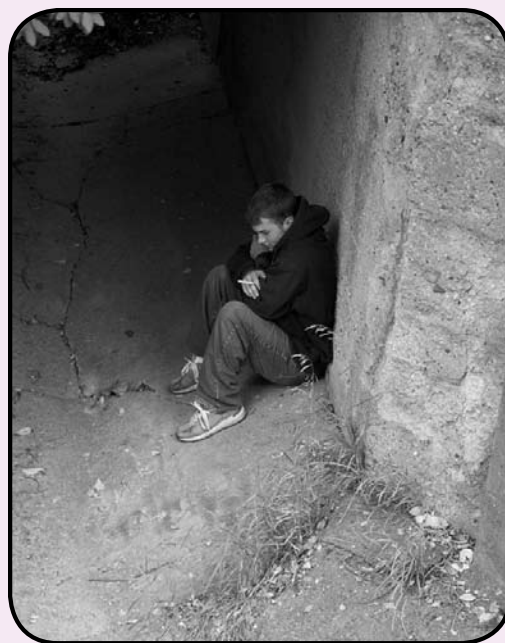
Besides her learning disabilities, Paula has physical problems. Her legs are constantly swollen and she has difficulty breathing. As Paula came to trust me, I helped her apply for Social Security. In the process of doing the application, I discovered that Paula still owned the house her mother had left her and that the property was tied up in the Probate Court. I connected Paula with the Disabilities Rights Center and helped her move into the

local shelter while things were getting sorted out with the Court.

In the shelter Paula met yet another older man who promised to take care of her. This man was an alcoholic who told Paula to stay away from me. Afraid she would jeopardize her relationship with her new protector, she did as she was told. When the man was banned from the shelter for drunkenness Paula followed him back to the street.

I continue to see Paula in community and when her boyfriend is not around I'm able to talk with her. I learned that he had contacted the people living in Paula's house and had convinced Paula to sell them the house for \$2,000. He used the money to buy a van where the two of them now live. Paula's is only one of thousands of stories from the streets. Any hope that the shelter could have helped Paula back into the social and economic mainstream never happened.

Too frequently people with disabilities fall into chronic poverty and eventually end up on the streets.



Once homeless, there are few opportunities for them to break out of this downward spiral. Even organizations whose primary purpose is to address chronic poverty and homelessness, either intentionally or unintentionally, exclude people with disabilities. In my experience I have found that shelters are not specialty care programs. They need their ducks to fit nicely in a row. When a duck doesn't fit, it's more trouble than it's worth.

an exercise in pleasing no one. But I remind them that in even good economic times people with disabilities needed to crowd the Legislative Office Building to make sure that essential services were not cut.

Last Wednesday the House subcommittee responsible for the Department of Health and Human Services budget voted to fully fund the costs of the wait list – for 2010. Well, whew!

But wait: There is no money for 2011, and there is no money for those who need services as a result of a traumatic brain injury. So if you have a fall like Natasha

Richardson did and survive, best of luck to you. There is no funding. This all but guarantees that I and 99 others will be back next year testifying in favor of funding for our children – both now and in the future.

When you take the world view that disability is natural and that at any time – on a bike, in a car, at birth, or on the bunny slope – someone you love could need supports to be a part of the community, it feels unconscionable that those impacted by disability need to testify year after year. But if we have to, we will.

(This article originally appeared in the March 29, 2009 issue of the Concord Monitor as an Op Ed piece.)

MEAD (MEDICAID FOR EMPLOYED ADULTS WITH DISABILITIES) PROGRAM

What does it mean to people?

Denise (Bolduc) St. Onge, MEAD Project Manager and MIG Project Director/DHHS

MEAD, a Medicaid program that began in February of 2002, allows adults with disabilities to work, save money, and still qualify for Medicaid assistance. To be eligible for MEAD, individuals must be 18 through 64 years of age, employed or self-employed, meet the disability criteria, and be within the allowed income and countable resources (savings, stocks/bonds, cash, life insurance) limits.

For New Hampshire citizens with disabilities, MEAD has made an enormous difference. Comments from those on the program include:

"MEAD enables me to go to work and not have to worry."

"I was looking at starting my own business . . . and this is going to get me started."

"I can afford to buy my medication now – no more spenddowns."

The MEAD Program, which was designed in New Hampshire, gives people an opportunity to work at higher wages while on Medicaid and also allows them to save up to \$24,991 (this is the 2009 limit, the amount changes yearly with the cost of living). Prior to MEAD, people with 'spenddowns' (the preset amount that an individual must pay for medical bills before Medicaid kicks in) say that they frequently found themselves in a situation where they had to borrow money from family and friends in order to pay for medications or had to do without. Under the MEAD Program, an individual can have up to \$8,000 in monthly gross income; enrollees with a monthly income of approximately \$2,700 are required to pay a MEAD monthly insurance premium.

A man who has benefited from the MEAD Program commented, "There are many people with disabilities who have not been as successful in finding out about and enrolling in MEAD . . . Their stories aren't so different than mine." In order to understand how your employment affects your benefits it is important to speak with a qualified individual such as a benefit planner/specialist who can let you know about available options and help you determine whether or not you qualify for MEAD or other programs. Benefits Planners are available at Area Agencies for Developmental Services or Community Mental Health Centers. Work Incentives Coordinators at Granite State Independent Living (GSIL) also may be able to offer assistance.

For those enrolled in MEAD who turn 65 and age out of the program, the money that they were able to save through the MEAD will *not* be considered in determining their financial eligibility for Medicaid. The individual, however, must still meet disability and other criteria in order to be Medicaid eligible. The MEAD savings, which are kept in a separate bank account, will help to ensure that people are able to enjoy a better quality of life during their retirement.

If you would like additional information about MEAD or would like to apply to the program, please speak with a Family Services Specialist at your local Health and Human Services District Office.

The MEAD Workgroup is interested in hearing from you; please email your recommendations, ideas, or concerns to Denise.StOnge@dhhs.state.nh.us

Help for the Self Employed

The MEAD Program is an option for people who are self-employed or who are considering starting their own business. In New Hampshire, the following organizations can provide valuable information and assistance to those who are interested in going into business for themselves.

Small Business Administration – www.sba.gov/localresources/district/nh/index.html

MicroCredit-NH – www.microcreditnh.org/

SCORE – www.score-manchester.org/

New Hampshire Small Business Development Center – www.nhsbdc.org/

WORK CAREER CENTERS

"I would like the opportunity to go back to work, but who's going to give me a chance," is a concern often heard from people who have been out of the job market. The current economic crisis and the changing nature of the workplace can present significant challenges. People are often intimidated about taking steps to find a job or to get retrained for employment; even filling out a job application can be a daunting task. For those seeking employment New Hampshire Works Career Centers (One-Stops) offer education or training resources at no or little cost. For more information, stop by the local Center or visit them online site at www.nhworks.org/woc/works_centers.cfm.



GETTING TO WORK

Karen Privé, Project Coordinator, Center for Community Economic Development & Disability at Southern New Hampshire University

Just a few years ago, we were in the midst of an economic boom – it was easy to get credit, unemployment in New Hampshire was at 3.5% (US Dept of Labor, 2008), and all we heard from the experts was "spend, spend, spend!" Times sure have changed, haven't they? The recession impacts all Americans, but Americans with disabilities have been hit especially hard. The February unemployment rate for Americans with disabilities – determined by considering only those persons who are currently seeking employment – was 14%; for Americans with no disability the unemployment rate was 8.7% (US Dept of Labor, 2009). While times are hard, fortunately, there are programs to help people with disabilities find and keep a job.

If you are a person with a disability, one of the most common myths is that you will be better off financially if you do not work. *People are almost always better off financially when they work!* There are a variety of work incentive programs that are available to help you enter the workforce and maintain needed benefits and health insurance coverage. For example, the Medicaid for Employed Adults with Disabilities (MEAD) program provides Medicaid coverage to adults with disabilities who are working and who would not otherwise be financially eligible for Medicaid. MEAD was designed to allow individuals with disabilities to increase their working income and have higher resource limits. Additional information about MEAD can be found on the Department of Health and Human Services website at www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/mead.htm

A full examination of work incentives is beyond the scope of this article, but to learn more about how these may apply to your situation consult with a Community Work Incentive Coordinator (CWIC). In New Hampshire, contact Granite State Independent Living at 1-800-826-3700 to find a CWIC near you.

Of course, work incentives only apply if you are employed, and in this economic climate, finding a job can be a challenge. The New Hampshire Bureau of Vocational Rehabilitation (Voc Rehab) assists people with disabilities to achieve their employment goals. Voc Rehab offers individualized services that range from identifying career options to providing funding for assistive technology that will enable a person to work. Voc Rehab has seven regional offices in New Hampshire; for more information contact their main office at 1-800-299-1647 or visit their website at www.ed.state.nh.us/education/doe/organization/adultlearning/VR/VR.htm.

The New Hampshire Department of Employment Security (NHES) – commonly known as the "unemployment office" – also provides assistance to

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BOSTON COLLEGE PRESENTS LIFETIME ACHIEVEMENT AWARD

Boston College Law School recently honored Richard A. Cohen with the Daniel G. Holland Achievement Award for his lifetime of service to people with disabilities. Cohen is the executive director of the New Hampshire Disabilities Rights Center (DRC). Cohen spent the first 12 years of his career working in legal services for the poor, primarily with New Hampshire Legal Assistance. Among the cases he litigated for Legal Assistance were *Laaman vs. Helgemoe* and *Garrity vs. Gallen*. *Laaman* resulted in the abolition of solitary confinement at the New Hampshire State Prison and significant improvements in prison conditions, including better educational, vocational, medical, and mental health services. *Garrity*, also known as the Laconia State School law suit, ultimately led to the closing of the State School making New Hampshire the first state in the nation to run a completely community based system of services for persons with developmental disabilities. *New Hampshire Magazine* recently recognized *Garrity* as one of the two most important class action law suits in New Hampshire's history.

In his career, Cohen has been a court monitor in Minnesota overseeing the deinstitutionalization of residents with disabilities in six institutions and as

court monitor in Massachusetts he oversaw the compliance of the Boston Public

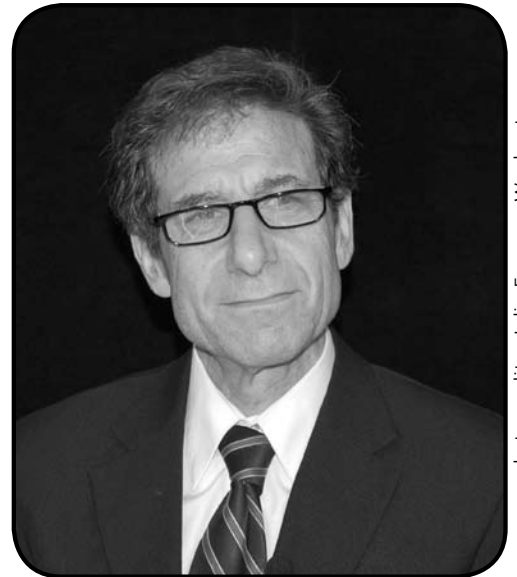


photo credit – Julia Freeman-Woolpert

*Richard Cohen, Executive Director of the
NH Disabilities Rights Center*

Finally, I get it!

Dave M. Smith, MA, CPRP, Employment Coordinator, Seacoast Mental Health Services

For more than 25 years, I have worked in the field of employment services, the majority of that time supporting individuals with mental illness. When I began my career, the mental health system discouraged employment for individuals with serious and persistent mental illness. Instead vocational services – if they were provided at all – took place in a sheltered workshop, where people labored for pennies an hour.

When a workshop client outperformed minimum wage, I was asked to redo my assessment, as "It must not be right." I am pleased to say I did not need to be asked to do this twice and left the workshop. I became an employment specialist assisting people with disabilities to find integrated work in the community. From the start the goal was to help the person find "a job" and many of us did that pretty well. However, we were also under the impression that our other responsibility was to keep the person in the job – whether or not that job was a good fit for the worker. Nothing

could be worse than losing a job that took so long to find. At least that was the thinking at the time.

Fortunately, along the way things have begun to change and mostly for the better. Today the mental health system considers work an essential part of recovery for all individuals with mental illness, including those who have serious mental illness. Indeed, work is now an integral part of mental health treatment. In most mental health services, work is fully integrated into treatment teams and vocational services are available to all who are interested. While still a major factor, the stigma of mental illness is slowly beginning to lift. Increasingly, people with mental illness are able to be more open about the challenges they face. The necessity of hiding their illness from the world is a burden that is beginning to ease.

So, we find ourselves in the 21st century. Attitudes are changing and opportunities are opening up for individuals with disabilities. While poverty and disability still go

TO DRC DIRECTOR RICHARD COHEN

Schools with a court order to improve special education. Cohen also served as the director of investigations for the Massachusetts Department of Mental Retardation. Cohen joined the DRC staff in the late 1990s, first as its policy specialist and then as executive director. From 1998-2003 Cohen was a member of the Oversight Panel monitoring New Hampshire's compliance with the Eric L. Settlement Agreement requiring changes to child protection responsibilities. In 2005 he was appointed by Governor Lynch as chair of the Governor's Commission on Area Agencies.

Following his tenure on the Governor's Commission, Cohen has played a key

advocacy role in passage of several pieces of state legislation, including a bill to permanently end New Hampshire's waitlist for services for individuals with developmental disabilities and brain injuries and the establishment of a State Registry of founded reports of abuse, neglect, and exploitation which human service providers must check before hiring staff who will be working with individuals who have disabilities. Cohen has continued to fight for major reforms to the state's special education system requiring better interagency coordination and more accountability from school districts to provide a quality education to students with disabilities.

Under Cohen's leadership the Disabilities Rights Center has expanded its advocacy role to include investigative efforts, increased attention to public policies affecting those with disabilities, community education and outreach, and collaboration with individuals and organizations working on behalf of people with disabilities.



hand in hand, there are also passionate and brilliant people working to create options that allow individuals with disabilities to compete on a level playing field. I have been struck that my role now as employment specialist is not just to help people find work, but more importantly, to assist people in gaining access to those things that most of us may take for granted. A meaningful job is an essential part of ensuring that people are able to acquire financial assets and build their buying power. All people need the right to not only earn money, but to save it as well. It is about assisting people to use their individual talents so that they can move beyond the constraints of an outdated system.

Now when someone meets with me to "get a job," I am not only assisting that person to obtain employment, I am also working to make sure that the person has the opportunity to make their own claim on the American dream. I hope that all of us in the service system have this same goal. But for my part, I finally get it.

The New Hampshire Public Mental Health Consumer Survey Project: Summary of Findings (Antal, P. and Burbank, M., 2008) published by the Institute on Disability reported that of adults living with mental illness in New Hampshire who received care in a community mental health center:

- ◆ Only half experienced good physical health
- ◆ Only one in five were employed
- ◆ 94% made less than \$30,000 a year
- ◆ 82% were on either Medicare or Medicaid or a combination of the two

(Continued from page 11)

persons with disabilities. In addition to extensive job listings, NHES Employment Counselors offer help in putting together a resumé and role playing job interviews. NHES has thirteen offices around the state; assistive technology is available at each site. You can also explore NHES' interactive website at www.nh.gov/nhes/index.htm.

If you receive Section 8 Housing Assistance, you may be eligible for assistance through GOAL, a program administered by the New Hampshire Housing Authority. A GOAL Career Coach will work with you to help you reach your employment goals. The program also helps to remove employment related barriers by providing assistance in arranging childcare and helping you to secure other needed services, such as substance abuse treatment. For more information about GOAL, call 1-800-439-7247 x9211.

The Center for Community Economic Development and Disability (CCEDD) at Southern New Hampshire University provides an Individual Development Account (IDA) for persons with disabilities who wish to start (or grow) their own business or continue their education. An IDA is a matched savings plan. For individuals who qualify for the program, every dollar of earned income deposited into an IDA account is matched by another \$4.00, up to a maximum of \$1,000 in savings. For example, if a person's savings is \$25.00 per month, \$100.00 in matching funds is added towards the individual's savings goal. IDA participants also are provided with personal benefits planning and work incentive education information. For more information about IDAs for persons with disabilities contact CCEDD at 644-3148.

While this economy presents challenges for all citizens, there are still opportunities for people with disabilities to receive help in reaching their financial goals, especially if these goals include employment.



NH MEDICATION BRIDGE PROGRAM

Bernie Cameron, Community Health Coordinator,
Foundation for Healthy Communities

Bill didn't know where to turn. He had lost his job and his health insurance. Bill and his family did not qualify for either Medicaid or Medicare and he had no idea how he would pay for his high blood pressure and cholesterol medications or for the medications his wife needed for her arthritis and diabetes. Then a friend told him about the New Hampshire Medication Bridge Program.

The Medication Bridge program began in 2000 as a result of efforts by then State Senator Beverly Hollingworth. Hollingworth had learned that the nation's major pharmaceutical companies offered eligible individuals free medications through their Patient Assistance Programs. However, these programs were significantly underutilized – in New Hampshire and nationwide – due to complicated application and reapplication processes. A separate application needed to be filed with each drug company and the required documentation varied from company to company. In addition, most applications had to be signed by a physician and renewed every three months; a daunting task for both patients and doctors!

CHALLENGING MYTHS AND

Stereotypes and demeaning views of people with disabilities are not dead. On the contrary, they are alive and well.

In my work as an advocate with Legal Assistance, I have frequently heard the complaint that people are trying to game the system by faking a disability in order to collect Social Security. I also have heard people state that those seeking assistance, in fact, are not actually poor. They have hidden resources and are trying to get disability benefits so they can live the easy life and won't have to work.

Even some of my own clients want to reassure me that they are worthy – not like those other frauds who are trying to get money from the disability system. It is discouraging to see just how widely held these cynical views are.

As a lawyer with almost 25 years experience representing claimants seeking Social Security Disability benefits, I have found that these stereotypes run completely contrary to my

Senator Hollingworth obtained funds from Pharmaceutical Research and Manufacturers of America and brought in the Foundation for Healthy Communities (FHC) to streamline this process. The FHC is a non-profit organization whose mission is to improve health and health care delivery in New Hampshire. With leadership from the Foundation, the Medication Bridge Program was created to assist eligible uninsured and underinsured patients of all ages to receive needed prescription medications from pharmaceutical companies' Patient Assistance Programs.

FHC collaborates with a wide variety of public and private partners and currently works with 57 sites across the state that assist people in accessing these medications. These sites include local hospitals, community health centers, physician offices, senior housing programs, ServiceLink, and other non-profit organizations.

To be eligible for the Medication Bridge Program, an individual must be a United States citizen; cannot have prescription insurance (some exceptions are possible for Medicare clients); and typically, must have a family income that

falls within 200% Federal Poverty Level (\$21,660 annual income for a single person; \$29,140 for a family of two). Individuals who are in need of this assistance and whose income is above this level should still apply, as several pharmaceutical companies have higher income limits. The program only covers long-term medications.

Bill contacted the Medication Bridge site at his local hospital. The staff person there was able to help Bill and his wife obtain brand name medications free of charge and directed them to low-cost generic programs for other medications. Bill and his wife only have to complete an application once a year. The Medication Bridge staff takes care of everything else including obtaining physicians' signatures and applying for medication refills. According to Bill, "This program has been a life saver – literally!"

To learn more about the New Hampshire Medication Bridge Program, including the location of Medication Bridge sites, visit Foundation for Healthy Communities website at www.healthynh.com or contact the Foundation at 225-0900.

STEREOTYPES

experience. I have represented hundreds of people with disabilities and, overwhelmingly, their claims are legitimate. These are people whose health and circumstances have forced them to seek assistance and they have the medical records to back this up.

Even people who have lost their Social Security Disability cases often have very profound medical or psychological impairments. Disability determination is an inexact science. Any disability finding is a snapshot in time based upon the evidence available to decision-makers. If a claimant is uninsured and has no medical care, or has uninformed or uncaring doctors, that person may have significant disabilities and still not be able to present a winning case.

In addition, the personal history, values, and experiences of those who are hearing disability cases must be factored in. It is probably stating the obvious to say that reasonable people

Jonathan P. Baird, Esq., Policy Director, NH Legal Assistance

can and do disagree over what weight to give different pieces of evidence and how evidence should be evaluated in determining whether or not a person has a disability.

I would like to share the story of three clients who I have represented.

G. is a young man who has significant mental illness, as well as learning disabilities. When I first met G. last year, he was homeless and had been living in a tent in the woods outside Claremont. At the time I represented him, his only income was from a 10 hour a week job bagging groceries and stocking shelves in a supermarket.

L. was diagnosed with breast cancer in 2005 and has undergone surgery, chemotherapy, and radiation. A former beauty queen, L. acutely felt the loss of the person

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SOCIAL SECURITY OVERPAYMENTS

Julia Freeman-Woolpert, Disabilities Rights Center

Poverty is like punishment for a crime you didn't commit.

~ Eli Khamarov

Receiving an official notification that you have been overpaid by Social Security and now must pay the government back can be upsetting to say the least. Individuals who have just received a Social Security overpayment notice often contact the Disabilities Rights Center for help. Mike was one such caller.

Mike had been notified by Social Security that he owed \$30,000 in overpayments. The problem began several years ago when Mike informed Social Security that he was returning to work. Social Security provided Mike with information about how much he could earn and how long he would remain eligible for benefits while working. However, the agency made mistakes in the information it gave to Mike, both in calculating the eligibility period and in setting income limits on earnings. When the overpayment was discovered, Social Security sent Mike a notice terminating his benefits and requiring him to repay the extra money that he had been receiving (the "overpayment"). When Mike received this notice he was no longer employed and he had been using his benefit checks to pay living expenses and medical bills. He did not have \$30,000 to pay back, and could not make ends meet if his Social Security benefits were reduced or discontinued.

WHY DO OVERPAYMENTS HAPPEN?

There are a variety of reasons why you might receive an overpayment. You are responsible for notifying Social Security about any changes in your circumstances. If you get a job, come into some money, or your family situation changes, the amount of SSI or SSDI you are eligible for may also change. If you receive SSI and your countable resources exceed the allowed limit of \$2,000 for a single person or \$3,000 for a married person, you may no longer be eligible for payments. In some cases there is a lag between when you notify Social Security of changes and when this information gets into the Social Security data system; this can result in several months of overpayments. If you do not inform Social Security about changes in your circumstances and the agency later finds that you are no

longer disabled or financially eligible for benefits, Social Security will hold you responsible for any overpayment that you received.

WHAT CAN YOU DO IF YOU ARE NOTIFIED OF OVERPAYMENT?

If you receive a notification of overpayment, you should speak with a lawyer about your situation. You can place a toll free call to either the Disabilities Rights Center at 1-800-834-1721, or New Hampshire Legal Assistance at 1-800-921-1115 (this is the number for the Concord office, they will direct you to the Legal Assistance office nearest you).

If you receive notification of overpayment, here are some steps you can take:

- ◆ Review your Social Security file to check for mistakes.
- ◆ Request that Social Security reconsider your case. If you think Social Security has made an error, you can ask them to review their decision. You must file a request for reconsideration within 60 days of receiving notification of overpayment. If you request reconsideration within 10 days, Social Security will continue your payments until they make a final decision.
- ◆ Request a waiver. If the overpayment was not your fault and you cannot afford to pay the money back, you can request a waiver. It is best to request this within 30 days, but you may request a waiver at any time.
- ◆ File an appeal if Social Security denies your request for either a waiver or reconsideration. Appeals are brought before an Administrative Law Judge.
- ◆ If after an appeal, your request is still denied, negotiate a payment plan. If you have to repay Social Security, you can work with the agency to arrange a payment plan you can afford.

With DRC's help, Mike requested an Expedited Reinstatement. This allowed him to continue receiving benefits

while his case was being reviewed. He also requested a waiver of the overpayment. Mike was able to document that he had complied with all the rules, but that Social Security had given him incorrect information. He also showed that he could not afford to pay the money back, either as a lump sum or on a monthly basis. After Mike and his lawyer met with a Social Security caseworker to go over his case, Mike received a letter waiving the overpayment. As with many Social Security cases, the process took many months to complete, but for Mike it was well worth the wait.

HOW TO AVOID AN OVERPAYMENT PROBLEM

Always report any changes in your circumstances to Social Security. Keep copies of *all* correspondence that you have with Social Security, including any information you send to them and any notices or letters that you receive from Social Security. If you have a telephone conversation with someone at Social Security, write down the name of the person you spoke with, a summary of the conversation, and the date of the call.

If you have questions about an overpayment, you may call the Disabilities Rights Center at: 1-800-834-1721.

(Continued from page 15)

she had been prior to being diagnosed with cancer. In addition, to her physical health problems, L. suffers from depression.

C. is a woman in her 40's who has Crohn's Disease, an inflammatory disease of the gastrointestinal tract that causes severe abdominal pain, diarrhea, and vomiting. In spite of multiple surgeries, her condition has remained a nightmare. All her treating physicians supported her effort to get disability.

To someone who did not know the full story about these individuals, any one of them could have been viewed as faking a disability. G. is young and appeared able to work. L. while no longer a beauty queen, still looks fine. As for C., no one can see that she has Crohn's Disease.

All three of these clients won their Social Security Disability cases. Receiving Social Security Disability has provided them with a minimal degree of financial security and enabled them to plan financially. Prior to their cases being decided, all had been in a state of financial desperation. Not knowing how they would meet their medical and basic living expenses was a source of major stress. Two of the individuals had considered filing for bankruptcy. Even with the disability income, meeting their financial obligations remains a challenge.

So much about disability is unseen. Yet stereotyping and the passing of judgment continue even when little is actually known. Who among us can really understand another person's trauma? When we assume the worst about someone who is seeking assistance we are not only being intellectually dishonest, we are perpetuating the myth that the disability claimant is a faker or malingerer. This is a destructive fiction that must be combated.

SUPPORT THE RAP SHEET!

To make online donations, please go to:
<http://www.drcnh.org/donate.htm>
or send your check to the
Disabilities Rights Center
18 Low Avenue, Concord, NH 03301
DONATIONS ARE TAX DEDUCTIBLE



NH SUPREME COURT AFFIRMS THE RIGHTS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Amy Messer, Esq., Disabilities Rights Center

In April 2009, the New Hampshire Supreme Court issued an important decision in a case brought by the Disabilities Rights Center (DRC) on behalf of a woman with a developmental disability. Gretchen Parker, of Nashua, challenged the decision of an Area Agency to remove her from the residence that she shared with her friend, Richard, and Jen and Vince, the couple who provided services to her and Richard.

Ms. Parker loved where she lived and the people she lived with. Both she and Richard received support services through an Area Agency, which provides state-funded services for people with developmental disabilities.

But in November 2006, the Area Agency notified Ms. Parker that she would have to move. The Area Agency felt that it was too risky for her to live with Richard due to his past aggressive behaviors, although none had ever been directed toward her. Ms. Parker was very upset about the idea of moving because, as she put it, Richard, Jen and Vince "are like my family."

Ms. Parker challenged the Area Agency's actions first at a state administrative hearing and then before the New Hampshire Supreme Court claiming that there was no reason for her to be treated any differently than any other citizen in deciding where they should live. Attorney Alan Cronheim of Portsmouth represented Ms. Parker at the administrative hearing and DRC's Attorneys Adrienne Mallinson and Amy Messer represented her before the Court.

A unanimous New Hampshire Supreme Court agreed with DRC and Ms. Parker, reversing the decision of the Area Agency and the administrative

hearing officer. Chief Justice Broderick, writing for the Court, ruled that Ms. Parker had every right to decide where and with whom she could live even if there was some risk involved. "The risk of harm is part of everyday life and reasonable people commonly choose to engage in activities that include exposure to some risk," the Court stated. Recognizing that people with disabilities should be able to make similar decisions about their own lives, the Court stated, "when making life decisions, persons with developmental disabilities may voluntarily expose themselves to circumstances that involve some reasonable risk without jeopardizing the funding for particular services available to them." The court highlighted some of the core principles of New Hampshire's law for services for people with developmental disabilities – RSA 171-A – independence and autonomy in decision-making, and the right of individuals to make choices weighing quality, safety, relationships, and factors most important to them because individuals "are best able to determine their own needs."

The Court also clarified the rights of all individuals taking appeals to the Department of Health Human Services, Administrative Appeal Unit to present all evidence to the administrative body, not limited to that which was before the Agency making the initial decision. Therefore, in all administrative appeals before the Agency Unit (AAU), the Presiding Officer is "obligated to conduct a full evidentiary hearing, independently review the evidence, and make a determination on the facts and the law."

Gretchen Parker will now happily be able to decide where and with whom to live. Court's opinion is at: <http://www.courts.state.nh.us/supreme/opinions/2009/parke038.pdf>.



INSTITUTE ON DISABILITY / UCED
A University Center for Excellence on Disability

PROGRAMS OF STUDY IN DISABILITY

Helping to Prepare the Leaders of Today & Tomorrow



As a central component of its mission, the Institute on Disability (IOD) at the University of New Hampshire is dedicated to providing innovative, evidence-based undergraduate and graduate academic opportunities to those interested in expanding their knowledge about disability and community inclusion.

SPECIAL EDUCATION TEACHER CERTIFICATION IN IDD

The Special Education Teacher Certification in Intellectual/Developmental Disabilities (IDD) prepares teachers to promote evidence-based, high quality, inclusive educational programs for students with IDD. The program emphasizes that individuals with disabilities have the same rights as individuals without disabilities to exert control and choice over their lives, to live independently, and to fully participate in and contribute to their communities.

Because of class scheduling, enrollment is feasible for practicing professionals or full time students.

**Significant financial aid is available for a limited number of highly qualified scholars.*

To learn more about this or any other IOD programs of study, call 603.862.4320, e-mail contact.iod@unh.edu, or visit us on the web at www.iod.unh.edu





INSTITUTE ON DISABILITY / UCED
A University Center for Excellence on Disability

IOD TRAINING AND

Employment Links – Self-Employment & Other Creative Employment Alternatives

Date: 5/7/09
Time: 9am -12pm
Location: Rivier College, Nashua, NH
Registration Fee: \$35 each
Presenters: Laurie Vachon, Ryan Toomey, and Karen Prive

This four-part series provides employment service personnel and others with critical “how-to” information, resources, and tools to achieve high quality employment outcomes for individuals with disabilities.

Silent Reading Comprehension: Session 4 of the Four-Part Research to Practice Series “Literacy and Autism Spectrum Disorders”

Date: 5/7/09
Time: 9 - 3pm
Registration Fee: \$125
Location: Holiday Inn, 172 North Main Street, Concord, NH 03301
Presenter: Stephanie A. Spadorcia, Ph.D.

**Includes continental breakfast, lunch, and materials.*

**This workshop qualifies for Staff Development Credits.*

Stephanie Spadorcia will present a model of silent reading comprehension that supports the understanding of students with autism spectrum disorders. Assessment and instruction strategies for enhancing silent reading comprehension will be presented. Books recommended but not required for this session include “Qualitative Reading Inventory” and “An Observation Survey of Early Literacy Achievement,” titles that may be purchased through registration.

The Paraeducator's Toolbox: Practical Strategies to Support Academic Achievement for Students with Learning and Behavioral Challenges

This workshop offers effective approaches to promote successful academic outcomes, social competency, and

management of behavioral challenges. Each workshop is designed to address the complex social, emotional, and learning needs of preschool and elementary school students, or middle school and high school students.

Dates: Preschool/Elementary: 5/18/09
Middle School/High School: 5/19/09
Time: 9am - 3pm
Location: Pale Rider Driving School,
56 Old Suncook Rd,
Concord, NH 03301
Registration Fee: \$95
Instructor: Cathy Apfel, M.Ed.

Powerful Tools for Caregivers: Class Leader Training

Date: 6/3/09 - 6/5/09
Time: W-Th: 8am - 5pm; F: 8am - 1pm
Location: Ashworth by the Sea, Hampton, NH
Registration Fee: \$750
Presenters: Miriam Callahan and Saran Craig

**Registration fee does not include dinner and accommodations.*

This a train the trainer class for participants who wish to teach the course, Powerful Tools for Caregivers (PTC). PTC is a 6-week educational program developed by Legacy Caregiver Services in Portland, OR, to provide family caregivers with tools to increase their skills and confidence. PTC is a nationally recognized train-the-trainer model program.

Employment Links – Systematic Instruction in the Workplace

Date: 6/4/09
Time: 9am -12pm
Location: Rivier College, Nashua, NH
Registration Fee: \$35 each
Presenter: David Hagner, Ph.D.

This workshop provides employment service personnel and others with critical “how-to” information, resources, and tools to achieve high quality employment outcomes for individuals with disabilities.

EVENTS

Methods, Models & Tools: Person-Centered Planning Facilitation Training

Dates - Session I: 6/11, 6/12, 6/18, 6/19, and 6/26
(UNH Course Credit available*)

Dates - Session II: 7/15, 7/16, 7/17, 7/20, and 7/21

Time: 9am - 4pm

Location: University of NH, Durham

Registration Fee: Session I: \$650.00

Registration Fee: Session II: \$700.00 (Includes breakfast and lunch each day and dinner on 7/15 and 7/20)

*\$50 per person discounts available when registering in groups of 3 or more.

Presenters: Session I: Patty Cotton, M.Ed., and Pam McPhee, M.S.W.

Presenters: Session II: Leslie Boggis, Patty Cotton, M.Ed.; Susan Fox, M.Ed.; and Pam McPhee, M.S.W.

There are two opportunities to take this intensive 5-day training course. The is designed to help develop the competencies needed to facilitate consumer and family-directed career, education, and life planning.

This course is approved by the NH Chapter NASW for 30 Category 1 Continuing Education Credits for social workers.

* Please note, UNH Course Credit is only available for Session I. If you plan to take this course for UNH credit, do NOT register through the Institute on Disability. Please contact the UNH Registrar's office at 603.862.1500. Course Name: Person-Centered Planning. Course Numbers: Undergraduate – SW 697 (4cr.), Graduate – SW 897 (3cr.)

4 EASY WAYS TO REGISTER!

-  online
WWW.IOD.UNH.EDU
-  call to register or to request a registration form
603.228.2084
-  mail a completed registration form
**INSTITUTE ON DISABILITY
56 OLD SUNCOOK ROAD, SUITE 2
CONCORD, NH 03301**
-  fax a completed registration form
603.228.3270

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THE 11TH ANNUAL

autism summer institute SHOW ME THE EVIDENCE

*Evidence-Based Practices for Supporting Students
with ASD in the General Education Classroom*

August 10-13, 2009 | Holloway Commons
University of New Hampshire | Durham, NH

FEATURED KEYNOTE PRESENTERS:

Ari Ne'eman

Autistic Self Advocacy Network

Dan Habib

Institute on Disability, UNH

Lana L. Collet-Klingenberg, Ph.D.

National Professional Development
Center on Autism Spectrum Disorders

Cathy Pratt, Ph.D.

Indiana Resource Center on Autism

Michael McSheehan

Institute on Disability, UNH

presented by the
nh resource center on autism
spectrum disorders
at the unh institute on disability

Resources

211 New Hampshire

2-1-1 connects callers, at no cost, to information about critical health and human services available in their community;

<http://www.211nh.org>

AARP Low Income Help

<http://www.aarp.org/money/lowincomehelp/>

Center for Community and Economic Development & Disabilities (CCEDD)

Southern NH's University's CCEDD is a collaborative effort with the UNH Institute on Disability and the UNH University Center for Excellence and Disability. CCEDD's mission is to promote asset building for individuals with disabilities. The Center offers training sessions to give people control over their economic future.

For more information contact:

Director: Tobey Davies – t.davies@snhu.edu

Project Coordinator: Karen Prive – k.prive@snhu.edu - 603.644.3148

Centers for Medicare and Medicaid Services

The federal government's website for Medicaid and Medicare

<http://www.cms.hhs.gov/>

DisabilityInfo.gov

An online connection to the federal government's disability-related information and resources

<http://www.disabilityinfo.gov> (click on benefits tab at top of page)

GovBenefits.gov

The official benefits website of the U.S. government, with information on over 1,000 benefit and assistance programs. Includes an online screening tool.

<http://www.govbenefits.gov>

Granite State Independent Living

GSIL has an employment and benefits planning program to assist with navigating employment and benefits, including Medicaid for Employed Adults and the Ticket to Work program.

GSIL

21 Chenell Drive

Concord, NH 03301

603-228-9680 or 800-826-3700

TTY: 888-396-3459

Fax: 603-225-3304

<http://www.gsil.org/employment.htm>

Health Care Coach.com

Facts and do-it-yourself tips on everything from health insurance to patient care.

<http://www.healthcarecoach.com/>

Institute for Community Inclusion

This organization has several publications about Social Security and work, including Going To Work: A Guide to Social Security Benefits and Employment for Young People with Disabilities

http://www.communityinclusion.org/article.php?article_id=211

MEAD (Medicaid for Employed Adults with Disabilities) Program

A program that allows adults with disabilities to work, save money, and still qualify for Medicaid Assistance.

<http://www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/mead.htm>

Contact Denise St. Onge at Denise.StOnge@dhhs.state.nh.us

Medicaid Reference Desk – TheDesk.Info

Provides information about Medicaid for people with cognitive disabilities. All the information is available in audio and video clips.

<http://www.thedesk.info/>

Medicare Rights Center

The Medicare Rights Center works to ensure access to affordable health care

for older adults and people with disabilities through counseling, educational programs and public policy initiatives.

<http://www.medicarerights.org/>

National Council on the Aging Benefits Checkup

Find and enroll in federal, state, local and private programs that help pay for prescription drugs, utility bills, meals, health care and other needs.

<http://www.benefitscheckup.org/>

New Hampshire Coalition to End Homelessness

The website includes a list of state sponsored shelters.

P.O. Box 688

Manchester, NH 03105

Tel: 603-774-5195

Fax: 603-774-5195

<http://www.nhceh.org>

New Hampshire Legal Assistance

117 North Main Street

Concord, NH 03301

1-800-921-1115

NHLA is a non-profit law firm offering legal services in civil matters to seniors and eligible low-income persons. NHLA has offices around the state.

Senior Citizens Advice Line: 1-888-353-9944

<http://www.nhla.org>

New Hampshire Medication Bridge Program

Help paying for prescription medications

<http://www.healthynh.com/fhc/initiatives/access/medicationbridge.php>

New Hampshire Vocational Rehabilitation

New Hampshire Vocational Rehabilitation has seven offices throughout the state and can provide help with job training and placement.

<http://www.ed.state.nh.us/education/doe/organization/adultlearning/VR/testing.htm>

New Hampshire Works Career Centers

The centers offer education and training resources, including: technical assistance on preparing resumes and cover letters, job search workshops, employment counseling, aptitude and skills testing, and career exploration tools.

http://www.nhworks.org/woc/works_centers.cfm

ServiceLink

The ServiceLink Resource Centers network consists of thirteen community-based ServiceLink Resource Centers and many satellite offices with the common purpose of providing information and supportive referrals about resources for older adults, adults living with disabilities, chronic illness, and their families and caregivers.

866-634-9412

<http://www.nh.gov/servicelink/>

Social Security Administration

On the Social Security Administration's website, you can apply for benefits and appeal decisions with which you disagree.

<http://www.ssa.gov/>

Help Bring 'DISABILITIES RIGHTS CENTER PRESENTS...' To Your Public Access Television Station

Join with the DRC to help bring our message of disability rights and resources to your community. Disabilities Rights Center Presents... is a half hour show produced monthly on a wide range of issues: assistive technology, special education, voting rights, service dogs, supported employment, and more.

Disabilities Rights Center presents... is available for PEG (public, education, government) access community television stations to download through PegMedia.org, <http://www.pegmedia.org/index.php?q=msvr/showall/86/detail>. If you would like Disabilities Rights Center presents... to be carried by your local public access station, let us know! We can work together to make it happen.

For more information, visit <http://www.drcnh.org/tv.htm> or call Julia Freeman-Woolpert, 1-800-834-1721.

DISABILITIES RIGHTS CENTER, INC.

18 Low Avenue, Concord, NH 03301-4971

Voice and TDD: (603) 228-0432 ♦ 1-800-834-1721 ♦ FAX: (603) 225-2077

TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)

E-mail: advocacy@drcnh.org ♦ Website: www.drcnh.org

"Protection and Advocacy System for New Hampshire"

The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.

INSTITUTE ON DISABILITY/UCED – UNIVERSITY OF NH

10 West Edge Drive, Suite 101, Durham, NH 03824-3522

Phone (Tel/TTY): (603) 862-4320 ♦ Fax: (603) 862-0555 ♦ Website: www.iod.unh.edu

Institute on Disability/UNH – Concord

56 Old Suncook Road, Suite 2

Concord, NH 03301

Phone (Tel/TTY): (603) 228-2084

The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.

NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290

Concord, NH 03301-2451

Phone: (603) 271-3236 ♦ TTY/TDD: 1-800-735-2964 ♦ Website: www.nhddc.org

Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

This publication was supported solely by federal funding from grants from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Centers for Medicare and Medicaid-Real Choice System Change; U.S. Department of Health and Human Services, Administration on Developmental Disabilities and the Health Resources Services Administration; Maternal and Child Health Bureau; Office of Disability Employment Policy; U.S. Department of Education Department of Rehabilitation Services and National Institute on Disability Rehabilitation and Research (NIDRR); US Department of Labor; the Social Security Administration; and a grant from the New Hampshire Bar Foundation.

The contents are solely the responsibility of the grantees and do not necessarily represent the official views of the federal grantors.



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