Local Seating Clinic does more than just fit people for new wheelchairs

TILRC board member Ken Lassman is a licensed occupational therapist and a certified assistive technology practitioner at the Kansas Neurological Institute (KNI) Seating and Mobility Center, often referred to simply at the seating clinic. Ken first became involved with TILRC when fellow KNI employee and TILRC board member, Marvin Nioce, invited him to visit TILRC to see if he was interested in serving on the board. He had heard about TILRC for a long time and was impressed with what he knew about the organization. But, once he visited TILRC he was really impressed with the hard working staff and our history of being “in the forefront, not only on the local level, but also the national and international level.” Ken says, “TILRC is really one of the shining stars of the Independent Living Movement”

Ken’s association with the seating clinic helped him connect with TILRC’s mission to “advocate for … essential services for a fully integrated and accessible society of all people with disabilities.” He recalls, “My criterion for wanting to be on the board was - what can I contribute? I felt like my perspective as an occupational therapist providing services for people in the community and as somebody who believes strongly in independent living I could hopefully benefit TILRC.”

Ken has worked at the seating clinic since it started, in 1997, in response to community needs. Back then the closest seating clinic was in Kansas City. The KNI habilitation services department already had a lot of experience providing seating and mobility

Ken and Gail set-up the pressure mat they use to map pressure hot spots they work to eliminate to properly fit a person to their wheelchair.
services to the people who live on the KNI campus and as the demand for those services in the rest of the community grew they decided to establish a clinic that was open to the public.

Ken and his partner Gail Beale currently handle nearly 300 appointments each year for seating assessments for new wheelchairs, making modifications to existing wheelchairs, trying new...
and different equipment and making repairs to existing mobility equipment. These services are provided free to the public.

Many of the people who come to the clinic are kids with disabilities in the Kan Be Healthy program. The state will provide them with a chair once they complete a seating assessment at the clinic. Fitting kids for a wheelchair can be a challenge since it must be designed to allow for the child’s growth over the five year life of the chair. Anyone who is planning to purchase a new wheelchair or needs adjustments to an existing chair to make it more comfortable can benefit from the clinic’s services.

Vendors and providers work with the seating clinic staff to make equipment available for people to try out. The clinic’s goal is to actually allow people to test equipment before they buy it. Ken explains, “You actually have to try it. That’s the best assessment. So we really focus on what that new chair is going to be like to find out if it is really going to work”

The seating assessment takes about two to two and a half hours to complete. “If you have someone coming to the seating clinic and they’ve been on the road for two hours; they get here; they’re stiff; they’re sore. It takes them a little time to relax.” says Ken, “Similarly; when you’re mocking up a seating system it may feel fantastic for thirty minutes, after that your body is just screaming, so we have to give people a little time to see what’s working.”

Because they are salaried employees at KNI and don’t have to charge for their services Ken and Gail can take the time they need to make sure that people get just the right equipment that suits their needs. Ken says, “A lot of other places don’t have that luxury or they leave it up to the vendor. As a therapist they can’t charge more than X amount of time, so they spend as much time as they can and move on, because that’s the way our system is set-up. So, I feel really privileged to work in a place that allows us to take the time to do things right.”

Since Ken and Gail are the only two therapists at the clinic it may take several months to get an appointment. Once you call 785-296-5300 to set-up your appointment they will send you a pre-evaluation packet to fill out, so they know what your needs are in advance and will be better prepared to help you when you arrive at the clinic.

There are many people in our community who could benefit from the seating clinic’s services that don’t even know they exist. If you know anyone who needs minor adjustments, repairs or has seating problems with the chair they have now or who wants to be sure they are properly fitted for a chair they are planning to purchase please encourage them to give Ken and Gail a call.
Help for job-seekers with disabilities

For people with disabilities it probably comes as no surprise that people without a disability are three times more likely to have a job than people with a disability. At times getting the skills and supports you need to take your place in the workforce can seem to be a daunting challenge. Fortunately, there is help available to the job-seeker with a disability.

Vocational Rehabilitation (VR) is a state program housed within the Kansas Department of Children and Family Services that helps people with disabilities find and maintain employment. Services available through VR include counseling, vocational training, and job placement. Independent Living Advocates from TILRC can assist people with establishing services with VR. They can also assist people with advocating with their VR counselor to ensure people get the services they want and need.

At TILRC, an Independent Living Advocate can help a person with looking for a job and developing a resume and/or cover letter. We also have an accessible computer lab with many different types of assistive technology. People can come and use the lab to write a resume or cover letter or to do a job search. Advocates can also assist people with practicing interview skills, learning about work incentives when receiving SSI and SSDI, learning about job accommodations, and writing PASS Plans.

Another state program available to people who are Medicaid-eligible is Work Opportunities Reward Kansans (WORK). WORK provides an opportunity for people to obtain personal assistance services, without being on a waiting list for a home and community based services waiver program. WORK is for people who have a job, even a part-time job, and are enrolled in the Working Healthy Program, which provides insurance coverage for people with disabilities who are working and are interested in getting or keeping Medicaid coverage while on the job.

The WORK program is a “cash and counseling” model for personal assistance services. “Cash and counseling” means you are assigned a lump sum of money per month and you, the consumer, chooses how to spend the money to meet your personal assistance needs.

If you work and are interested in signing up for the WORK Program/Working Healthy, please contact us, and we will assist you with contacting a Working Healthy Benefit Specialist.
America works best when everybody works.

Learn more about the value and talent people with disabilities add to America’s employers and economy.

What can YOU do?
The Campaign for Disability Employment

www.whatcanyoudocampaign.org

The Campaign for Disability Employment is funded under contract #DOLJ070425341 from the Office of Disability Employment Policy/U.S. Department of Labor.
KanCare brings changes for HCBS consumers

January 2013 marked the big change to KanCare when the state turned over operations of the Kansas Medicaid system to three health insurance companies, also known as managed care organizations or MCOs. These companies are handling all Medicaid services, including the Frail Elderly (FE) and Physical Disabilities (PD) Home and Community Based Services (HCBS) Waiver Programs. As a result, many of the services HCBS consumers previously received from Centers for Independent Living, like TILRC, are now being provided by someone else.

TILRC is still a Financial Management Services (FMS) provider; we can still act as your payroll agent for personal care attendant services. We also still provide direct independent living services, like helping find accessible housing and learning to manage a budget or ride the bus (see page 8 for more details on the independent living services we provide). Under KanCare, we no longer do assessments to determine HCBS eligibility or any Targeted Case Management services, like HCBS waiver Plans of Care.

If you are currently on the FE or PD Waiver Program you should have gotten a letter last fall assigning you to one of the three MCOs: Amerigroup, Sunflower or UnitedHealthcare. Your MCO now provides all your Targeted Case Management services. The people who come to meet with you are called care coordinators. Any changes to your Plan of Care, like an increase in hours of attendant care are handled by your care coordinator at your MCO. If you and your care coordinator determine that you need direct independent living services they will refer you to an organization like TILRC for assistance.

If you are trying to get on one of the HCBS Waivers you will want to start at your local Aging and Disability Resource Center (ADRC). The ADRC for Shawnee County is Jayhawk Area Agency on Aging (785-235-1367 or 1-800-798-1366). To find out who the ADRC is in other parts of the state call 1-855-200-ADRC (2372). The ADRC is now responsible for seeing if people qualify for Waiver services. The new Kansas Department for Children and Families (DFC) determines if you qualify for Medicaid and the ADRC can assist you with this process. ADRCs can also refer you to organizations like TILRC for direct independent living services.

The flowchart on the next page is provided to help you understand how the changes in the new KanCare Medicaid system affect the way that HCBS is now being provided.

Important KanCare Contacts

KanCare website: http://www.kancare.ks.gov/index.htm
KanCare Ombudsman: 1-855-643-8180, The Ombudsman helps KanCare consumers with problems in getting KanCare services.
Kansas Aging and Disability Resource Centers (ADRC): http://www.ksadrc.org/
MCOs:
- Amerigroup Real Solutions in Healthcare, 1-800-600-4441, TTY: 1-800-855-2880
- UnitedHealthcare Community Plan: 1-877-542-9238, TTY: #711
Aging and Disability Resource Center (ADRC)
- Determines functional eligibility for Home and Community Based Services (HCBS) Waiver
- Does referrals for direct Independent Living Services
- Provides independent living resources

Referral to DCF to determine Medicaid Eligibility

Department for Children and Families (DCF)
- Determines Medicaid financial eligibility

Referral to ADRC to determine HCBS Eligibility

Once you’re determined to be eligible for Medicaid and HCBS the ADRC refers you to a Managed Care Company (MCO)

Managed Care Organization (MCO) –
There are three MCOs: Sunflower, AmeriGroup and UnitedHealthcare. The MCOs help with all areas of Medicaid services through care coordinators, including in-home services. If your MCO care coordinator thinks you need IL Services she will refer you to an agency like TILRC.

Center for Independent Living (CIL) –
CILs, like Topeka Independent Living Resource Center (TILRC) still provide direct Independent Living (IL) Services. Examples of some of the IL Services TILRC can provide are described in more detail on the next page. TILRC is also still a Financial Management Services (FMS) provider.
Let us help you achieve your independent living goals

If you are a TILRC consumer you may already know how we help people who want to transition from an institution, like a nursing facility, back into the community or how we help folks get the attendant care services they need through the Medicaid Home and Community Based Waiver Programs, but you may not be aware of all the other ways we help people with disabilities maintain or increase their independence. Here are just a few of the ways our advocates can help you be more independent in many aspects of daily living. All of these services can be provided on an individual basis or in a group/classroom setting:

**HOUSING** – Finding affordable, accessible, integrated housing is never easy. We can help you find the housing that fits your needs. We can connect you with programs to make accessible modifications to your home. If you are a renter we can educate you on your rights and responsibilities or provide assistance requesting reasonable accommodations.

**ASSISTIVE TECHNOLOGY** – Accessing the right kinds of assistive technology can dramatically enhance a person’s independence. We can help you find resources and funding for all kinds of assistive technology like audible smoke alarms, video telephones or hand controls for your vehicle.

**INDEPENDENT LIVING SKILLS** – If you are adjusting to a newly acquired or advancing disability or just new to living in your own place you may want some help learning the skills you need to run your own household. We can help you learn cooking, housekeeping, organizational and other daily living skills. If you’re having trouble keeping a handle on your finances we can help you develop a budget or set up bill payment services.

**TRANSPORTATION** – If you need accessible transportation or don’t drive just getting around in the community can be a challenge. Whether you need to learn to ride the bus or apply for the LIFT Paratransit Service, we can help you navigate the public transit system. We can also provide assistance with accessing Medicaid transportation for medical appointments.

**WORK** – If you want to work we can help you access services and programs provided by Kansas Vocational Rehabilitation Services to look for a job, put together a resumé or we can connect you with work incentive programs, like the Working Healthy Program or Social Security’s Plan for Achieving Self Support (PASS).

**BENEFITS** – If you need assistance in finding out about or obtaining the benefits you are eligible for we can help. TILRC has trained staff with a proven track record in assisting folks in obtaining Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits. We can also help you find the Medicare Part D Prescription Drug Plan that is right for you.

**SOCIALIZATION** – We can provide information on social and recreational activities in our community and welcome your involvement in events organized by TILRC’s Social and Recreational Committee.

**SELF-ADVOCACY** – Nobody knows what you need better than you. We can help you learn how to effectively communicate your needs to policymakers, bureaucrats and others, so you can speak up for your own rights.

These are just some of the many ways we can help you live a more independent lifestyle. To learn more call 233-4572 and ask for Evan (outside the Topeka area call 1-800-443-2207).
Coming Soon! A New CIL for Northeast Kansas!

Topeka Independent Living Resource Center (TILRC) was recently awarded a grant through Kansas Rehabilitation Services (KRS) and the Department of Children and Families (DCF) to open a new center for independent living (CIL) to serve Jackson, Doniphan, Brown, and Atchison counties in northeast Kansas. The new CIL will assist people with disabilities in the area through an array of services, including information and referral, independent living skills training, peer counseling, individual and systems advocacy and de-institutionalization.

TILRC will help in all initial operations of the new center, such as outreach, finding a physical location for the center and training and mentoring for that new staff with an eventual goal to establish a standalone CIL to serve the northeast Kansas community. Recently Lori Randall came onboard as the Project Director for the new center.

She has an advanced degree in criminal justice that she has put to use in the realm of human services. Lori has extensive experience working on tribal issues which makes her a real asset to the project since there are four reservations within the CIL service area. The Sac and Fox Reservation and Kickapoo Reservation are in Brown County, the Prairie Band Potawatomi Reservation is in Jackson County and the Iowa Reservation is in Brown and Doniphan Counties.

Lori, with the assistance of other TILRC staff, is doing outreach throughout the four county area to establish connections with kindred social service agencies, identify resources and recruit staff and volunteers. She says the feedback has been very positive and that people are anxious for the new center to open.

If you are looking for a great job as an advocate or are interested in volunteering for the center’s advisory board contact Evan at 1-800-443-2207.
Topeka Metro connects people to life

According to Metro General Manager Susan Duffy “the most important thing we can provide our customers is safe and reliable transportation in a very friendly and respectful manner and I think we provide that every day.” To further that aim the Metro, through the use of things like new technology and equipment is making changes to provide a more user-friendly service to their ridership.

One technological innovation the Metro has utilized to make your trip planning easier is Google Transit. To use the Google Transit trip planner go to http://www.topekametro.org/riding/trip-planner. Once there just enter the addresses for your point of origin and destination, your desired date and time for departure or arrival and then click the “Get Directions” button. Google Maps will then display choices for the best routes for you to take, with a map and directions for each route. Goggle Transit also has an app for your Smartphone. Just open m.google.com/maps in your phone browser and follow the instructions to download.

You may have notices those funny looking rectangles with the random black and white geometric patterns on them. Those things are Quick Response (QR) Codes! If you have a Smartphone or mobile device with scan capabilities, you can scan the OR code and be directed to the related route map and schedule for the route that serve that shelter location on Topeka Metro’s website.

“We can do a lot with technology, but a lot of our riders just needed basic information, so inside the shelter now we have the shelter route and the time points for that particular route.”, says Duffy, “ We have placed on there the places that we stop at on that route - whether it’s the Wal-Mart, the VA, the hospital – so that somebody that’s not real familiar with Topeka, but who knows they want to visit somebody at Stormont [Vail Hospital] will know what bus they need to get on.” The Metro is also working on signs for inside the buses that show that specific route and the points of interest on it.

The Topeka and Shawnee County Public Library is a popular destination for many Metro riders, so the Metro is working in partnership with the library to provide information on the bus service to library patrons. Duffy elaborates, “We have provided them clings for their windows, we’ve provided them maps and we will be
training their staff to make sure they know how to read our maps and schedules. They are also going to start selling our passes, probably in April, and we’re looking forward to that as well. Right now we sell our passes at the Dillon’s’ and HyVee, but having that other source will be good. We appreciate all the efforts they are making to assist our riders.” Now you can also order your bus passes or tickets for the Lift and fixed route online using your credit or debit card at, http://www.topekametro.org/store. Pick them up at Quincy Street station or have them mailed to you for an additional fee (usually about $2.00 for a Topeka address).

“We are also working on bringing new fare boxes to the system,” says Duffy. Probably the most immediate impact to riders will be increased flexibility in the use of monthly bus passes. “With the new fare boxes it can begin any time you want it to and we don’t start running the clock until your first usage. If you want to buy them on the first and you don’t need to ride until the fifth then you ride for 31 days and it doesn’t start until the first day you use it.”

“There will be a lot of advantages to the new fare boxes,” Duffy explains, “We’ll be able to gather data about where people are getting on and that will be really helpful. Also, we’ll know the type of passes they’re using and may be able offer a wider variety of passes, further it will read the transfers automatically and the driver won’t have to be so involved in that process. We’ll be able to tell denominations of money, so if you put in a five and your ride only costs two dollars you’ll get a ticket back for three dollars credit towards future rides. When we install the new boxes we’ll be phasing in our new card system and we will also have vending machines that you’ll be able to use to purchase your pass without waiting at the window.”

Duffy says, “We have new shelters scheduled for our busiest routes, which run on 10th and 21st Streets.” They will be accessible to Americans with Disabilities Act (ADA) standards and provide better shelter from the weather than many of the existing shelters. The Metro wants to eventually be able to use global positioning system (GPS) equipment on the buses to interface with a Passenger Advisory Sign System in the shelters to tell you when a particular bus is nearing your shelter and how soon it will arrive. The same technology could be used to allow riders to receive a text message when their bus is about to arrive or track its progress on the Metro website. The Metro has proposals out to purchase the shelters and Duffy says, “We are hoping that we get these shelters up as soon as possible.”

New Lift buses hit the streets in April. The new Glavel buses have roomier cab space and more flip-up seats, which means more room to accommodate more wheelchair seating and to allow any rider in a wheelchair to board or debark without having to move another rider out of the way. The new buses are also equipped with sturdier lifts with a maximum capacity of 1000 pounds, a significant increase from the 600 pound capacity of the existing lifts.

Duffy believes that the changes underway at the Topeka Metro will help make Topeka a more inclusive community for folks who depend on public transportation. “Our bus operators are professionals and they are proud of what they bring every day to the citizens of Topeka,” says Duffy, “When they get on that bus they are not just driving a bus they are connecting people to life – to their life, whether it’s work or recreation, a doctor’s appointment – whatever it is, we connect people to life.”
Mental health advocates urge evidence-based approach to curbing violence

Reprinted from a January 24, 2013 KHI News Service article by Jim McLean

TOPEKA — Advocates for mentally ill Kansans said today that policies aimed at preventing mass shootings and other acts of violence should be based on evidence not inaccurate generalizations and stereotypes.

Pointing to a 2011 report from the Harvard Medical School, the advocates said large percentages of Americans are misinformed about the link between mental illness and violence. A 2006 survey found that 60 percent of Americans thought that people with schizophrenia were likely to act violently toward someone else, while 32 percent thought that people with major depression were likely to do so.

A review of the research, the report said, indicated that while a “sub-set of people with psychiatric disorders commit assaults and violent crimes,” most individuals with mental illnesses are not violent.

Different factors

“The research goes on to show that there are many different factors that drive individuals to act out violently,” said Mike Oxford, executive director of the Topeka Independent Living Center.

Substance abuse is often a primary factor, according to the research cited. One study found that 31 percent of people who had both substance abuse and psychiatric disorders committed at least one act of violence in a year. Other studies generated similar results. One found that more than 27 percent of people convicted of at least one violent crime between 1973 and 2006 had histories of substance abuse and suffered from schizophrenia. Approximately 8 percent suffered from schizophrenia alone and 5.1 percent were members of the general public with no known mental health or substance abuse problems.

“When violence does occur, it’s usually because something has gone terribly wrong in the mental health care system,” said Rick Cagan, executive director of the Kansas chapter of the National Alliance on Mental Illness.

Falling through the cracks

Often what goes wrong, Cagan said, is that people with serious mental illnesses fall through...
the cracks of an inadequate mental health system. He said one-third of people who need help
don’t get it in time to avert a crisis.

“We need to fix our mental health care system,” Cagan said. “It’s broken. The challenge is to
build a new system focusing on prevention, early screening, diagnosis and treatment.” In an
opinion piece written after the Newtown, Conn. shootings, Michael Hammond, executive
director of the Association of Community Mental Health Centers of Kansas, called on
legislators to restore $15 million cut from the centers’ budgets since 2008.

Cagan said Gov. Sam Brownback’s proposal to shift existing resources to provide more
intensive services to people who have had “frequent” encounters with police or multiple
admissions to a state mental hospital won’t fix the system.

‘Scapegoating’

Rocky Nichols, director of the Disability Rights Center of Kansas, said he was concerned that
some policy makers who talk about mental health reforms really were more interested in
shifting the focus away from calls for stricter gun control laws.

The former Democratic legislator said though he no longer is subjected to National Rifle
Association lobbying or privy to information he received from the group when he was a NRA
member, “I am really concerned that the debate is being manipulated and shifted towards
trying to scapegoat a class in society.”

The KHI News Service is an editorially independent initiative of the Kansas Health Institute and is committed to
timely, objective and in-depth coverage of health issues and the policy making environment. Find more about the
News Service at http://www.khi.org/newsservice or contact us at (785) 783-2529.

TILRC celebrates 10 years of advocacy with Ami Hyten

On February 28, 2013, TILRC celebrated Ami Hyten’s tenth anniversary as our Assistant Executive
Director.

Executive Director Mike Oxford thanked Ami for her many years of service to the community and for her
“genuine commitment” and “fierce advocacy” in fighting for the rights of people with disabilities.

The agency showed their appreciation by presenting her with a commemorative plaque and
award (shown at right). TILRC staff, board members and other guests enjoyed cake and other
refreshments as the reminisced with Ami about the events of the past decade.
RALEIGH, N.C. - The U.S. Court of Appeals for the Fourth Circuit Tuesday denied North Carolina’s request for a rehearing in Pashby v. Delia, upholding an important ruling protecting the rights of persons with disabilities to receive crucial Medicaid services.

The appellate court affirmed U.S. District Court Judge Terrence Boyle’s decision that enjoined a North Carolina Medicaid policy and halted cuts to in-home personal care services. “This decision is an important victory for thousands of North Carolinians relying on Medicaid. The court correctly held that some of North Carolina’s policies had the potential to shift individuals who currently live at home into institutions, putting their health at risk and removing them from their support networks,” said Sarah Somers, an attorney with the National Health Law Program (NHeLP), who represented the plaintiffs.

The Appeals Court affirmed the lower court’s conclusion that North Carolina law created a dilemma in which it was harder for individuals living at home to qualify for personal care services compared to those living in adult care homes (ACHs). This case marks the first time that the Fourth Circuit has held that the Americans with Disabilities Act (ADA) integration mandate protects people at risk of institutionalization, as well as those who have already been institutionalized, and provides that they receive services in the most integrated setting to allow them to live healthy and full lives.

Because these services allow the plaintiffs to live in their homes and communities safely, they were forced to choose between moving into a facility in order to get those services, or remaining at home and risking their health and lives.

“We are pleased that the Fourth Circuit has joined other federal courts of appeals around the country and recognized that a person should not have to actually be in an institution to fall under the ADA’s integration mandate,” said NHeLP attorney Sarah Somers.

In addition, the Appeals Court agreed with Judge Boyle’s conclusion that ACHs are “institutional settings that segregate residents from the community.” The Appeals Court also rejected the state’s argument that budgetary concerns were a legitimate reason to stop providing in-home personal care services to people with disabilities when other conditions have not changed.

“The state’s bias towards institutionalizing people with disabilities violates the ADA,” said Vicki Smith, executive
director of Disability Rights North Carolina, who also represented the Medicaid beneficiaries. “We hope the court’s decision will end North Carolina’s reluctance to acknowledge that adult care homes are institutions. This decision should emphasize the need for a permanent solution for providing services without creating an institutional bias. Providing support services within communities is cheaper and complies with federal law—a double win for North Carolina taxpayers.”

The class action lawsuit was filed on May 31, 2011 to stop the N.C. Department of Health and Human Services from implementing cuts to in-home services. The state planned to cut assistance with bathing, dressing, toileting, mobility, and eating - cost-effective services on which individuals with disabilities, who have no other caretaker, depend to avoid more costly placement in institutions such as adult care homes. At the time the lawsuit was filed, nearly 3,000 people with disabilities would have been negatively impacted if the State’s policy had gone into effect in June 2011.

Lawyers from Disability Rights North Carolina, Legal Services of Southern Piedmont, and the National Health Law Program are representing the plaintiffs in this lawsuit.


TILRC Grassroots Advocacy Education: Kansas Voices for Disability Services and Rights

On February 27, 2013 TILRC conducted a day-long self-advocacy education training, TILRC Grassroots Advocacy Education: Kansas Voices for Disability Services and Rights. The training is based on the National Alliance on Mental Illness Smarts for Advocacy training. Smarts for Advocacy is a step-by step program designed to give you the confidence and advocacy skills you need to shape a powerful and personal story that will influence policy makers. The NAMI training is focused on advocacy for people with psychiatric disabilities. TILRC modified the training to have a more cross-disability focus. TILRC is using the experiences of the first group to complete the training to fine-tune and improve subsequent trainings. If you are interested in becoming a better self-advocate turning your passion and your lived experience into a positive voice that will move policy makers contact Mike about future training opportunities at 233-4572.
Every winter TILRC gets into the holiday spirit by sharing with people in need in the community. Around the Thanksgiving Day holiday the staff participates in a non-perishable food drive. Staff can participate in a drawing for a small prize by get a ticket for each item they donate although some prefer to donate anonymously. The food items that are collected, which amounts to several hundred dollars worth of food, are donated the local Harvesters community food bank.

As Christmas approaches our Independent Living Advocates submit the names of consumers for the annual gift give away. One individual and one family are selected. Once they submit their wish lists the staff goes to work shopping for gifts, with the goal of finding everything on the lists. Most of the gifts are purchased by the TILRC staff, then the agency chips in to buy what’s left on the lists.

This past winter Sharon Stansbury was the individual we chose. She was delighted with the gifts she received, especially her new blue shoes. Dawn and Hailey Robertsen were the lucky holiday family. Dawn was fighting a bad cold the day staff delivered their gifts, so seeing the boxes of gifts helped give her a boost. Hailey, like any girl her age, was thrilled with all the presents and the TILRC staff members, who delivered the gifts, were charmed by her angelic smile and polite thank you for their generosity.
READ LABELS

About 90 percent of us eat more sodium than is recommended for a healthy diet, and too much sodium increases your risk for high blood pressure. Sodium hides in places you don’t always expect. So always compare products and focus on the amount of sodium per serving. Learn where sodium hides, and make healthier choices.

SPOT THE SALT

SIMPLE WAYS TO REDUCE SODIUM
George Wolf Youth Intern Program
begins June 24, 2013

Each summer TILRC offers local youth ages 14 to 19 the opportunity to learn about independent living philosophy and disability rights while gaining valuable work experience through the George Wolf Youth Internship Program (GWYP). This year the six week program runs from June 24 to August 2, 2013. Interns work three days a week; Mondays, Wednesdays and Fridays; from 8:00 a.m. to Noon.

During the internship youth gain knowledge of the history of the disability rights movement and how it lead to the evolution of the independent living philosophy as practiced by TILRC today. Interns will have the opportunity to explore how accessible our community is to people with disabilities through community walks and access surveys.

In addition, the interns are assigned a project to complete with the help of TILRC staff. The 2012 interns helped create an accessible computer lab that is available to our consumers and the general public. People who want to use the lab just need to contact the agency and reserve a time when they want to use it.

This year the interns will work on developing informational materials targeted to young people with disabilities to be shared through various forms of social media. Who better to help us understand the best way to share information via social media with young people than the youth themselves? The project’s goal is the raise awareness amongst local youth with disabilities of the advocacy and services we provide and peak their interest in becoming a part of the TILRC community.

GWYP is a great opportunity for youth with disabilities to learn to be a better self-advocate and gain valuable job experience.
They told me to “Try someplace else.”

So I did. I called HUD.

I found the perfect apartment near a park and public transportation. I asked for a reasonable accommodation for my service dog, but the landlord told me “no pets – try someplace else.” So I called HUD and found out it’s illegal for a housing provider to prohibit service animals. I filed a complaint, and now my dog and I have a great place to live.

Fair Housing Is Your Right. Use It.

Landlords must make reasonable accommodations for persons with disabilities, such as allowing for service animals or providing an accessible parking space. Report housing discrimination to HUD or your local fair housing center.

Visit www.hud.gov/fairhousing or call the HUD Hotline 1-800-669-9777 (English/ Español) 1-800-927-9275 (TTY)
TILRC Recreation Committee enjoys first fishing outing of 2013

Everyone had a fun time at the TILRC Recreation Committee’s first fishing outing for 2013 at Central Park Pond. The mild weather was perfect for a morning of angling at the park. Although the fish that were caught didn’t break any records they sure were biting and everyone had fun with the catch and release.

The next fishing outing is scheduled for September 6, 2013 at Lake Shawnee from 9:00 to Noon and includes a picnic lunch. The committee has a group fishing license and plenty of tackle, poles and bait for the anglers, all you have to do is show up and cast a line!

For more information on future events or to volunteer with the Recreation Committee give Evan a call at 233-4572.
DOL overtime rule for home health workers alarms disability community

The Department of Labor has proposed changes in federal labor rules that disability rights advocates fear could have a significant negative impact on people with disabilities and their families. Labor advocates support these rules to assure that attendants get paid minimum wage and are paid time-and-a-half for overtime work. Of course the disability community recognizes the invaluable role that attendants play in the daily lives of the people they serve. People with disabilities do not oppose the requirement that attendants be paid minimum wage, in fact, they have advocated for years for increased funding to provide better wages for their workers.

One concern is based on the possible negative impact that the increased cost of the overtime requirement may have on people with the most significant disabilities who rely on Medicaid services to live in the community. Without an accompanying increase in Medicaid funding, the additional cost for overtime could result in a reduction in hours of personal assistance, forcing some people with disabilities into unwanted institutionalization.

States and agency providers could decide to limit the hours attendants can work to a maximum 40 hours a week to avoid paying overtime. Attendants who currently work more than 40 hours a week would need to work for multiple agencies and/or additional consumers in order to match their current income.

The new overtime requirement is of particular concern to people who self-direct their own attendant care. These are the individuals who hire, train, supervise and dismiss their own attendants. Many self-directing individuals have family and friends working as their attendants. These attendants probably aren’t interested in providing attendant services for someone else because they’re busy taking care of a loved one or friend whether they are getting paid for it or not. Limiting them to working 40 hours a week will reduce their income, but not necessarily the amount of service they provide. Family and friends make need to find outside work to compensate for such a pay cut, forcing the consumer to find additional attendants to hire.

The Department of Labor dismissed concerns that their proposed rules would require people with disabilities to hire additional attendants. They noted that in traditional programs, turnover is high. But that is really comparing apples to oranges. In traditional programs where individuals get their attendant services through a home health agency, it is the agency’s responsibility to provide an attendant. Individuals that self-direct have the entire burden of locating and interviewing potential workers as well as training the people they choose to hire. Considering the limited pool of qualified workers willing to work as attendants this can often be a difficult and time consuming process.

The rules are still being analyzed by the Office of Management and Budget. Many in the disability community are hoping the Obama administration will recognize that people with disabilities than need attendant care should have been more effectively engaged in the rulemaking process and will bring disability advocates to the table to further review the proposed changes.

For more information on this issue contact Mike at 233-4572.
HUD issues new guidance to encourage participation in state efforts to assist individuals moving out of institutions and into housing

From the U.S. Department of Housing and Urban Development, June 04, 2013

WASHINGTON – The U.S. Department of Housing and Urban Development (HUD) today issued new guidance to HUD-assisted housing providers on how they can support state and local Olmstead efforts to increase the integrated housing opportunities for individuals with disabilities who are transitioning from, or at serious risk of entering, institutions and other restrictive, segregated settings. Read HUD’s new guidance at: http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc060413.pdf.

Olmstead refers to the 1999 Supreme Court landmark decision, Olmstead v. L.C., which affirmed that the unjustified segregation of individuals with disabilities is an illegal form of discrimination. Following the Olmstead decision, many states are working hard to assist individuals living in institutions and other segregated settings to move to integrated, community-based settings where they can receive the health care and long-term services and supports they need. Many of these efforts, though, are confounded by a lack of integrated and affordable housing options for persons with disabilities.

HUD’s new guidance encourages public housing agencies and other HUD-assisted housing providers to consider the housing needs of their individual communities and their state and to partner with state and local governments to provide additional community-based, integrated housing opportunities. HUD’s guidance is consistent with efforts across federal agencies and in many states to provide appropriate health care and related supportive services for individuals with disabilities in the most integrated setting appropriate to their needs.

“There is a tremendous need for affordable housing where individuals with disabilities are able to live and be part of the very fabric of their communities,” said HUD Secretary Shaun Donovan. “HUD is committed to offering housing options that enable individuals with disabilities to live in the most integrated settings possible and to fully participate in community life.”

The guidance announced today affirms HUD’s commitment that individuals with disabilities, like all persons, should have meaningful choice and self-determination in housing and in the health care and related support services they receive. For this reason, HUD is exploring how it can fund additional integrated housing units scattered throughout communities and provide a greater range of meaningful housing choices for individuals with disabilities. HUD is also exploring how existing HUD-assisted housing can provide individuals with disabilities increased opportunities to exercise autonomy, independence, and self-determination in living arrangements that have the comforts and qualities of home.

While HUD’s guidance will be helpful to individuals with disabilities and anyone engaged in the funding, development or operation of housing, the scope of this guidance is limited to HUD funding and programs. Recipients of HUD funds include, but are not limited, to: states, units of local government; public housing agencies; and developers of multifamily properties.
Recipients do not include the individual beneficiaries of HUD-funded programs and activities.

Background

Individuals with disabilities have historically faced discrimination that limits their opportunity to live independently in the community and requires them to live in institutions and other segregated settings where they are generally denied many of the most basic freedoms that individuals without disabilities take for granted. The Supreme Court’s decision in Olmstead acknowledged that segregating individuals with disabilities in institutional settings deprives them of the opportunity to participate in their communities, interact with individuals who do not have disabilities, and make their own day-to-day choices; it also recognized that unnecessary institutionalization stigmatizes people with disabilities, reinforcing misperceptions about their capacities and negative stereotypes. Thus, the promise of Olmstead is that people with disabilities be given meaningful opportunities to live, work, and receive services in integrated settings.

The Olmstead decision—and subsequent voluntary Olmstead planning and implementation, litigation by groups representing individuals with disabilities, and Department of Health and Human Services and Department of Justice enforcement efforts—is creating a dramatic shift in the way services are delivered to individuals with disabilities. Historically, state health and long-term care systems have been heavily weighted toward using institutions, hospitals, nursing homes, adult care facilities, and other restrictive, segregated settings to provide long-term services and supports for individuals with disabilities. Today, due to Olmstead enforcement and voluntary compliance efforts, states are “rebalancing” health care delivery systems by shifting away from an overreliance on providing long-term services and supports to individuals with disabilities in institutions and moving towards a greater reliance on home- and community-based services. For many states, efforts to comply with Olmstead by moving people out of institutions and into the community are severely challenged by a lack of integrated housing options for individuals with disabilities.

HUD has made significant progress towards providing integrated housing opportunities for individuals with disabilities. For example, HUD’s new Section 811 Project Rental Assistance Demonstration program supports integrated housing for qualified individuals with disabilities. In response to the need for housing tied to rebalancing initiatives, HUD also carved out funding from a 2009 Congressional Appropriation for housing choice vouchers to aid non-elderly persons with disabilities as they transition from an institution to the community. In addition, HUD’s various rental assistance programs, and homeless assistance programs also have the potential to provide integrated housing opportunities for low-income and very-low income persons with disabilities.

Donovan added: “HUD will continue to work with the Department of Justice, the Department of Health and Human Services, Congress, our grantees, and disability rights organizations to ensure that HUD programs provide meaningful access to integrated housing opportunities for the individuals with disabilities we serve.”
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