

RAP Sheet

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

Winter Issue 2010

HEALTH AND WELLNESS



VISITING MY FAVORITE PLANET

Kathy Bates

Welcome to the Winter Issue of the Rap Sheet where we look at health and wellness from both personal and policy perspectives. We hope this issue not only will push you to make good on your New Year's resolution to eat right and exercise more, but also will inspire you to advocate for reforms that ensure all Americans, including people with disabilities, have access to affordable, quality health care.

I can't help but get excited every time we drive into the parking lot and I see the huge purple and yellow sign – Planet Fitness, A Judgment Free Zone.

My favorite part about working out two or three hours a week is that I don't feel disabled at all. I just feel really strong. Sports and competition have always been really important in my family and I have always been the one who was the cheerleader. Weight lifting is fun for me because I finally get to compete, even if it is only with myself.

24476 – I love to say that number sequence, and I say it at least twice a week. This means so much to me

because it represents my Planet Fitness membership. I've always felt welcome by the staff at the gym. They are always happy to see me and whoever is working greets me with, "Hi Kathy, have a great workout!" And I respond, "Thanks, I always do!" Every workout is a good work out. I especially appreciate being at the gym because I have not always had the support I needed to exercise in the way I would like to.

To work out at the gym I've had to overcome four major barriers: transportation, support, accessibility, and expense. I am fortunate that today I am able to participate in the community much more than I did in the past.

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Kathy Bates working out at Planet Fitness.

Diane McBeth

(Cover story continued)

Transportation is no longer a barrier. I work and have my own van, this allows me greater access to all recreational activities, including working out and shopping (my other favorite "sport"). I recognize how lucky I am to have my own vehicle. In New Hampshire, the lack of adequate public transportation hinders full participation and citizenship for many people who experience disabilities.

It can take a lot of support for me to participate in the community. For example, in order to exercise, I need to have someone drive me to Planet Fitness and help set up the machines for my customized weight lifting routine. I also receive support from a gym staff member who assists me to transfer onto the leg press machine.

I love that Planet Fitness has a fully accessible locker room complete with roll-in showers and spacious bathrooms with transfer bars. This level of physical accessibility is rare in many public buildings. With its \$10-\$15 per month general membership fee, Planet Fitness also is affordable for me and for most people.

Believe it or not, there is still one barrier that I have to work on 24/7 and that is finding true acceptance. People still don't recognize that we are all so much more alike than we are different. I have been a member at Planet Fitness for two years and some people still find it difficult to look me in the eye and speak with me directly. They express their curiosity by asking my workout partner questions about me. I always smile and answer their questions as if they actually were talking to me. But perhaps there is a light at the end of the tunnel. The other day a gentleman at the gym who had been guilty of this behavior, smiled directly at me and gave me a great big hello! I thought to myself, thank God for small victories.

Well, all the stars are in alignment, at least for the time being. Now I can finally travel to my favorite planet . . . Planet Fitness that is!

Kathy Bates is owner of Wings and Wheels Consulting Services. She speaks and writes about community involvement and human potential. She can be reached by email at wngsandwheels@comcast.net

In Memoriam

This issue of RAP Sheet is dedicated to the memory of William Charles Tinker of Northfield, NH who died on November 16, 2009. Bill was a tireless activist for the rights of individuals with disabilities and the homeless. He understood the need to be what George Bernard Shaw called the unreasonable man. He embraced the idea that real and lasting change requires the individual to insist that society adapt. When Bill saw an issue, he would use every possible avenue to bring about needed change. He never took no for an answer. Bill Tinker was a true advocate; our world would be a better place if there were more people like him. We mourn his passing and the silencing of his voice.



Julia Freeman-Woolpert

Bill Tinker and DRC Attorney James Fox leave the NH Supreme Court.



HABILITATIVE? – IS THIS THE RIGHT QUESTION FOR CHILDREN?

Michelle Winchester, J.D.

The word “habilitative” has been at the heart of health insurance coverage denials for children with autism. Health insurers typically claim to not cover “habilitative” care and often deny coverage for behavioral therapies as the care is not “rehabilitative.” Insurers describe “habilitative” services as educational or long-term care services, both of which are non-covered services. “Rehabilitative” services are defined as those used to treat a condition that is a result of an injury or illness and are covered services.

The word “habilitative” comes from the Latin verb *habilitare*, to make able to. In turn, “rehabilitative” means to restore ability. In the first instance the ability was not present to begin with and is developed through “habilitative” care. In the second, the ability was lost and is restored through “rehabilitative” care.

“Habilitative” is a word long used in Medicaid home and community-based care programs that have provided long-term care supports to individuals with disabilities since the early 1980s. Examples of habilitative programs include supported employment and day services for adults. Federal Medicaid law defines “habilitative” services as “services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings.” In contrast, “rehabilitative” services are those that reduce a disability and “restore” an individual to his or her best possible functional level. Again, the key distinction is whether the service helps develop a function for the first time or “restores” a function that has been impaired or lost.

It is this distinction that health insurers use to deny behavioral therapies to children with autism. For example, in denying coverage for Applied Behavioral Analysis Therapy (ABA), insurers claim that the service is “habilitative” and does not “restore” a child to a prior level of function. Occupational, physical, or speech therapies also may be denied on this basis. In fact, insurers may even deny coverage

for early intervention services for children with or at risk for developmental delays on the basis that these services are not habilitative.

Federal court in Ohio recently considered this issue when the Parents League for Effective Autism Services challenged a new Ohio Medicaid rule that denied coverage of ABA to children because it did not “restore” functioning. In its opinion ruling in favor of the Parents League, the court stated the obvious:

If the term “restoration of an individual to the best possible functional level” requires that the individual once actually possess the functional level, very few young children could ever receive “rehabilitative services.” Under this definition, for instance, a child born with a disability that prohibited him from learning to walk could not receive rehabilitative services that would help him to walk, because the service would not “restore” him to a best possible functional level. On the other hand, a child who is injured shortly after learning to walk, would be able to receive rehabilitative services that would help him to walk again.

Many states have enacted laws to prohibit insurers from denying coverage for autism treatment based on the “habilitative” argument and they have done so for the same reason given by the Ohio court. In fact, the New Hampshire Legislature is now considering this matter in House Bill 569. In a hearing on this bill, Representative Susi Nord of Candia asked insurers who spoke in opposition to House Bill 569 if they covered the repair of cleft palate. After being assured that they do, Representative Nord also pointed out the obvious – that coverage for this treatment cannot be considered a restoration as the child never had anything but a cleft palate.

Currently, all major federal health reform bills working their way through Congress include habilitative service coverage as a required coverage for health insurance plans. Whether or not this requirement will be part of the final health reform bill and how “habilitative service” ultimately will be defined remains to be seen.

Until then, the questions regarding habilitative service, especially for children, remain –

- ◆ Can you “restore” a condition that was never there?
- ◆ If you cannot “restore” a condition, is it reasonable to deny coverage for treatment when the condition is treatable?
- ◆ If it is reasonable to provide “non-restorative” coverage for treatment of some conditions, but not all, how do you make the distinction on what is covered?

As efforts for health care reform move forward, we hope that these questions will receive thoughtful consideration and that a rational approach to ensuring coverage of services for children with autism and other disabilities will result.

ACCESS TO HEALTHCARE – IT'S YOUR RIGHT

By Cheryl L. Killam, Code and Compliance Specialist, SFC Engineering Partnership

"Do you have an accessible bathroom?" It's a simple request and one would assume that, of all places, a hospital or doctor's office would have accessible bathrooms. Well... A few years ago I underwent an ultra-sound that required having an uncomfortably full bladder. When the test was over, I raced in my wheelchair to the nearest bathroom, only to find that it was not accessible. Ten minutes later, I finally found an accessible bathroom in the hospital's public waiting area. This was an especially unpleasant and embarrassing experience given that I was anxiously waiting to use the bathroom while wearing the typical revealing hospital gown. It's ironic that healthcare facilities are all too often inaccessible to people with disabilities.

By now – twenty years after the passage of the Americans with Disabilities Act [ADA] – you would think that healthcare professionals would have a better understanding of their responsibilities to provide equal access and equal treatment for people with disabilities. As a survivor of polio with a life-long walking disability, I have had more hospitalizations and visits to doctors offices than I care to recall. I'm quite familiar with how this lack of understanding – and non-compliance with the law – can leave persons with disabilities all too aware that they do not have equal access to health care.

When I worked as the Accessibility Specialist for the New Hampshire Governor's Commission on Disability, I regularly received complaints about doctors' offices; these included not being able to get into the building, not being provided assistance onto the examination table, not being treated in a respectful manner, and, for people who are deaf, not being provided with an interpreter. In my current job as the Code and Compliance Specialist for SFC Engineering Partnership, Inc. (an engineering firm that provides consulting services to private, commercial, industrial and municipal clients) I continue to hear about accessibility issues and regularly provide seminars to a wide array of public and private organizations on what it takes to be accessible.

The ADA requires health care professionals to provide a qualified sign-language interpreter for a person who is deaf or an assistive listening device for a person who is hard of hearing, or read information to a person who is blind. Friends and family members are never to be used as interpreters. However, the person with the disability is responsible to provide reasonable notice when requesting an accommodation – about 2 weeks prior to his or her appointment. If the health care provider proves that providing an interpreter or an

assistive listening device would be too expensive or difficult, then an alternative method of communication must be offered.

Health care providers must make reasonable modifications in their policies, practices, and procedures in order to accommodate individuals with disabilities. Allowing service animals to accompany an individual with a disability is one example of modifying a policy, as animals typically are not allowed in medical facilities.

Hospitals, clinics, laboratories, radiological facilities, and doctors' offices must be physically accessible for people with disabilities, regardless of when the facility was constructed. Parking spaces, entrances, intake booths, bathrooms, and exam rooms must be accessible; this includes providing exam tables and patient beds that move up and down for safe transfers. In buildings with stairways, elevators must be provided. Signs must have Braille and raised characters. Alarms that sound with horns or speakers must also have strobe lights, and all bathrooms must be equipped with strobe light alarms.

Physical inaccessibility is only one form of discrimination; discrimination also includes being disrespectful towards the person or treating an adult like a child. As a Rights

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Health And Wellness For People With Serious Mental Illnesses

Louis Josephson, Ph.D., CEO Riverbend Community Mental Health Center

Staying healthy is a challenge for everyone, but for people with a serious mental illness the challenge – and the risks – are much greater.

The facts about the health status of people with serious mental illness are sobering:

- ◆ Adults with serious mental illness die about 20 years earlier than the general population.
- ◆ Premature death is attributable to high rates of co-existing medical disorders and unhealthy behaviors.
- ◆ People with serious mental illness are less physically active than the general population. For example, less than 1/5 of all people with schizophrenia engage in one or more periods of moderate exercise on a weekly basis.
- ◆ Poor dietary behaviors are more common for individuals with serious mental illness as compared to the general population.
- ◆ Metabolic effects of antipsychotic medications contribute to high rates of diabetes, heart disease, and obesity.
- ◆ More people with serious mental illness are obese (47%) compared to the general population (27%).
- ◆ There are high rates of smoking among people with a serious mental illness. Over one half of all cigarettes consumed in the U.S. are used by people with a serious mental illness.

Clearly there are many issues for a person with serious mental illness to consider when choosing a healthier lifestyle. First, the “new” anti-psychotic medications often make people hungry and crave carbohydrates. This causes many people to gain a significant amount of weight. But the “old” anti-psychotic medications had their own risks, causing facial tics and other involuntary movements. When faced with those side effects, many individuals decide to use the newer formulas.

Second, many of those with serious mental illness live on a limited income and cannot afford to join a health club or buy healthier, perishable items like fruits and vegetables at the supermarket.

Third, there is the issue of stigma. Some individuals avoid seeing their doctor or say they do not feel comfortable at gyms and in the community.

So what can be done to improve health for individuals with serious mental illnesses?

Community mental health centers in New Hampshire are replicating a program developed by Monadnock Family Services called “In Shape.” In Shape participants are paired with a “health mentor” who helps them set goals for exercise and healthy eating. Many centers, like Riverbend in Concord, have partnered with their local YMCA to provide low-cost or free memberships. In Shape has worked with the UNH Cooperative Extension to provide cooking classes, shopping classes, and nutritional guidance. The In Shape program at Riverbend is popular and some participants have lost significant amounts of weight even while being on “new” antipsychotic medications. We are finding that with the right supports and encouragement even individuals with serious mental illnesses can live healthier and longer lives.



Members of the In Shape program at the top of Rattlesnake Mountain.

GETTING FIT – FEELING GREAT

By Benjamin Soule

I think the best thing about fitness and good health is how it makes you feel. When you achieve a level of health and wellness you will feel GREAT! Right now, I am in the best shape of my life and I feel stupendous. I wasn't always fit; there was a time when I was overweight and unhealthy.



Rheault Studio

*Ben Soule, West High School 3 Season
Varsity Athlete*

When I was 12 years old I began Special Olympics and learned that sports and competition were a lot of fun. I joined Manchester's Super Duper All Stars, a track and field team that competed in the spring. My events were the 100-meter dash, running long jump, shot put, and turbo-javelin. In the summer I played Special Olympics golf and in the fall Special Olympics volleyball at the Manchester YMCA. During the winter I played Special Olympics basketball for the Manchester Mustangs. I participated in Special Olympics all through middle school. Through Special Olympics I met what I am sure will be many lifelong friends.

After graduating from Parkside Middle School I moved on to West High School (I have been in the autism program at both schools.) In high school I caught my family's condition --the reading bug. My father, mother, and older brother Christopher are all avid readers. Our house is full of books, magazines, and newspapers. I got hooked on J.K. Rowling's "Harry Potter" series and started to read. This was both good and bad, for when I read I like to lie in bed with my book. I started to gain weight.

My participation in Special Olympics gave me the courage and confidence to try high school sports. My father suggested I go out for wrestling. In the winter of my sophomore year at 218 pounds I joined the wrestling team.



IMPROVING DENTAL CARE FOR NEW HAMPSHIRE'S

By Kay E. Drought, Litigation Director, New Hampshire Legal Assistance

Under the federal Medicaid laws, children over the age of one who are eligible for Medicaid must be able to visit a dentist every six months. Regular dental care ensures that children receive regular fluoride treatments and dental sealants and are able to enjoy optimal dental health. Children who do not have regular, or any, dental care, are at risk of progressive dental disease that can lead to pain, missed school days and missed work for their parents, and, in some cases, hospital based extractions. Dental disease in children is more common than asthma or hay fever, and is almost entirely preventable.

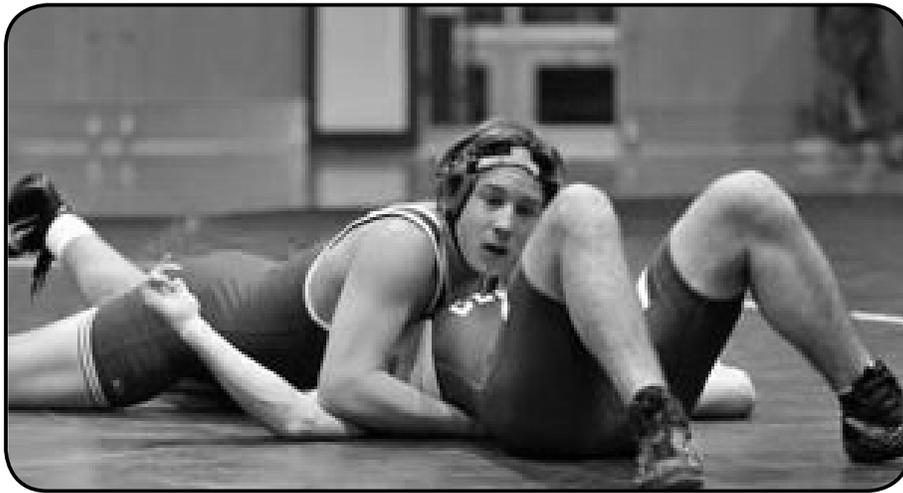
For more than a decade, New Hampshire Legal Assistance (NHLA) has devoted extensive time and resources to a

federal class action lawsuit to improve dental care for well over seventy thousand New Hampshire children who are poor and have disabilities. NHLA first began working on this issue in 1998 when we heard from families of children on Medicaid and community service providers that children could not get dental care through the State's Medicaid program.

In 1999, Cassy Hawkins, a client of NHLA, filed a class action lawsuit (*Hawkins v. Commissioner*) on behalf of what at the time were approximately 50,000 children on Medicaid. In asking deposition questions of the State Medicaid workers responsible for finding dentists for children, NHLA learned that in the entire state there

High school wrestling is one of the hardest sports you can do. There are rigorous conditioning drills including weight lifting, running up and down stairways, wind sprints, and "suicides." The team also does Monkey Rolls and Over and Unders which are funny looking exercises to get us in shape for actual wrestling. In my first season I lost 25 pounds and even won a match. My dad thinks I have the "Autism Advantage," the ability to stay extremely focused on what I am doing. I made many friends on the wrestling team and in the spring decided to try high school track.

I have continued with Special Olympics, but now I am also a three-season high school athlete. In order to be in shape for wrestling, in the fall of my junior year I joined the cross country team. Cross country also helped me in Special Olympics and I now can run the 1500 meter event. In my high school athletic career I have lettered in Wrestling, Spring Track, and Cross Country.



West High School varsity wrestler, Ben Soule, pins an opponent.

This past fall the boys and girls cross country teams trained together and we were like one big happy family. At the West High School Turkey Trot (a two mile run), I was the first senior to cross the finish line! I really enjoy the natural endorphin high that I get from running. I am two pounds shy of wrestling in the 171-pound weight class. I have to watch what I eat, but I'm looking forward to a successful varsity wrestling season.

Again, I FEEL GREAT!

NEEDIEST CHILDREN

was only one dental office, the Greater Nashua Dental Connection, accepting new Medicaid patients. In August 2003, after four and a half years of intensive legal work, our clients reached a settlement agreement with the Commissioner of the New Hampshire Department of Health and Human Services. U.S. District Judge Joseph DiClerico approved the settlement, known as a "Consent Decree" in January 2004.

In the six years since the Consent Decree, NHLA has monitored the New Hampshire Medicaid dental program and has filed two different enforcement motions to bring ongoing problems to the Court's attention. NHLA has argued that the Department has not kept adequate track

of which dentists have openings for new Medicaid patients, that most eligible children still do not receive necessary dental care through the Medicaid program, and that children and families are traveling too far to obtain needed orthodontic care.

We invite families and other interested individuals to contact NHLA paralegal Sarah Burke at 1-800-334-3135, extension 2504 for more information about the Hawkins case and to learn more about how individuals under age 21 who qualify for Medicaid, have a legal right to regular dental care through the State's Medicaid program.





THE STATE OF MENTAL HEALTH SERVICES IN NH

Jay Couture, MHA, Executive Director of Seacoast Mental Health Center;
President of the NH Community Behavioral Health Association

During hard economic times, safeguarding health and wellness is a difficult challenge. As a person who has worked in New Hampshire's community mental health system for more than twenty years I have seen many changes. While some have been for the better, others have increased the fragility of our community based system of care.

On the positive side there are now more treatment and medication choices available to individuals with mental illness. Evidence based practices have been implemented in each of the State's ten Community Mental Health Centers and mental health care providers are building strong partnerships with consumers and other stakeholders to provide the best care possible.

On the other hand, New Hampshire - once recognized as a leader in mental health care - has seen the capacity of its mental health system, at all levels of care, steadily eroding. Inpatient units have been reduced in size or closed completely and funding for community services and supports has been dramatically cut. In the fall of 2008 the Department of Health and Human Services and the New Hampshire Community Behavioral Health Association jointly released a report outlining a Ten-Year Plan to restore our state's community based system of mental health care.

The report's number one priority is the need for adequate housing options to provide more efficient and effective alternatives to inpatient care and to improve quality of life for New Hampshire residents with mental illness. Unfortunately, funding to address this and the other needs identified in the 2008 report were not included in the State's current budget. Instead funding in this fiscal year was cut and, with anticipated shortfalls in State revenues, may be reduced again in January 2010. In the past year alone, New Hampshire has seen three group homes close and Community

Mental Health Centers have been forced to cut or reduce their services. These reductions have had a significantly negative impact on the accessibility and quality of mental health services in our state.

At the same time the State is scaling back funding for mental health services, demand for services is increasing. While the current State budget provided funding for a 1% increase in Medicaid cases seen in the community mental health system, first quarter reports showed the number of Medicaid cases has actually increased by 13%. There also has been a significant increase in the demand for mental health services from individuals whose insurance does not cover all necessary services and from those who have no insurance at all.

The provision of mental health care is likely to have the most positive outcomes and to be most cost effective when appropriate services are provided in a coordinated and timely fashion. The continued erosion of fiscal support for New Hampshire's community based mental health services will lead to more individuals requiring more costly care, including a greater demand for inpatient services.

As a provider system, the Community Mental Health Centers will continue to work with consumers, family members, other providers, State agencies, and one another to maintain what is left of an increasingly frayed and fragile safety net of services. As recent experiences have demonstrated, elimination of services does not eliminate the need for care. We must look for ways to move forward in these challenging times and commit ourselves to implementing the strategies for restoring community based care that are outlined in the Ten-Year Mental Health Plan. If we are to meet the needs of New Hampshire citizens with mental health illness, we must work together to find a sustainable means to cover the cost of care and treatment.

THE PAIN OF SERVICE CUTS

By Julia Freeman-Woolpert, Disabilities Rights Center

"We need to cut his hours down to two hours a day," the woman on the phone told Lisa. "Medicaid only pays for hands-on, in-home care under your supervision. Which two hours a day would work for you?"

This pronouncement was devastating for Lisa Carver and her son Wolfgang, age 14, who at the time was receiving 40 hours a week of care from a licensed nursing assistant (LNA). The care, funded through the Katie Beckett Medicaid program, was delivered by a private agency, Interim HealthCare. There was no way two hours a day would provide Wolfgang with the level of care and supervision that he needed.

Wolfgang is an engaging boy who is interested in science and ecology, especially the weather, which he tracks on TV. He loves art, storytelling, and animals - alligators, caterpillars, frogs, and rabbits in particular. Once a week Wolfgang volunteers at the SPCA where he is in charge of caring for the rabbits.

Wolfgang has Velocardiofacial Syndrome, a genetic disorder that causes multiple disabilities. It affects his heart and causes swallowing difficulties; Wolfgang has a permanent G-tube as he is unable to take food or water orally. He has had three open heart surgeries and been hospitalized 17 times for pneumonia, often the result of aspirated food that he



Lisa Carver and her son Wolfgang.

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Violations Complaint Investigator for Community Development Services of Region VIII [now One Sky], I often read reports about physicians who would completely ignore the patient who has a developmental disability, and communicate only with that person's home care provider or guardian. Under the ADA, people with disabilities must be treated in the same manner as those who do not have disabilities.

Being an advocate for quality health care requires persistence and knowledge. I recently had surgery

to repair a torn rotator cuff in my right shoulder. Despite having been through this surgery before, I had to fight for my right to appropriate health care every step of the way, from booking the surgery, to being referred to the rehab hospital of my choice, processing paperwork for short-term disability benefits, and finally, arranging in-home and outpatient services. Too many of the health care professionals I dealt with were lacking in knowledge about people with disabilities, resulting in an exhausting experience.

As people with disabilities become more active in their communities and are more persistent in their right to equal treatment, access to health care is slowly improving. However, we still have a long ways to go. It would help if continuing educational requirements for health care personnel included annual training in disability awareness and ADA updates. Only through self-advocacy and education will the barriers to equal treatment and equal access finally be removed.





HAVE YOU, OR SOMEONE YOU KNOW, HAD TROUBLE

By Amy Messer, Legal Director, Disabilities Rights Center.

Medicaid Waiver programs are designed to provide essential supports and services to individuals with disabilities that will allow them to remain in their homes, rather than having to go into an institutional setting to receive needed care. Medicaid is a federally funded health insurance program that is available to certain low-income individuals and families who fit into a designated eligibility group. Each state sets its own guidelines regarding eligibility and services. In New Hampshire, Medicaid is administered by the State's Department of Health and Human Services (DHHS). At times people who are having difficulty applying for Medicaid Waiver programs have contacted the Disabilities Rights Center. Typically, they are seeking help because either their applications were not accepted or were not processed by DHHS. It is important to know that if you wish to apply for any or all of the Medicaid Waiver programs, the Department must allow you to make an application, must process that application, and must provide you with written notice regarding their decision on your eligibility.

What Are Waiver Programs And Can I Be Eligible For More Than One?

Medicaid Home and Community-Based Care Waivers (sometimes referred to as Community Care Waivers) are programs that allow certain Medicaid rules to be waived. Under a Waiver program Medicaid will pay for supports and services in community settings that normally would only be paid for by Medicaid if they were provided in an institution or intermediate care facility. Depending

upon the Waiver program, these services may include: home care, care management, transportation assistance, personal care, day programs, supported employment, environmental modifications, residential care, and other services to allow individuals to remain in their homes and communities. New Hampshire has three separate Waiver programs for specific groups of adults; elderly and chronically ill individuals are served under the CFI Waiver (formerly known as the ECI Waiver), individuals with developmental disabilities under the DD Waiver, and persons with acquired brain disorders under the ABD Waiver.

Many people assume that an individual can be eligible for only one of the Medicaid Waiver programs. This is not so. An individual can qualify for more than one Waiver. For example, a person with a brain injury who needs a skilled nursing level of care and who also meets the criteria for the CFI Waiver may be eligible for both the CFI and ABD Waiver programs. Similarly, an individual with a developmental disability may be eligible for both the CFI and the DD Waivers.

The eligibility criteria and services are different for each of the three Waiver programs; in addition, the availability of assistance will vary. Therefore, individuals seeking Waiver services should consider whether they may be eligible under more than one Waiver program and should determine which Waiver service package(s) would be most appropriate for them. Additionally, applicants should consider that there might be a wait list for one

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Patty Cotton, IOD/UCED, UNH (2003) 212 pages

A manual for people interested in offering facilitation services to guide individuals, families, and teams through the person-centered planning process. This manual includes an essential overview of person-centered planning, as well as step-by-step methods, and tools.

APPLYING FOR MEDICAID WAIVER SERVICES?

Waiver program, but not for another. Applicants may contact their local Area Agency or the Bureau of Developmental Services at the New Hampshire Department of Health and Human Services to find out the types of services available under the DD or ABD Waivers and to inquire about the status of the wait list for these programs. Questions about wait lists and available services for the CFI Waiver should be directed to Servicelink or the Bureau of Elderly and Adult Services at the Department of Health and Human Services. Even if there is a wait list for the program that you believe you or your family member may be eligible for, do not be discouraged from applying. Depending upon the individual circumstances, as well as new laws in place, individuals can move off of the wait list and receive services in a timely way. The agencies listed below that are responsible for accepting applications should also be assisting people in completing their applications.

While federal law does not permit an individual to be served by more than one Waiver program at a time, an individual does have the right to apply to any one or all of the Waiver programs. Individuals who are found eligible for more than one Waiver program have the right to decide which Waiver they would like to be served under. Additionally, an individual may be served on one of the Waiver programs while being on a waiting list for another. For example, an applicant whose needs may best be met by the ABD Waiver may be determined eligible

for both the CFI and ABD Waiver programs; if the ABD Waiver has a wait list, the individual may be served on the CFI Waiver until he or she is able to move onto the ABD Waiver.

How Can I Apply to the Waiver Programs?

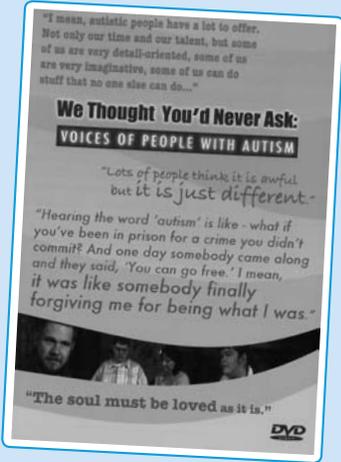
The Bureau of Elderly and Adult Services in the New Hampshire Department of Health and Human Services manages the CFI Waiver; to apply for this Waiver you should contact the DHHS District Office or Servicelink in your area. The Department's Bureau of Developmental Services manages the ABD and DD Waivers; to apply for these Waivers you should contact the Area Agency in your region. Information on the locations of the Area Agencies and District Offices can be found on the DHHS website at www.dhhs.state.nh.us. Again, the Department of Health and Human Services must review your application(s) to determine whether or not you are eligible for the Waiver program(s). If you are denied eligibility, DHHS must notify you about their decision in writing, the reasons for the denial, and inform you of your right to appeal that determination.

If you would like more information regarding your rights to these services, or if you have been denied the opportunity to apply for a Waiver program or your application has not been processed, please contact the Disabilities Rights Center at 1-800-834-1721 (voice or TTY). For more information you can also visit our website at www.drcnh.org.

WE THOUGHT YOU'D NEVER ASK: VOICES OF PEOPLE WITH AUTISM (DVD) - \$19.00

Paula Kluth, John Hussman, Beret Strong, & John Tweedy (2009)
DVD, 28 minutes

In this revealing documentary six adults with autism labels address questions such as 'What is autism?' - 'What is good about autism?' - 'What is hard about autism?' - 'What is support?' Their answers are touching, revealing, and often unexpected. They offer compelling and, at times humorous, perspectives on a range of issues including sensory problems, communication needs, and the celebration of diversity. The documentary underlines why it is so important to listen to the "real experts" on autism.





HEALTH CARE REFORM HAS SIGNIFICANT PROPOSALS FOR

Clyde Terry, Esq., Executive Director, Granite State Independent Living

For the past year, health care reform has been the subject of much clamor and controversy in Washington. Health care reform is especially critical for individuals with disabilities and current reform measures include provisions that if enacted would have a profound impact on improving the health and wellness of persons with disabilities. Two provisions frequently covered by the media are the prohibition against denying insurance coverage for a preexisting health condition and improving the affordability of health care. Getting far less media attention, are two provisions that would have an enormous impact on persons who have

significant disabilities. The Community First Choice Act (CFC) would expand opportunities for persons with severe disabilities to live in community, rather than institutional, settings and the CLASS Act would make long-term care insurance affordable for citizens.

Community First Choice (CFC) Medicaid State Option

The Community First Choice Act (CFC), an option that states could include in their Medicaid State Plan, would provide Medicaid coverage for community-based services

The Current State of Health Care for People with Disabilities, a report from the National Council on Disability (NCD) was released on September 30, 2009. The report calls for immediate health care reform for people with disabilities. It highlights the health care disparities experienced by people with disabilities, provides a road map for eliminating the pervasive barriers to health care for people with disabilities, and makes recommendations to eliminate health care inequities.

Key findings include:

- ◆ *People with disabilities experience significant health disparities and barriers to health care, as compared with people who do not have disabilities.*
- ◆ *People with disabilities frequently lack either health insurance or coverage for necessary services, such as specialty care, long-term services, prescription medications, durable medical equipment, and assistive technologies.*
- ◆ *Most federally funded health disparities research does not recognize and include people with disabilities as a disparity population.*
- ◆ *The absence of professional training on disability competency issues for health care practitioners is one of the most significant barriers preventing people with disabilities from receiving appropriate and effective health care.*
- ◆ *The Americans with Disabilities Act (ADA) has had limited impact on how health care is delivered for people with disabilities. Significant architectural and programmatic accessibility barriers still remain, and health care providers continue to lack awareness about steps they are required to take to ensure that patients with disabilities have access to appropriate, culturally competent care.*

Key recommendations include:

- ◆ *Amend the Minority Health and Health Disparities Research and Education Act to broaden the definition of "health disparity population."*
- ◆ *Establish a technical assistance system through which states, health plans, clinics, hospitals, diagnostic and treatment centers, individual medical practitioners, equipment manufacturers, people with disabilities, and others can easily obtain centralized information on universal standards of care and related practical resources for ensuring full access to culturally competent health care services for people with disabilities.*
- ◆ *Step up monitoring and enforcement of the ADA and Section 504 of the 1973 Rehabilitation Act for health care facilities and programs.*
- ◆ *Ensure that reform of the health care system responds to the basic needs of people with disabilities by making certain that health care coverage is available and affordable to all people with disabilities without pre-existing condition limitations.*

More information about the NCD report can be found online at <http://www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html>

THE HEALTH AND WELLNESS OF PERSONS WITH DISABILITIES

for individuals with disabilities who are eligible for, or currently living, in nursing homes or other institutions. (CFC supports the United States Supreme Court's 1999 decision in *Olmstead v. L.C.* that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities.) CFC also would help address state waiting lists for services by providing access to community-based benefits within Medicaid. This option would not allow caps on the number of individuals served, nor permit waiting lists for these services.

Summary of Provisions in the Community First Choice Act

- ◆ Amend Medicaid to allow state Medicaid plans to cover community-based attendant services and supports for certain Medicaid-eligible individuals.
- ◆ Offer Medicaid coverage for services to assist individuals with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks. Services include assisting the individual to accomplish tasks for him/herself, providing back-up systems of care, and training on how to select and manage personal care attendants. Certain items that would be excluded under CFC include room and board, services provided under IDEA and the Rehabilitation Act, assistive technology devices and services, durable medical equipment, and home modifications.
- ◆ Services under CFC must be: 1) provided in a home or community setting based on a written plan; 2) available statewide and provided in the most integrated setting appropriate for the individual; and 3) provided regardless of the person's age, disability, or type of services needed.
- ◆ States adopting CFC will establish and maintain a comprehensive, continuous quality assurance system, including: 1) development of requirements for service delivery models; 2) quality assurance to maximize consumer independence and consumer control; and 3) external monitoring.

- ◆ Service delivery models must include both those that are consumer directed and agency-based, and comply with all federal and state labor laws.
- ◆ States will establish a Development and Implementation Council to work with the state in developing and implementing the State plan amendment necessary to provide the services. The majority of Council members must be individuals with disabilities, elderly, or representatives of such individuals.
- ◆ CFC services will not affect the states' ability to provide such services under other Medicaid provisions.

Making CFC available in New Hampshire will require a united advocacy effort by the disability community to persuade our State legislature to adopt this federal option.

The CLASS Act

The CLASS Act is a national, voluntary government-run long-term care insurance program that would cover the expenses of home and community-based care for older individuals and those with disabilities. Currently only about six percent of Americans have long-term care insurance. The program will provide beneficiaries who have functional limitations the ability to purchase the non-medical services and supports necessary to live in a community residence. Examples of these include housing modifications, assistive technologies, personal assistance services, and transportation.

Summary of Provisions in the CLASS Act

- ◆ The program is financed through monthly premiums paid by voluntary payroll deductions. Working adults will be automatically enrolled in the program, unless they choose to opt-out. If an employer chooses not to participate in the program, a working adult can enroll by another mechanism set up by the United States Secretary of Health and Human Services.
- ◆ Premium payments will be placed in a "Life Independence Account" on behalf of each eligible beneficiary and managed by the United States Department of Health and Human Services (DHHS) as a new insurance program.

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has ingested when no one was watching. His frequent bouts of pneumonia have left him with diminished lung capacity. Wolfgang also has a cognitive impairment, learning difficulties, and mental health problems.

His mother said she should have known the call was coming. For seven years Wolfgang has received good care through Interim. Having 40 hours of care a week enabled Lisa to effectively manage her son's multiple conditions and helped him to stay healthier and enjoy a good quality of life. A year ago, things started to change. The agency had assigned the family a new visiting nurse supervisor and "Louise" set about establishing a new order with more rules. Lisa found that Louise was set on finding ways to curtail services and there were frequent visits to check on whether any rules were being broken. "I felt like I was always doing something wrong," Lisa said.

Case in point. It's especially important for Wolfgang to stay active to promote both his physical and mental well-being. His doctor has prescribed, in writing, that Wolfgang take regular hour long walks. Louise decided that this would have to change. She told Lisa that because the agency's caregivers needed to be able to call 911 and that the walks now had to be confined to the family's small yard and must be limited to 20 minutes or less. Louise made a supervisory visit and "caught" Wolfgang and an interim aide, who was unaware of all the new rules, in the act of taking a long walk.

Following up on her visit, Louise telephoned Lisa and announced that Wolfgang's services would be cut to two hours a day – immediately. She went on to say, "There's no appeal. My supervisor and I had a meeting and made the decision."

Lisa called the supervisor and offered to provide a letter from Medicaid and from Wolfgang's pediatrician documenting the level of care that her son requires. The supervisor replied, "I've already made the determination. I make the determination, not Medicaid." Lisa requested

that the supervisor put this decision in writing and state the reasons that her son's services were being cut. The family never received a response from the agency.

The scheduled two hours every day soon dwindled to only two hours a few days a week. Without adequate support, Wolfgang's health deteriorated. He aspirated food and became ill with pneumonia. While he was sick a new aide from Interim came to care for Wolfgang. The aide was scheduled to give him a bath, but Wolfgang, who had a 103 fever, resisted and Lisa and the aide decided not to push it. The aide stayed with Wolfgang and spent the time talking with him. When Louise found out about this change in plans she placed another telephone call. She informed Lisa, "You are not following procedure. We are going to have to have a face-to-face meeting about you continuing to disregard the home healthcare routines I set up and whether Wolfgang needs to lose more hours." This was the last straw.

Lisa began to look into other arrangements for her son's care. Throughout the family's ordeal, Lisa had been in communication with Wolfgang's service coordinator at Community Partners, the Area Agency serving Strafford County. Community Partners worked with Lisa to arrange for other caregivers. Wolfgang will no longer receive LNA care from Interim; his support services are now provided through the Area Agency.

Lisa is grateful Community Partners was able to make services available so quickly, though it has been a challenge to find enough providers for the number of hours of care that Wolfgang needs. "It is difficult to find people willing and able to care for a physically and behaviorally disabled 100-pound teenager," said Lisa. "I am told that most families have trouble finding any caregivers at all!"

If you are having a problem with service reductions or terminations and you want to speak with an advocate, call the Disabilities Rights Center at 1-800-834-1721.

Interim Healthcare did not return our phone call for this story.

13 YEARS AND COUNTING

Marlyn Curtin

In January my daughter Jocelyn and I started our 13th season skiing with Ability Plus, the adaptive sports program at Waterville Valley. Jocelyn had tried adaptive skiing a few times when she was in high school and seemed to like it. When she graduated and we were considering how Jocelyn would be filling her days, it seemed like a good plan to have one day when we would hang out at the mountain and ski.

We are a hockey family and our weekends have always been busy, but Jocelyn had plenty of free time during the week. I made arrangements to take every Wednesday off from work from January through March to go skiing with Jocelyn. When we first began with Ability Plus, I became trained as an adaptive instructor. Bi-ski students usually have at two to three instructors and I figured if I was an instructor Jocelyn would be guaranteed to have half her team available.

Spending time at Waterville has far surpassed our initial expectations. While skiing has been a great way to enjoy the long, cold, New Hampshire winters, it has also given us the opportunity to meet many wonderful people. We usually ski with the same people and all have lunch together. Jocelyn has made good friends both in the adaptive ski program, as well as on the mountain. Over the years, Jim, Silke, Erin, Tony, Carl, and Clifford have become the friends who we look forward to seeing each week.

Several years ago Jocelyn was able to purchase her own ski equipment from a young woman who had outgrown hers. Friends from the mountain made modifications so the bi-ski fit Jocelyn better; Bob modified the seat and later Carl added a headrest and a rollbar. Carl who has become a good ski buddy also made Jocelyn a custom wheelchair accessible bicycle so she could stay active and enjoy the sensation of speed once ski season is over.

At Waterville Jocelyn loves going fast with the wind in her face. She doesn't like if we stop, as I may get talking with someone. So while we are on the mountain we ski directly from the top to bottom and get right back on the lift. I honestly do not know who has more fun, Jocelyn or I. My skiing has greatly improved with all the practice she gives me.

Wintertime can be very isolating here in New Hampshire, especially if you use a wheelchair. The snow and slush make it pretty difficult to get around. Fortunately, we have found that Waterville Valley Ski area and other mountains with adaptive programs are very accessible. At Waterville there is accessible parking, automatic door openers, handicap accessible bathrooms, and an elevator to the cafeteria and main lodge. Adaptive equipment makes it possible for anyone to ski and the instructors are the best. They provide excellent instruction and as much support as needed, including great moral support.

The goal for most students in adaptive ski programs is to learn to ski as independently as possible. However, whether a person ever skis independently or not, the goal for everyone is to have as much fun as possible.



Tony Fallon

Jocelyn and Marlyn Curtin stop to talk with a friend on the slopes at Waterville Valley.

With adaptive skiing and the friends we've made on the mountain, Jocelyn and I actually have something to look forward to in the wintertime. We hope that others who are looking for something fun to do this winter, will try one of New Hampshire's many adaptive ski programs.

In New Hampshire Attitash, Bretton Woods, Crotched Mountain, Gunstock, Loon, Sunapee, and Waterville ski areas all host adaptive ski programs.

For more information about Ability Plus visit their website at <http://www.abilityplus.org/>



THE MEDICAL HOME FOR ALL – ALL CITIZENS, AGES, AND NEEDS

By Jeanne W. McAllister, Director, Center for Medical Home Improvement (CMHI), Crocheted Mountain Foundation

What is a medical home? At the Center for Medical Home Improvement (CMHI) we often hear this question. Recently, people seeking access to high quality health care are becoming more familiar with the medical home concept. The medical home was first developed to care for children and youth with special health care needs, it is now seen as a vital part of health care reform for all people. CMHI defines the medical home as a community-based primary care setting which provides and coordinates high quality, planned, patient and family-centered health promotion, acute illness care, and chronic condition management across the lifespan. Care in a medical home is rewarding for clinical teams to provide and satisfying for patients and families to receive.

Health professionals, patients, and families all benefit from a clear understanding of the medical home. In the last few years we have seen a growing number of doctors, nurses, and health professionals working to improve the quality of primary care; many are making a conscious effort to develop a medical home. They are accomplishing this through collaborative partnerships with patients, families, and their communities. While the medical home concept is gaining ground, many people are still unclear about what a medical home really is. To help clarify this, we would like to share one family's experience with you.

First meet Kate Potts, one of three children. Kate and her family recently moved to New Hampshire from Ohio. Kate

is a fifth grader whose favorite hobby is shaping clay into expressive small animals; she has even sold some of her creations at craft fairs. Kate has a number of special health care needs, including both a chronic health condition and a disability. In Ohio the family's doctor had cared for Kate since birth. Not everything was perfect, but her doctor knew the entire family and understood Kate's particular needs. Her parents worried about finding a new doctor – someone knowledgeable about the kinds of special needs affecting Kate – who could partner with them in making sure that their daughter received the best possible care.

Fortunately, the family found Maple Tree Health, a primary care practice and medical home. Prior to her first office visit the clinical team (the primary care physician, nurse practitioner, care coordinator, and office staff) that would be working with Kate and her family had already reviewed Kate's medical records and history. The team welcomed the family and put them at ease. During this first meeting, team members spent time getting to know Kate and her family. They asked Kate about her interests and talked with Kate and her parents about her strengths, needs, and health care goals. The care coordinator documented this information to include in Kate's records. Each team member spoke directly to Kate and she was encouraged to ask questions. They talked with Kate about what she could do to take more responsibility for her daily care. The care coordinator explained that she also would be helping to oversee and coordinate Kate's specialty care with her

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- ◆ Benefits would be paid out of a trust fund consisting of enrollees' premiums and interest earned on its balances. The Secretary of DHHS will determine monthly premium amounts with respect to maintaining 75-year program solvency. Those with incomes below the poverty level and full-time students would pay nominal premiums.
- ◆ To qualify for benefits, individuals must be at least 18 years old and have contributed monthly premiums to the program for at least five years. Eligibility for benefits will be determined by state disability determination centers and will be limited to: 1) individuals who are unable to perform two or more activities of daily

living (e.g. eating, bathing, dressing, transferring), or 2) individuals who have an equivalent cognitive disability (e.g. traumatic brain injury, Alzheimer's disease, multiple sclerosis, mental retardation) that requires supervision or hands-on assistance to perform ADL activities.

- ◆ People receive benefits when they present a functional limitation that is expected to last for a continuous period of more than 90 days.

For more information about the Community First Choice Act and CLASS ACT visit the National Council for Independent Living Web site at www.NCIL.org.

medical home. She scheduled a follow-up visit with Kate and her family to provide additional information and to connect them with local resources to meet Kate's needs. The family was especially grateful when the coordinator offered to speak with the teachers and therapists at Kate's new school to explain Kate's health care needs and to answer any questions that they might have.

Maple Tree Health also worked with Kate and her family to build a comprehensive care plan that detailed all summary information, emergency needs, and current actions. The family's experience of care has been one of being truly listened to and included in decisions; it has provided them with a growing sense of safety in their new community. The team calls their practice a "family-centered medical home," the Potts call it, "just what our family needs and values – planned, thoroughly coordinated, and continuously friendly care."

Kate's grandparents live in the same community and also use Maple Tree Health. The practice has been a key resource in helping them stay active and well while they manage aging and chronic health conditions. They are well known to the practice and are on a list to be regularly notified about flu shots and checked for other medical monitoring. When the practice received a note from the pharmacist that they had not filled their recent prescriptions, their care coordinator (a known and trusted figure) gave them a call to find out what was happening. She

learned that they were reducing their medication dosages and doubling up on common meds in order to save money. The care coordinator spoke with them about the critical importance of maintaining appropriate medication levels and helped them find a source for less expensive medications. Her involvement not only saved additional office visits, it most likely prevented an emergency room visit or hospitalization.

As purchasers of health care, patients have the power to expect a high quality medical home. In addition to committing to a healthy lifestyle, individuals can improve their primary care by preparing for visits, setting personal goals, recording results in a journal, asking for and using a written care plan, and working with their medical home team to ensure good communication with other health care providers.

Hopefully, in the not too distant future, we will see an increasing number of primary care practices that are well supported to provide exemplary care within a high quality patient and family-centered medical home. To this end, the Center for Medical Home Improvement is working locally and nationally to help primary care practices and networks to fully develop as high quality medical homes. CMHI also is committed to bringing about the policy changes that are critical to improving primary care. For additional information about the medical home and CMHI services please visit our website at: www.medicalhomeimprovement.org.

IOD POSTERS – \$5.00

Choose from a variety of posters featuring original artwork coupled with an inspirational quote that reflects the IOD values of equity and community inclusion.

For these and other items visit the IOD Bookstore at <http://www.iodbookstore.com/>



STAYING ACTIVE AND HAVING FUN THROUGH THE WINTER MONTHS

Jennifer Frye, MS, CTRS/L, Program Specialist Northeast Passage

Getting healthy and exercising more is at the top of New Year's Resolution lists across the world. Yet as winter rolls on, it may seem that the odds are against you getting out and participating in adequate exercise. For some a traditional gym can be inaccessible, too far from home, or too expensive. In addition, the cold, snow, ice, and short days make it tempting to stay inside and hibernate until warmer weather arrives.

However, you don't have to stay inside in front of the television with the blues during the winter months. There are plenty of winter recreation opportunities that are free, fun, and family oriented. Be creative, dress appropriately for the weather, and you'll find plenty of activities to keep you moving.

Close to Home: Some active recreational opportunities you can do in your own yard include making a snowman, sledding, building a snow fort, or waging a good old-fashioned snowball fight. These are all free and you just have to step outside your own front door to participate.

Take a Hike: Snowshoe into the woods to look for animal tracks, go birding, or simply get outside and enjoy the beauty of a winter day. Helpful equipment for a winter hike includes walking poles, snowshoes, or crampons (these slip over your shoes and have metal spikes to provide traction in the snow and ice).

Winter Geocaching: Geocaching is a worldwide treasure hunt in which participants use a GPS to find treasures hidden in waterproof containers. Many geocaches are "snow-friendly" and some are actually easier to locate in the winter. For more information visit www.geocaching.com.

Get out on the Ice: Enjoy free ice skating or a pick up hockey on New Hampshire's frozen lakes and ponds. If you have limited mobility and need special equipment Northeast Passage at www.nepassage.org or (603) 862-0070 can help you get on the ice.



Cross country skiers stopping for a break on the trail.

Northeast Passage file photo

Join a Team: Northeast Passage also provides lots of opportunities for participating in winter activities with other people. Join them for sled hockey ("sit down" hockey that can be adapted for most disabilities), wheelchair court sports, quad rugby, power soccer (for power chair users), and a variety of other team activities. Northeast Passage also has hundreds of pieces of equipment available to rent and use on your own. Visit www.nepassage.org for details or call the office at (603) 862-0070.

Hit the Slopes: Most New Hampshire ski areas now have adaptive ski programs where you can learn to alpine ski, snowboard, snowshoe, and cross-country ski. Most programs provide equipment and instruction for people with disabilities at low cost. Check out www.abilityplus.org and www.nehsa.org for information on ski programs near you.

Ice Fishing: The Let's Go Fishing program is part of the New Hampshire Fish and Game Department's Aquatic Resources Education Program. For more information on ice fishing courses and events, call (603) 271-3212 or email aquatic-ed@wildlife.nh.gov, or go to http://www.wildlife.state.nh.us/Fishing/lets_go_fishing_class_schedule.htm

Snowmobiling: The New Hampshire Fish & Game Department hosts Snowmobile Safety and Education courses at locations throughout the state. Check out their website for information and course schedule at <http://www.wildlife.state.nh.us/OHRV/ohrv.htm>.

Most importantly, be creative. There are lots of ways to beat the winter blues, stay active, and keep moving forward towards a healthier lifestyle in the New Year.



USING CRANIOSACRAL THERAPY TO RESTORE BALANCE

Karen T. Arnold, MS, OTR, Concord High School

There are many ways to take care of yourself including getting enough sleep, having a nutritious diet, exercising, and maintaining work life balance. Part of taking care of yourself includes listening to what your body is telling you.

Every day our body endure stresses and strains that can cause tissues to tighten and impact the body's ability to function properly. There are many therapy techniques and movement routines that people use to help them stay healthy, relieve pain and discomfort, and improve physical performance. Yoga and Tai Chi are examples of mindful exercise routines to help the body stay healthy. Hands-on techniques include massage therapy, physical therapy, occupational therapy, Reiki, and CranioSacral therapy.

As an occupational therapist who has worked for twenty-seven years with people who have developmental disabilities, I have used a variety of hands-on therapies. I have found CranioSacral therapy (CST) to be particularly effective. CST is a non-invasive technique that uses gentle touching to release tensions deep in the body by restoring balance to the craniosacral system (the fluid, membranes, and tissues surrounding the spinal cord and brain). CST was pioneered and developed by osteopathic physician John E. Upledger while he was a professor of biomechanics at Michigan State University. CranioSacral therapy may be used in a variety of settings to treat a range of conditions. CST sessions range from fifteen minutes to an hour, people are fully clothed, and may be sitting or reclining. In my experience, weekly CST sessions help to sustain balance, some people will require fewer sessions.

The body's ability to function properly depends upon the healthy performance of the central nervous system. A CST practitioner evaluates the craniosacral system by gently feeling various locations of the body to test for the ease of motion and rhythm of the cerebrospinal fluid. Then using a soft touch, generally no greater than 5 grams – about the weight of a nickel – CST practitioners release restrictions in the soft tissues that surround the central nervous system.

I have found that CranioSacral therapy helps to alleviate a wide variety of dysfunctions. The students I have worked with report that CST helps them to have a better understanding of what their body is telling them. They are able to ground themselves better and sustain self-regulation, helping them to focus on learning, improve organizational skills, and increasing their overall independence. Other benefits include sleeping through the night, reduced teeth grinding, better digestive regulation, more control in coordinating swallowing and breathing, overall body stillness, and increased control over postural tone.

There are certain situations where CST would not be recommended. These include conditions where a variation and/or slight increase in intracranial pressure would cause instability, for example, acute aneurysm, cerebral hemorrhage, or other bleeding disorders are conditions that could be adversely affected by small intracranial pressure changes.

For more information about CST please visit The Upledger Institute website at www.upledger.com.

NUTRITION CONNECTIONS: WE CONNECT WITH YOU

Debbie Luppold, Extension Professor/Specialist, UNH Cooperative Extension-Merrimack County

No matter where you are in your life, improving your nutrition and level of physical activity can have a positive impact on your health. You'll feel better, and your mood will improve.

It is hard to make big changes in your life, so start small. Succeeding at making small changes will help motivate you to take the next step.

A part of the University of New Hampshire Cooperative Extension since 1979, the Nutrition Connections Program teaches adults, families and youth in all 10 counties about healthy eating, the importance of physical activity, how to save money at the grocery store, and how to keep food safe. The program, which offers one-to-one instruction, a home-study course, and small group workshops is open to anyone who meets our income guidelines.

Making small changes can be easy – Here are some tips to get you started.

- ◆ Walk more. Walking is a great way to be more active. If walking is not possible, try water exercises in a pool, chair exercises, or lifting small weights.
- ◆ Find an exercise that works for you and stick with it. Ten minutes a few times a day can add up quickly.
- ◆ Switch to 2% milk; if you already drink 2% go to 1% or fat-free. You'll lose the calories, but none of the nutritional value.
- ◆ Read food labels. Look at the differences between two or three loaves of bread or kinds of cereal. Pick the one you usually buy and see if you can find another one with more whole grain, more fiber, or less sugar or high-fructose corn syrup.
- ◆ Try the store brand instead of the name brand. It's usually cheaper.
- ◆ Don't shop when you are hungry. Most people spend more if they are hungry.
- ◆ Add veggie toppings – mushrooms, green peppers, broccoli, onions – to your pizza instead of meat.
- ◆ Choose whole fruits instead of juice to get more fiber.
- ◆ Wash your hands often, especially after handling raw meats and poultry.

- ◆ Don't cut raw meats and poultry on the same cutting board you use for vegetables, fruits, and other food.

Nutrition Connections can be a great resource for people with disabilities. Here are some examples of ways the program has been helpful.

- ◆ After his mother died, John, who has learning disabilities, needed help learning how to cook simple meals and how to stretch his money at the grocery store. Working with a Nutrition Connections educator, John is learning a little at a time and can now make a few easily prepared dishes. When he goes shopping he reads food labels and buys more fruits and vegetables, an important key to improving and maintaining his overall health.
- ◆ Roger has a medical condition that requires him to be careful about what he eats. Nutrition Connections educator Elizabeth Martin worked with him in his home on how to maintain a healthy diet. Roger talked with Martin about his experience, "I learned the difference between foods. I read labels for sodium, fat, and fiber. I measure my foods and try to eat smaller portions. I buy in bulk now. I read the sales flyers and shop where I can find best price. I spend less on food now. I enjoy working with you and learn a lot. I have a mental disability, so I have trouble catching on and need to repeat things several times. You let me repeat the recipe until I can do it on my own."
- ◆ A small group of adults with developmental disabilities is working with Nutrition Connections in Cheshire County to learn how to prepare simple recipes that they can cook for themselves at home. The group has had fun learning together and has been supportive of one another in trying new foods.

To contact the Nutrition Connections Program in your area, call:

Belknap County	527-5475
Carroll County	447-3834
Cheshire County	352-4550
Coos County	788-4961
Grafton County	787-6944
Hillsborough County	641-6060
Merrimack County	796-2151
Rockingham County	679-5616
Strafford County	749-4445
Sullivan County	863-9200

Health and Wellness Resources

Ability Plus, Inc.

Offers winter adaptive ski programs at Attitash, Bretton Woods, and Waterville Valley.

PO Box 253
Waterville Valley NH 03215
Phone: (603) 236-4758
Fax: (603) 236-4250
Email: kcability@comcast.net
Web site: www.abilityplus.org

Center for Medical Home Improvement

The mission of the Center for Medical Home Improvement (CMHI) is to promote high quality primary care in the medical home and secure health policy changes critical to the future of primary care.

18 Low Avenue, STE. 1
Concord, NH 03301
Phone: (603) 228-8111
<http://www.medicalhomeimprovement.org/>

DeafMD.org

Bridging Medicine and the Deaf World: A website to provide clear and concise health education in American Sign Language to promote the overall wellness of the Deaf and Hard of Hearing community.

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

National Alliance on Mental Illness New Hampshire (NAMI-NH)

NAMI New Hampshire has information and resources on integrated health care, a system of health care in which both mental and physical problems and disorders are treated simultaneously.

15 Green Street, Concord, NH 03301
(603) 225-5359 or (800) 242-6264
info@naminh.org
<http://naminh.org/resources-integrated-health-care.php>

The National Center on Physical Activity and Disability

Do you have questions regarding physical activity and disability? They offer a free information service on a wide area of topics related to physical activity, fitness, recreation, sports, and disability and chronic conditions.

1640 W. Roosevelt Road
Chicago, IL 60608-6904
(800) 900-8086
ncpad@uic.edu
<http://www.ncpad.org/>

New Hampshire Medication Bridge Program

An initiative to help low-income persons access needed medications from pharmaceutical companies from:

The Foundation For Healthy Communities
125 Airport Road Concord, NH 03301
Contact: Bernie Cameron at bcameron@healthynh.com.
<http://www.healthynh.com/fhc/initiatives/access/medicationbridge.php>

New England Handicapped Sports Association (NEHSA)

PO Box 2135
Newbury, NH 03255-2135
Contact: Tom Kersey (603) 763-9158
Email: tom.kersey@nehsa.org
Web Site: www.nehsa.org

Northeast Passage

Northeast Passage is a nationally recognized leader in the provision of innovative therapeutic recreation services. Northeast Passage delivers disability-related health promotion and adapted sports programs throughout New England.

Hewitt Hall
4 Library Way
Durham, NH 03824
Phone: (603) 862-0070
Fax: (603) 862-2722
Email: northeast.passage@unh.edu
Web Site: www.nepassage.org

Rehabilitation Research and Training Center on Health and Wellness

They promote the health and wellness of people with disabilities through research, training, technical assistance and dissemination.

3181 S.W. Sam Jackson Park Rd.
Portland, Oregon 97239-3098
(503) 494-8311
<http://www.ohsu.edu/oidd/rrtc/>



2010 Research to Practice Series -The Pathway from High School to a Career: Promising Strategies, Supports and Partnerships in Secondary Transition –

This series focuses on strategies for developing effective, outcome-based educational experiences that promote the successful transition of students with disabilities and students at risk to post-secondary educational or employment options. Presented in collaboration with NH RESPONDS.

Remaining Sessions:

- March 1, 2010: *Employment Sector Job Training Programs for Young Adults*
Time: 9am-12:30pm
Registration Fee: \$30
Presenters: Heidi Wyman, Jennifer LeDuc Cusato, and Emily Manire
- April 15, 2010: *Assistive Technology and Transition*
Time: 9am-3pm
Registration Fee: \$75
Presenter: Therese Willkomm, Ph.D.
- May 13, 2010: *High School is Transition: A Framework for Reform that Allows Schools to Educate All Students*
Time: 9am-3pm
Registration Fee: \$75
Presenter: JoAnne Malloy, MSW
Location: All sessions are at the Holiday Inn in Concord, NH

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

These workshops will provide participants with effective approaches that promote successful academic outcomes, social competency, and management of behavioral challenges.

- Dates: *Preschool and Elementary School*
March 4, 2010 Highlander Inn, Manchester, NH
April 6, 2010 Holiday Inn, Concord, NH
Middle School and High School
March 11, 2010 Highlander Inn, Manchester, NH
May 6, 2010 Holiday Inn, Concord NH
- Time: 9am-3pm
- Registration Fee: \$95
- Presenter: Cathy Apfel, M.Ed.

Person-Centered Planning for Older Adults: Facilitation Skills Training in Consumer-Directed Life Planning

An introduction to person-centered planning that includes an overview of person-centered care, how to facilitate planning meetings, and tools to use in the planning process.

Dates:

- March 11, 2010 SERESC, Bedford, NH
- March 25, 2010 Sheraton Harborside, Portsmouth, NH
- Time: 9am-4pm
- Registration Fee: \$25
- Presenters: Susan Fox, M.Ed., MA and Patty Cotton, M.Ed.

Fundamentals of Inclusive Education

A series on to successfully include students with disabilities in the general education classroom.

Remaining Sessions:

- March 12, 2010 *From Special Educator to Inclusion Facilitator: Role Revelations and Revolutions*
Registration Fee: \$125
- March 26, 2010 *From Knowing to Doing: Sharing Inclusive Education Lessons and Problem-Solving the Challenges*
Registration Fee: \$99
- Time: 9am-3pm
- Location: Holiday Inn, Concord, NH
- Presenter: Cheryl M. Jorgensen, Ph.D.

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- 3  mail a completed registration form
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56 OLD SUNCOOK ROAD, SUITE 2
CONCORD, NH 03301**
- 4  fax a completed registration form
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ING & EVENTS:

Assistive and Universal Design Technologies

This series focuses on the development and implementation of quick and cost-effective assistive technology solutions and embraces universally-designed technology to support all students.

Remaining Sessions:

March 17, 2010 *Building and Using and Assistive Technology Transformer Kit for Solving Everyday Challenges in the Classroom*

Registration Fee: \$95

Presenter: Therese Willkomm, Ph.D.

April 1, 2010 *IntelliTools Level II: Next Steps with Classroom Suite 4*

Registration Fee: \$75

Presenter: Dan Herlihy

Time: 9am-3pm

Location: Holiday Inn, Concord, NH

Picture This! The Art of Graphic Facilitation

An accelerated learning experience in graphic recording and facilitation.

Dates: March 19, 2010 & April 9, 2010

Time: 9am – 3pm

Location: UNH Institute on Disability Professional Development Center, Concord, NH

Registration Fee: \$99

Presenter: Patty Cotton, M.Ed.

"You're Going to Love This Kid!" – Educating Students with Autism in Inclusive Schools

Presented in collaboration with the National Inclusive Education Initiative and the Gaining Access Project.

Date: April 12, 2010

Time: 9am-3pm

Location: Center of NH Radisson, Manchester, NH

Registration Fee: \$135

Presenter: Paula Kluth, Ph.D.

Joyful Learning: Creating Active and Differentiated Instruction

In collaboration with the National Inclusive Education Initiative and the Gaining Access Project.

Date: April 13, 2010

Time: 9am-3pm

Location: Center of NH Radisson, Manchester, NH

Registration Fee: \$135

Presenter: Paula Kluth, Ph.D.

Introductory Training for Facilitated Communication

This workshop provides participants with a general overview of facilitated communication (FC) -its history, basic technique, determining FC candidacy, and review of research and best practices.

Date: April 13, 2010

Time: 9am–3:30pm

Location: UNH Institute on Disability Professional Development Center, Concord, NH

Registration Fee: \$95

Presenter: Pascal Cheng, M.Ed., C.A.S.

Facilitated Communication 2: Beyond the Basics

In-depth information on selected topics in facilitated communication (FC), including literacy, developing independence for FC users, developing conversational skills of FC users, research on FC, and the use of technology for FC users. This workshop is designed for people who have experience with FC and wish to advance their knowledge and skills.

Date: April 16, 2010

Time: 9am – 3:30pm

Location: UNH Institute on Disability Professional Development Center, Concord, NH

Registration Fee: \$99

Presenter: Pascal Cheng, M.Ed., C.A.S.

Student Personalization: Personal Plans for Progress and Student-Led Conferences

Date: May 5, 2010

Time: 9am-3pm

Location: Holiday Inn, Concord, NH

Registration Fee: \$165

Presenter: Joe DiMartino

RAP Sheet

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

Winter Issue 2010

NH COUNCIL ON DEVELOPMENTAL DISABILITIES

21 South Fruit Street, Suite 22, Room 290
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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.

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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

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

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