



November 21 2011

Issue: 17

MetroWest

Center for Independent Living, Inc.

Super Committee Time

Greetings!

While we wait for hard news from the Super Committee, the rumors aren't good, including one that has Medicaid and Medicare being slashed by \$200 billion. There is still time to make your opinions known to your representatives in Washington, especially Senator Kerry who is on the Super Committee! Whether the committee acts or not, *the landscape for people with disabilities will be changing.*

Reducing health care costs continues to be of interest to everyone, including Dual Eligibles (people with disabilities who are eligible for both Medicaid and Medicare). The issues are very complex, with stakeholders hoping for an outcome of improved health care and benefits at lowered costs. According to some new methods of delivering health care, it just may be possible.

A proposal from the state on new ways to manage Dual Eligibles is imminent. As soon as it is released, we will send out a News Flash along with how your opinions on the proposal can be shared.

It's the final days for the MBTA to accept comments on their proposed Rider Eligibility Application for The Ride. See the article below for more information.

Too many of us have had to actually use our Emergency Preparedness supplies and plans. If you've been lucky through the tornadoes, Irene and the October snow storm, it may be your turn next. Visit the [MWCIL website](#), and get ready. The Executive Office of Health and Human Services has just released [safety information](#) on the use of generators and other ways to stay warm (do NOT use a gas oven!) without power.



Photo by Tessa Tilden-Smith

We wish everyone a happy Thanksgiving!

from Paul W. Spooner, Executive Director

Take Action!

According to the news, the Super Committee is flailing. However, it's not over until it's over, and some rumors say the committee is



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Lives Worth Living

Thanks to everyone who called WGBH and asked that the movie be shown more prominently, and on channel 2. WGBH World did have some more convenient showings. Reports from viewers who managed to track it down are very complimentary - all thumbs up.

MWRTA Rides

finding common ground in Medicaid/Medicare cuts. Please add your voice - we've listed multiple ways to take action .

In Person

On Tuesday, November 22, Mass Home Care and Mass Senior Action are holding "Turkey Deal" events outside Senator Kerry's offices in Boston, Fall River, and Springfield at noon. Download the [attachment](#) for more details.

Senator Kerry's Office
1 Bowdoin Square
Boston

222 Milliken Place
Suite 312
Fall River, MA 02721
(508) 677-0522

Springfield Federal Building
1550 Main Street
4th Floor
Springfield, MA 01103-1427
(413) 785-4610

Thanks to the Disability Policy Consortium for the info on these events.

On-Line

1. Contact Senator John Kerry online using his [Online Contact form](#).

2. The Rally is over, but the issue has not been resolved. ADAPT, MWCIL and other advocacy groups strongly recommend that we all continue advocating for Medicaid reforms - especially to the members of the Super Committee. "We need to tell them to not just cut Medicaid indiscriminately. They need to reform Medicaid to save money, keep people independent and most of all, *end the institutional bias that puts people in nursing homes who don't want to be there.*" (excerpt from the House and Senate contact links below)



The Center for Disability Rights, Inc. has created two easy ways to send emails to the Super Committee. Click on the links, and add your voice!

Email House of Representatives:
<http://ly.adapt.org/rep>

Email Senators:
<http://ly.adapt.org/sen>



Starting on November 10, the MWRTA will offer rides to the West Roxbury and Jamaica Plain Veterans Administration Hospitals.

Rides must be booked in advance, and will cost riders \$2 each way.

Buses will make three trips a day on Tuesdays and Thursdays. Buses will leave Framingham at 9 a.m. and noon, with a final trip at 3 p.m.

Call Lisa Long at 508-820-4650 to register.



Thanks to [MetroWest Daily News](#) for the info!

Donations

November is the month of Thanksgiving. What are you thankful for? Family? A home or apartment to call your own? Enough food to eat and clothes to wear? What about good health care, and good services when we need them - which we all do at some point. Or all of the above? If you are grateful for MWCIL and the support it provides you, please consider a year-end gift of any amount. By showing your appreciation and giving back, MWCIL can provide more services for the community. We thank you! Go to [MWCIL Webpage](#) or click on the Donate button.

Proposed RIDE Eligibility Application

In parallel with the [ParaTransit Commission](#) work and the In-Person assessment process, another group has been revamping the Ride Eligibility application. Comments are welcome through Tuesday, November 22 via email at TheRide@mbta.com.

According to Tangela Burgess, the "new application is more specific, understandable and will reduce requests for additional information, thus lessening the turnaround time for our customers. "



This information was provided by the Disability Policy Consortium, and is from:

The Eligibility Department of the RIDE
Tangela Burgess, LSW, Paratransit Access Rep for THE RIDE
MBTA Office for Transportation Access
10 Park Plaza, Rm 5750, Boston, MA 02116
617-222-5866 (V), 800-533-6282 (Toll Free)
617-222-5415 (TTY)
TBURGESS@MBTA.COM

We ask all affected riders to read the proposal for themselves at the [DPC website](#), and add your comments by Tuesday, November 22 via email at theride@mbta.org. The new application is 8 pages instead of 4, and all questions are answered by the applicant instead of their Licensed Health Care or Human Services Professional. However, the new form requires additional forms by Health Care or Human Services providers (see Verification forms for Vision, Epilepsy and General at the [DPC website](#)).

For reference, here is a link to the current application: [MBTA Ride Application](#).

While we appreciate the interest in the additional information, we would feel more comfortable knowing exactly how the MBTA keeps this very personal data confidential.

National Disability Policy: A Progress Report

The National Council on Disability (NCD) has released a report on the state of the union for people with disabilities. In the report, NCD assesses the current state of people with disabilities in America and how emerging trends and government policies are impacting the quality of lives. Recommendations are included.



The bottom line, as you may suspect, is not good. The Council summarizes their findings: "Overall, people with disabilities have lower rates of employment, lower annual earnings, lower educational attainment and achievement; lack adequate access to

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MA PCAs

MWCIL has partnered with other organizations to create the PCAForever.org website devoted to providing information about the Massachusetts Personal Care Attendant program as well as publicizing advocacy opportunities and needs.



Liz has added her support of PCAs, and is in two new [videos](#). She talks candidly about how PCA's have affected her life and suggests improvements to the MA PCA program.

We are actively seeking stories from consumers.

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(past issues are available at our website)

[Email](#)

Phone: 508-875-7853
280 Irving Street
Framingham, MA
01702

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housing, transportation, technology, and health care; and are more likely to live in poverty. Furthermore, the current economic downturn is having a disproportionate negative impact on people with disabilities, and national trend data indicate a decline in many aspects of their quality of life."

NCD also offered some hope with recent advances in public policy such as the Affordable Care Act, increased access to federal employment opportunities, and ADA enforcement of recreational venues.

The full report is available:

[National Disability Policy: A Progress Report](#)

NCD (www.ncd.gov) - The National Council on Disability is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of fifteen Senate-confirmed Presidential appointees, an Executive Director appointed by the Chairman, and eleven, full-time professional staff.



Affordable Health Care The CareMore Story

[The Quiet Health Care Revolution](#) is the title of an article about ongoing health care reform in California, by Tom Main and Adrian Slywotsky, printed in the November, 2011 Atlantic Monthly.

"In addition to policies designed to extend health-care benefits to more than 30 million previously uninsured Americans, the Affordable Care Act, which President Obama signed into law in 2010, contains a host of provisions aimed at lowering overall health-care costs and improving quality of care at the same time. These provisions include the adoption of electronic medical records, programs to increase at-home care and preventive care, the development of evidence-based protocols to improve quality, disincentives for unnecessary rehospitalizations, and other measures, many of them focused on Medicare, which is a primary driver of increasing costs."

For the past 20 years, CareMore, now a part of WellPoint, has been accomplishing most of the Affordable Health Care Act goals, thanks to it's founder, Sheldon Zinberg. They have limited themselves to the elderly population, which has typically been the people who's health care costs are labeled unsustainable. Through a series of process changes, CareMore has improved outcomes while reducing costs. Among other changes, they give free rides to doctor's visits, visit patient homes to "make sure they had scales to keep tabs on their weight, to look for loose throw rugs that might cause falls, and to provide "talking pill boxes" that remind patients to take their medicine with preset alarms.", and developed a coordinated patient care system with the addition of an "extensivist".

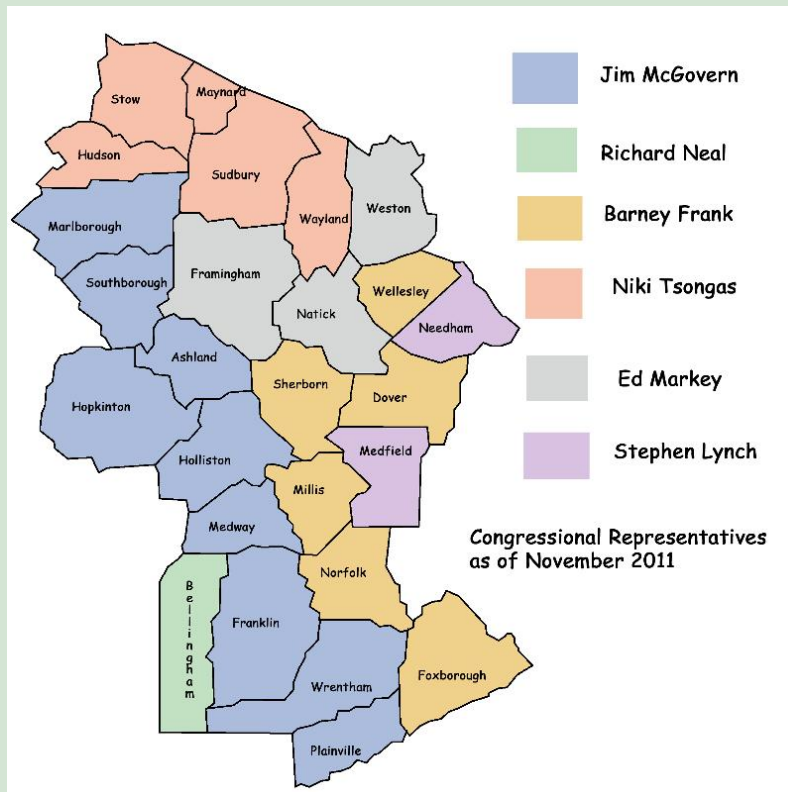
The results are "patient outcomes that other providers can only dream about: a hospitalization rate 24 percent below average; hospital stays 38 percent shorter; an amputation rate among diabetics 60 percent lower than average." After the first few years, CareMore has consistently made a profit, in spite of these improved outcomes!

Apparently successful healthcare at reduced costs can be done. Thanks to the [Disability Policy Consortium](#) Weekly Update for the link.

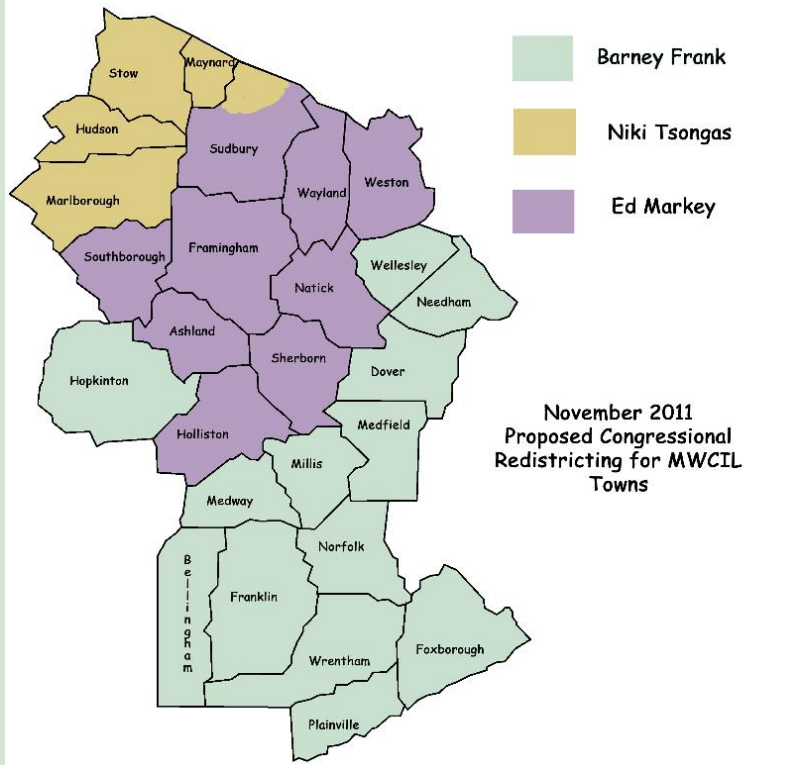
Congressional Redistricting

The new Congressional districts (reducing our Congressional representation in Washington from 10 representatives to 9) are complete, with MetroWest facing big changes. The Senate, House and Governor have all approved the plan, which goes into effect after the 2012 elections. Today, MWCIL towns are represented by 6 different Congressional representatives in Washington. The new districting leaves MWCIL with only 3 representatives. We have been fortunate in the past to enjoy excellent support from all of our Congressional representatives in Washington, and would like to thank all of them for advocating for independent living services. And we know we can continue to count on Congressman Frank, Congressman Markey and Congresswoman Tsongas in the future. With only 3 representatives, we will have to work harder to make sure the importance of Independent Living is understood.

Current:



Proposed:



Dual Eligibles - National Insurers' Ideas

Alex Wayne, for Bloomberg, reports:

[Health Insurers Bid to Take Elderly Poor Out of U.S. Plans.](#)

Apparently "America's Health Insurance Plans, or AHIP, the Washington- based trade group for insurers, is lobbying the congressional supercommittee (charged with reducing the national debt) to allow states to hire health plans such as UnitedHealth Group Inc. (UNH) to direct care for the indigent elderly and disabled, whose medical needs now cost taxpayers as much as \$230 billion a year."

The solution that they're suggesting is: "Managed care would be "by far a better model of care, and provide better quality, as opposed to what goes on now, which is nothing," Thorpe said in a telephone interview. "You're pretty much on your own, and there's not much coordination at all."

The missing piece of the story is why would insurers be better at paying for Managed Care than the government?

Improving Our Communities

Universal design refers to broad-spectrum ideas meant to produce buildings, products and environments that are useful to both people without disabilities and people with disabilities.

Research into barrier-free design has been around since at least 1949 at the University of Illinois Urbana Champaign Campus. Dr. Timothy Nugent was the principal investigator. Many others in many countries have since taken on "Design for All" in their work,

resulting in many constructed features that many of us don't notice (curb cuts, Braille elevator controls, and tactile paving for example), but which make these features usable by so many more people.

Today, universal design is preferred in language and concept to "barrier free", with a goal of designing from the outset to support easy access.

In 1990, the Americans with Disability Act mandates that all public structures and events be accessible by everyone. But what has not improved substantially is "universal design" in private structures. Unless a home is being built or renovated for a person with a disability, accessible features are seldom included.

The Visitability Movement began in 1986 by Eleanor Smith and Concrete Change, with a goal of bringing universal design to "every home instead of just special homes".

Today, over 57 communities and a couple of states have some level of visitability laws, and more than 30,000 visitable homes had been built for the open market by 2007. However, when one considers that over a million single family units were built in 2007 alone, 30,000 is not good enough.

Even today, most people feel that a ramp is "bad" design instead of a welcoming path to a home. Many people are sure that universal design is extremely expensive, and something to be disregarded unless it's absolutely necessary. Neither is true.

[2011 Study in Florida](#) suggests that "housing development in Florida can accommodate visitability into all new construction". Some other facts from the study: "41% percent of respondents reported they had at least one zero-step entrance in their homes, 55% had a bathroom on the main floor of the home large enough to accommodate a wheelchair, and 83% had hallways wide enough to accommodate a wheelchair." The estimated additional cost is \$100 to build a new home with visitability in Florida.

Maryland recently passed [HB 437](#) which requires minimum visitability in all new homes. Minimum visitability refers to the ability to get into a home with no steps, but doesn't require the other common features.

According to the [Washington Post](#), VISIBLE Housing is gaining support. We would like to see more incentives or requirements in legislation to increase the number of new and old visitable homes. Realtors could have a role in selling visitability as a desirable feature. Contractors should present visitable options when remodeling. And homeowners should enjoy homes that welcome all of their friends.

Occupy Wall Street

Demonstrators continue to Occupy Wall Street and other business districts around the country. David Schultz at [MinnPost.com](#) writes extensively about the goals of the Occupy movement which highlights the growing political and economic inequalities in the U.S. The disability community feels these inequalities, with higher rates of poverty and unemployment than most other groups.

With the November 17 Day of Action, the movement appears likely to continue gaining support. People with disabilities may want to get involved, and keep the dialogue focused on inclusion.

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