DISABILITY IN THE TIME OF COVID-19

FOCUSING ON HEALTH CARE AND HIGHER EDUCATION

In this issue we look at how the pandemic has impacted people with disabilities through the lens of assistive technology, health care, and higher education. We explore how COVID-19 has both challenged the disability community and hopefully inspired lasting innovations.

We want to hear from you. Please share your ideas for future themes or your suggestions on how we can increase accessibility by emailing mail@drcnh.org.

Lighting the Fire of Innovation  By Therese Willkomm, Ph.D.

Housed within the Institute on Disability at the University of New Hampshire, Assistive Technology in New Hampshire (ATinNH) has two major activity areas: (1) training, education, and outreach and (2) assistive technology services which include equipment demonstrations, loans, and refurbishing. Like many programs, the onset of COVID-19 forced those of us at ATinNH to adjust our usual delivery and training models to those that could meet the realities of the pandemic.

While the pandemic presented us with many challenges, it also led to great innovations in ATinNH’s ability to meet the assistive technology (AT) needs of individuals throughout the state. One exciting discovery that came out of the pandemic is the US Postal Service’s Click-N-Ship® program. Click-N-Ship® allows customers to order free boxes, print labels, and request package pickups online – all from the safety of their homes.

In March and April 2020, we received requests for face shields for American Sign Language interpreters, care providers for the elderly, and persons caring for those with disabilities. Our staff discovered that face shields could be made in under a minute for less than one dollar’s worth of materials. During those first few months of the pandemic, our team made and shipped over 280 face shields to people with immediate needs.

We also received many requests from teachers for hands-free cell phone holders, computer holders, and iPad holders for students with vision impairments and other disabilities.

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Lighting the Fire of Innovation

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As the director of ATinNH, my house became a maker-space with at least ten packages going out my door each day. I also emailed images of various AT options so that people could choose the best device to fit their needs. Not only was I able to show the variety of things that could be made, I also shared the instructions, materials lists, and tools necessary so people could make items on their own.

I made hundreds of devices in my kitchen and shipped them out to people within 24 hours of receiving the request. This new system, born out of necessity, now allows people with disabilities, their families, and their support teams to quickly review their options on-line, select what will work best for them, and have their AT delivered to their door in a matter of days.

When the University of New Hampshire (UNH) campus opened in the fall, work-study students assisted us in preparing and shipping AT materials and devices, complete with prepaid return labels. By providing these services via USPS, customers were able to eliminate travel to campus – and also discover how easy it is to borrow inventory via our website atinnh.at4all.com.

An unexpected boon for our creativity was a bumper crop of corrugated plastic election signs (over 2000) that arrived on campus after November’s elections. Thanks to beautiful weather, we set up outside workstations and fabricated hundreds of collapsible book holders, iPad holders, slant boards, and iPad cases. It was such a unique and innovative production that WGBH came to the UNH campus and filmed us as we fabricated various devices.

The pandemic has caused us to look at innovation in a whole new light, becoming more efficient and cost-effective by deploying technology. We’ve fabricated more devices than ever before, discovered new methods to minimize leftover scraps, and sped up our processes. We’ve even begun to offer virtual hands-on maker workshops where we ship materials to participants and offer online classes describing how to make specific devices.

Although it’s unfortunate that it took a pandemic to light this fire of innovation, what we’ve learned will benefit thousands of individuals for years to come. Never underestimate the power of passion and the human spirit in response to a challenge!

Home-based shipping options have helped ATinNH safely fulfill orders during the pandemic.

During the first few months of the pandemic, the ATinNH team made and shipped over 280 face shields to people with immediate needs.

Two health care workers model their face shields.

Therese Willkomm, Ph.D. is the Director of ATinNH.
The end of the COVID-19 pandemic seems a little bit closer now, and the final shape it will probably take is a little bit easier to see. What’s going to be much less clear for years to come is exactly what lessons we have learned, or should be learning from this whole experience.

One such lesson is that anti-mask people are actually harming people when they claim that the Americans with Disabilities Act (ADA) allows them to go without masks into crowded public spaces. It’s one thing to have an abstract, principled argument about the balance between civil liberties and public health. It’s another to dodge the debate and falsely, cynically invoke a disability rights law to justify actions that pose significant health risks, especially to people with disabilities and chronic illnesses. Going so far as to design and circulate signs and “ID cards” that incorrectly claim exemption under the ADA also undermines the integrity of laws like the ADA.

Granted, mask wearing and disability is not an entirely one-sided issue. But strident, unsubstantiated claims don’t help anyone, least of all people with real conditions that really do make wearing a mask difficult or impossible. Fortunately, these issues are well-charted in past ADA rulemaking, and clear guidance is readily available that takes everyone’s needs and priorities into account. Sound interpretations of the ADA include the following points:

- Some disabled people really can’t wear face masks, and nobody should try to force them.
- Simply declaring that you “can’t” wear a mask, or presenting a home-made card saying so, isn’t enough to let anyone off the hook.
- The health risk to others is imminent and serious enough to outweigh a person’s individual right to go without a mask in a crowded indoor space during a deadly pandemic, even if they have a disability that prevents them from wearing a mask.
- Instead, the ADA requires retailers and service providers to offer online ordering and delivery, curbside service, and other forms of individualized accommodation so someone who can’t wear a mask can still be served, without risking other people’s health.
- The ADA has never guaranteed a disabled person exactly the accommodations they want. It’s always a negotiation among viable alternatives. So providing service in a way the person may not entirely prefer can still be considered equal service under the ADA.

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What I’ve Learned...
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These are all things actual disabled people know quite well. It seems like it’s mainly people who are new to using disability rights laws that are confused about it and think the ADA lets any disabled person do as they please in all situations. Disabled people know better. We aren’t always happy to accept these limitations and secondary alternatives. But we usually make our peace with them because we understand that equal access doesn’t always mean exactly the same. And we go into situations calling for “reasonable accommodations” with a number of workable contingency plans in mind, because we know we don’t always get exactly what we ask for.

This all demonstrates that it really is damaging to cynically misuse disability rights laws. It reduces their credibility and long-term viability. It’s also interesting to note that at least some, (maybe a lot), of the people who are most apt to claim ADA protection for not wearing a mask, (and maybe for other purposes too), are philosophically among those who tend to complain that laws like the ADA are too much of a burden on business, or too much of a curb on freedom. It’s a case of “the ADA for me, but not for thee.”

Andrew Pulrang is a contributing writer for Forbes.com, and is a co-founder of the #CripTheVote Twitter campaign to increase discussion and participation by people with disabilities in voting, policy, and politics.

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For a full copy, visit http://bit.ly/3tn4aEk

Your Rights

Your Communication Rights in Health Care Settings

If you are a patient in a hospital or other health care setting, you have communication and other civil rights under Titles II and III of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act (ACA). Hospitals and other health care facilities must meet your communication needs at all times – even during a pandemic.

Communication Rights Toolkit

Patients who need communication tools and supports due to speech-related disabilities face greater risks of discrimination and isolation during the pandemic. Your legal and civil rights to access your communication supports do not go away during an emergency, in quarantine, or at the hospital. For safety reasons, hospitals may have strict visitor policies which make it harder for your family members and others who help you communicate to join you at appointments. You also may face other barriers to communicating your needs and desires while you are being treated.

This online toolkit (1) explains your communication rights, (2) provides tips on advocating for them, and (3) includes an accommodation request form you can take to the hospital.

communicationfirst.org/covid-19
Disability Discrimination

The COVID-19 Health Care Reality

By Stephanie Patrick

Prior to the start of the pandemic in March 2020, people with disabilities faced discrimination by policy makers and health care providers who failed to recognize the fullness of their lives and the realities of their health care needs. This discrimination has become more acute due to the strains COVID-19 has placed on the medical system coupled with the increased risk and disproportionate effect COVID-19 has had on people with disabilities. Discriminatory policies are clearly manifest in three distinct areas: crisis of care guidelines (a.k.a. health care rationing), vaccination distribution planning, and newly restrictive policies on support persons in health care settings.

Rationing of Scarce Medical Resources

There are shortages of critical health care services and equipment across the nation as the COVID-19 public health crisis threatens to overwhelm hospital capacity. States are developing their own plans and guidance for hospitals. New Hampshire’s guidance, once completed, will recommend standards and principles to help hospitals throughout the state navigate difficult decisions if rationing of health care is necessary. The hope is that the state will provide guidance so the individual plans of hospitals do not discriminate against people with disabilities. While these crisis standards of care plans are particularly relevant now, they will also guide hospital staff in future crises.

Advocates identified four major areas of concern with the most recent state plan and triage guidance:

1. The state’s lack of oversight of hospital plans to ensure their plans are not discriminatory;
2. The continuing lack of transparency from hospitals which have yet to make their existing or proposed crisis standards of care plans available for review;
3. The state’s failure to include sufficient perspectives of people with disabilities on its oversight committee;
4. The lack of accessibility of the plan itself. All plans and guidance documents must be available in plain language and provide information on how to request an accommodation or file an appeal.


Any state guidance, as well as all hospital crisis plans, must recognize that the lives of people with disabilities are equally valuable to those without disabilities and that people with disabilities should not face discrimination when seeking life-sustaining care. But even now, six months after advocates submitted the above-mentioned letter, the state has not responded to the concerns, and hospitals have not released their plans for review.

There are several ways to advocate on this issue:

• Reach out to your local hospital for a copy of its crisis standards of care plan.
• Encourage your local hospital to make its plan publicly available.
• Tell the Governor what you think about the state’s draft guidance by emailing him at governorsununu@nh.gov.

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Disability Discrimination (continued from page 5)


**Vaccinations**

New Hampshire is still in the early stages of vaccine distribution. Throughout this process, it is critical to watch for a number of issues that will impact people with disabilities.

- **Physical Accessibility:** The state must accommodate people with disabilities at vaccination sites by providing accessible vaccination locations, a fully accessible website that allows for easy sign-up, and alternative sign-up methods.

- **Accessible Information:** The state must provide information about the vaccine and its phased distribution plan in plain language so that people with disabilities – and those who support them – can understand their eligibility, make informed decisions, and navigate the registration process if they choose to get the vaccine.

- **Informed Choice:** People with disabilities, even those in congregate settings, must be given the choice to receive the vaccine. It should not be mandated.

- **Reasonable Accommodations:** The state must develop a process to request reasonable accommodations, changes, and/or modifications for people with disabilities as part of the vaccination sign-up process online or via the 211 system. If people with disabilities make a request, the accommodation should be provided without delaying access to the vaccine whenever possible.

**To advocate on this issue:**

- Speak up if the process is not working for you or your family member(s):
  - Email [covidvaccine@dhhs.nh.gov](mailto:covidvaccine@dhhs.nh.gov) with questions or concerns.
  - Contact DRC-NH if you are being discriminated against in the vaccine distribution process.

**Restrictive Visitor Policies**

In an effort to prevent the spread of the COVID-19 virus and to ensure the safety of health care workers and patients, health care facilities across the state have implemented policies that restrict access to “extra” people at medical appointments, during hospital stays, and in other health care settings. However, these policies must allow for reasonable modifications - or changes to the policies - for patients with disabilities who may need assistance and support with communication, coping with stressful situations, or managing health care decisions. This assistance is often provided by a support person. Communication is essential to quality medical care, and necessary for the health, well-being, and safety of the patient. Therefore, all facilities must allow for these types of reasonable accommodations as part of their policies.

If you are a person with a disability planning to visit a health care facility and you need a support person to accompany you, contact the facility in advance to make the request. If the facility does not agree, ask for a copy of their policy or a denial in writing. If you are still not successful, contact Disability Rights Center – NH for help.

*Stephanie Patrick is the Executive Director of Disability Rights Center – NH.*
Adults with Disabilities Need Accessible and Responsive Telehealth Care

by Evan England and Kimberly Phillips, Ph.D.

The December 2020 issue of Disability in Focus from the New Hampshire Disability & Public Health Project shows that in New England, adults with disabilities are more likely than adults without disabilities to use telehealth for remote health care visits.

Four out of five adults with and without disabilities in New England got more telehealth care in the last six months than they did before the COVID-19 pandemic.

Since March 2020, adults with disabilities used telehealth even more than adults without disabilities but were less happy with the telehealth care they received. Adults with disabilities were more likely than adults without disabilities to say that, at their most recent telehealth visit, their doctor did not:

- Show respect for what they had to say,
- Listen to them carefully,
- Spend enough time together in the visit, or
- Explain things in a way they could understand.

Health care providers can help make telehealth easier to use. They can use active listening as much as possible during telehealth visits and encourage each person to participate in their own care. They can also communicate using plain language, check for understanding, offer flexible appointment times, and agree on how the time will be spent before the visit starts.

Health care providers may benefit from training or resources like the Quick Guide to Telepractice Best Practices from the University of New Hampshire’s Telehealth Practice Center. Even when the pandemic ends, telehealth will be a useful way for people with and without disabilities to get health care. It is important to make sure it works well for everyone.

Links:
Navigating a Learning Disability in a Pandemic  
*By Sophie Kellam*

When the COVID-19 pandemic began, I was finishing my senior year of college and had to switch to remote classes. I have a Non-verbal Learning Disability (NVLD) which means that sometimes I have trouble reading social cues or finishing in-class activities that are time sensitive. I also have Attention Deficit Disorder (ADD). I experience social anxiety because my brain works a bit differently than my peers. Understanding how my brain works helped me to navigate the expectations of college, and when things started to grow uncertain, I was able to adapt quickly.

Online learning worked for me because of the strong support system I cultivated at the University of New Hampshire (UNH). I was also lucky to have the support of friends and family. I created a foundation for myself at college by translating my 504 Plan into my new academic setting using the UNH Student Accessibility Services. I also utilized programs to support my writing like those offered at the Connors Writing Center. However, the greatest support during this difficult time came from my teachers. They sparked the passion in me to finish my degree. They motivated me when I felt scared and uncertain. Out of respect for the time they put into a new online learning format, I wanted to participate to the best of my ability. They, too, were working with a lot of uncertainty, but still showed up for students and brought a sense of normalcy.

**Strategies That Helped Me Cope**

- Checking in frequently with my support system both at school and at home
- Changing my environment by going outside or being in a different room
- Being up front about my struggles and open to working in a different way
- Checking in with my teachers when I was confused or needed the assignment explained a different way
- Focusing on short-term goals instead of things that I could not control, like the pandemic
- Focusing on my strengths and capabilities rather than any perceived limitations

I was fortunate to live close enough to my college to go home when I felt overwhelmed or needed to talk something through. My parents encouraged me whenever I felt as though it would be better to just take the semester off and start over after the pandemic. While not attending a graduation was disappointing, I was able to adapt despite the struggles because I had people in my life who understood me and celebrated my accomplishments.
Thoughts That Got in My Way and the Logic I Used to Battle Them

- I do not know if I am talking too much. The teacher is the mediator and will let me know. I am good at taking feedback.
- Am I straying from the topic or adding to the conversation? Being mindful and engaging with the class adds to the conversation. The teacher can guide the conversation back through mediation.
- Should I cut my losses and try again in the fall? I want this degree, I have a great support system, and I am a smart person who is capable of doing this.
- I seem much slower than my classmates. I do not know what my classmates are going through. What is best for the class is that I am present and contribute to the discussion. If that doesn’t fit into the time constraint, I can find a way to work around it.
- What am I missing out on for my graduation? I am keeping people safe by not having an in-person graduation. My teachers are proud of me and my support system is celebrating me.

Although I had to take a class over the summer, I graduated Magna Cum Laude with a B.A. in Communication. My advice for students with learning or other disabilities who are in college during this time, or during other stressful events in the world, is to follow your own path and do your work in your own time.

My Advice for Learning During an Uncertain Time

- Have confidence in your education.
- Enjoy the successes – even the small ones.
- It is okay to be overwhelmed and to take a minute when you need it.
- You do not have to do it on your own. There is nothing that you have to prove. Use the supports available to you.
- Do not feel bad for taking accommodations or clarifying information and expectations.

It is your work, your education, and your experience. The way you learn may be different, but the experience is still yours. Give yourself some slack during hard times. Your own path is fine. Take the time to learn how your brain works and work with it.

Sophie Kellam is an intern at Disability Rights Center-NH.
COVID-19 has contributed to a significant shift in our health care system. It is clear that virtual care or telehealth is necessary to ensure that people stay healthy and safe at home. According to a recent study by the NH Disability and Public Health Project, the use of telehealth has increased in the last six months due to the pandemic. In New England, in particular, adults with disabilities are more likely than adults without disabilities to use remote health care visits [http://bit.ly/3tjPR3e](http://bit.ly/3tjPR3e).

These changes bring newfound flexibility – as well as challenges – to people with disabilities and/or chronic health conditions as they engage with their providers. Many individuals require regular check-ins with doctors and often participate in therapies or activities that maintain or improve their health and wellness. Telehealth is a way to meet these needs by using a phone or a device with internet access. Through telehealth, individuals talk to their doctor over the phone or via video chat, send and receive medical-related messages, and have their doctor check in on them regularly.

### Identifying the Pros and Cons

There are both benefits and drawbacks to receiving services through telehealth. In January, the National Association of Councils on Developmental Disabilities (NACDD) hosted a Self-Advocacy Discussion Series that focused on “The Future of Online Health Care: Barriers to Access and Technology.” In this forum, people with developmental disabilities highlighted ways that telehealth has made health care easier, such as not having to worry about weather or transportation, getting appointments sooner – especially for medication refills or for filling out forms – and having access to specialists outside specific geographic locations. Some of the challenges identified included frustration in learning how to use the applications and portals, lack of internet access, and the need for communication supports or accommodations with which doctors may not be familiar.

**John Fenley, member of People First of NH and Self-Advocacy Leadership Team has frequently used telehealth during the pandemic.**

### Portals Provide Easy Access

“Having an at-home phone conversation or Zoom call with your doctor is definitely accessible for people who have a hard time with mobility, difficulty getting out of the house, or anxiety,” says John Fenley, a member of People First of NH. “My provider has a portal that you access through a secured network using a password. You can log in and see your doctor’s notes and your recent test results. It's pretty thorough but seems a little complicated to me. I think a lot of people with disabilities might be overwhelmed because it’s somewhat difficult to navigate. I had to use the portal in order to set up a link with my doctor for a virtual meeting. People with more severe developmental disabilities might have a hard time remembering passwords or navigating the sections, and that would be challenging. Once you’re on the call though, it’s nice to just tell your doctor what's going on, have tests ordered, and then see your test results in the portal.”

For individuals like John who require care for conditions like diabetes – especially those living
in remote or rural areas – telehealth, tele-therapies, and online fitness programs have been extremely beneficial during the pandemic. This is especially true for those who may have co-occurring health conditions that would make it difficult or dangerous to go to health care facilities due to COVID-19. John continues to work on his diabetes care during the pandemic by making his telehealth appointments, taking his medication, being more conscious about his diet, and exercising at home. He hopes that the future includes increased options for people with disabilities, like virtual access to resources, even though he recognizes that there will always be people who prefer to have in-person health care.

“People who’ve already been removed from daily life due to their disability suddenly have all these options if they have technology,” John shares. “It would be sad if suddenly they thought, ‘oh, now I can’t have my yoga class anymore because they went back to doing it in person.”

Moving Forward
As more opportunities arise for individuals with disabilities to maintain health and wellness through telehealth, it will be important to find a balance as the pandemic subsides. It is also necessary for New Hampshire lawmakers to continue to address accessibility barriers to telehealth services, especially in rural communities, and make certain that providers are familiar with the types of supports and accommodations that people with disabilities may require. Having more options will allow people with disabilities to access health care in a person-centered way.

Isadora-Rodriguez Legendre is the Executive Director of the NH Council on Developmental Disabilities.
Remote Higher Education 4 All

By Ashley Woodbury

In 2020, the Institute on Disability (IOD) at the University of New Hampshire (UNH) received a $2.5 dollar grant to improve access to post-secondary education for young adults with intellectual disabilities (ID). In line with this goal, and in light of the COVID-19 pandemic, the IOD has been offering a 10-week UNH-4U Bridges to College and Career series remotely via Zoom.

The Bridges series is available to young adults (ages 18-25) with ID who were/are eligible for special education under the Individuals with Disabilities Education Act (IDEA) and who are interested in authentic postsecondary education. Bridges classes include Academic and Assistive Technology for College Access, Setting and Realizing Goals Using Person-Centered Planning, and Healthy and Social Aspects of College Life. Like all UNH students, participants are offered technical support to access and navigate coursework in a virtual environment. The goal of the series is to promote self-awareness, technology and personal computing skills, knowledge of resources, employment/academic direction, advocacy, and social connections within the campus environment utilizing available UNH supports and services.

Participants connect virtually with fellow participants, instructors, advisors, and matriculated UNH students during a time when face-to-face education is not possible. During the final class last fall, one participant, Patrick Corbin, reflected on the UNH-4U Bridges experience saying, “It’s like having a new friend when you really needed one.”

Plans are in the works, beginning in the fall of 2021, to provide 5-10 students per year with an authentic two-year immersive college experience. UNH-4U will offer inclusive housing options, opportunities to participate in extra-curricular campus life experiences, on campus employment and transportation exploration, and support while students attend classes of interest and earn credentials in preparation for future careers.

iod.unh.edu/projects/unh-4u

Ashley Woodbury is a UNH Leadership and Education in Neurodevelopmental Disabilities (LEND) student.

UNH-4U is working to provide inclusive higher education opportunities to young adults with intellectual disabilities (ID).
Promoting Full Access, Equal Opportunities, and Participation for All

The IOD promotes full access, equal opportunities, and participation for all persons by strengthening communities and advancing policy and systems change, promising practices, education, and research. Visit us at iod.unh.edu

Upcoming Trainings and Events

Through leadership training and professional development opportunities that are progressive, culturally relevant, increasingly diverse, and geographically dispersed, the IOD reaches an ever-broadening audience of consumers and professionals.

Staying Safe at Work Training

A curriculum for teaching workers with intellectual and developmental disabilities about health and safety on the job. iod.unh.edu/projects/employment-safety-training

nTIDE Lunch & Learn Webinar Series

Monthly presentations held on Fridays revealing the latest findings in National Trends in Disability Employment (nTIDE). researchondisability.org/home/ntide

NH-ME LEND Accepting Applications for 2022 Program

The 2022 cohort of the NH-ME LEND program will engage in 300 hours of training related to interprofessional, family-centered, and culturally competent systems of care for children and youth with developmental disabilities and their families. iod.unh.edu/projects/nh-me-lend/apply
NH Council on Developmental Disabilities 2020 Awards
celebrating leaders making a difference in the lives of people
with developmental disabilities, their families, and their communities.

Virginia Bowden
Advocacy Award
Tammy Mills
For extraordinary leadership and commitment to dignity, equal rights, and full participation of people with disabilities in New Hampshire

Outstanding Legislator of the Year
Senator D’Allesandro, Senator Fuller Clark & Representative Butler
Presented to policy makers who have made significant contributions to improving the quality of life for people with disabilities

Smile Award
Friends of White Park Trust
Presented to a NH initiative that focuses on inclusive recreation for people with disabilities
friendsofwhitepark.org

The Direct Support Professional Conference Planning Committee is honored to present the 2020 Direct Support Professional and Home Care Provider Award winners!

Home Care Provider of the Year
Diane Gregory

Direct Support Professional of the Year
Jennifer Sawyer
Unlawful Treatment
Disability Rights Center-NH (DRC-NH) recently filed two class action lawsuits. In the first suit we joined the ACLU of New Hampshire, New Hampshire Legal Assistance, the national advocacy group Children’s Rights, and the law firm Weil, Gotshal & Manges LLP in challenging New Hampshire’s unlawful treatment of older youth in foster care. We are asking the state to protect the rights of older youth with mental health conditions in its care.

“The teenage years are difficult for many children, but they are exponentially more challenging for children who have been removed from their parents due to allegations of abuse or neglect,” said Karen Rosenberg, Senior Staff Attorney at Disability Rights Center – NH.

“These teens need to feel connected to their families, friends, schools, and communities to navigate the transition from childhood to adulthood. By unnecessarily institutionalizing older youth who could receive mental health treatment and supports in their communities and live successfully with family members or with foster families, New Hampshire unlawfully deprives children in its care of the community-based services and family placements they need to grow into successful adults.”

Learn more about this case at drcnh.org/litigation/lawsuit-filed-unlawful-treatment-in-foster-care.

Failure to Deliver Services
In the second case, we joined New Hampshire Legal Assistance, the AARP Foundation, and the Manchester office of Nixon Peabody LLP in filing a class action litigation against the state of New Hampshire on behalf of older adults and persons with disabilities enrolled in the state’s Choices for Independence (CFI) Medicaid waiver program. Our complaint alleges that New Hampshire has failed to properly deliver CFI services for at-home care—placing enrollees at risk of unnecessary and dangerous institutionalization in nursing facilities.

“Some of our most vulnerable citizens are one crisis away from unnecessary institutionalization because they are not getting essential CFI services,” said Pamela Phelan, DRC-NH’s litigation director. “Without these services, they linger for hours or days alone in bed or confined in their own homes, unable to attend to basic personal needs. The State has long been aware of these problems and we cannot wait any longer for a solution.”

Learn more about this case at drcnh.org/litigation/lawsuit-filed-cfi-waiver.
Disability Rights Center - NH

Protection and Advocacy System for New Hampshire

twitter.com/DRCNH
facebook.com/DisabilityRightsCenterNH

The Disability 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 at the University of New Hampshire

twitter.com/unhiod   youtube.com/unhiod
facebook.com/instituteondisability

The IOD promotes full access, equal opportunities, and participation for all persons by strengthening communities and advancing policy and systems change, promising practices, education, and research.

NH Council on Developmental Disabilities

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

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