— Can you answer these questions on tape? 9 pages

MEMORANDUM

DATE: August 5, 1997

TO: ~~Justin Dart~~ Lex

FROM: ~~Lex Frieden~~ LF Tajauna + Wendy

At ILRU, we produce a quarterly newsletter for the Southwest Disability and Business Technical Assistance Center on the ADA. Our newsletter goes out to several thousands of people in the Southwest United States. In the next issue, we would like to have an interview with you.

Hoping that you will agree to an interview, I have attached some questions. You may choose to answer any or all of these, or substitute questions that you think are better. We would be glad to have your answers to these questions in writing, or, if you prefer, we will be glad to have one of our staff call you at a convenient time and interview you over the telephone.

I hope that it is agreeable with you to do an interview one way or the other. Please feel free to call our newsletter editor, Tajauna Dunning, at (713) 520-0232. If you want to discuss this further, or if you want to set up a time for a telephone interview.

It was good to visit with Yoshiko on the telephone and to hear briefly about your plans for international travel. Stay well, and don't hesitate to contact me if I can help you.

Following are questions concerning the passage of the ADA and its' future. These questions will be printed in the July/Aug/Sept newsletter, so I would appreciate your comments to these questions at your soonest convenience. Thanks!

Looking back over implementation and commentary of the ADA:

- There is a lot of controversy concerning the comprehensiveness of the definition. In addition, many individuals and groups have a great deal of difficulty understanding "non-traditional" disabilities as well as those that have manifestations that are not as significant as one society traditionally identifies as disabilities? How do you respond to the issues that have arisen surrounding the definition of disability?

- Why did you think a separate civil rights law for people with disabilities was necessary?

- Is there any testimony that was heard by Congress during the passage of the ADA, that you think was especially important, or exemplified the compelling need for it?

- It was an amazing coalition that was amassed to pass the ADA. How were you able to marshal all of the forces that you needed - - organizations, individuals and political forces - - necessary to pass the ADA?

- How do you respond to the critics that allege the ADA isn't working?

- How do you respond to the assertion that the ADA is an "affirmative action" statute?

- What are the most important changes you have witnessed since the passage of the ADA?

- How do you feel about the way the ADA has been implemented by the courts and through administrative activities?

- The ADA is a major piece of legislation. What, if any, future legislative activity is necessary to ensure full accessibility for persons with disabilities to all aspects of society?

- Do you think someday the mandate of the ADA will be institutionalized into all societal activities and decision making?

SWDBTAC NEWS

a program of ILRU

April/May/June 1997 Volume 1 Issue 2

ABOUT THE DBTAC

Published by the Southwest Disability and Business Technical Assistance Center (SWDBTAC), the *SWDBTAC News* is issued on a quarterly basis to update readers on implementation of the Americans with Disabilities Act. The newsletter is available for dissemination throughout federal Region VI, which includes Texas, Oklahoma, Arkansas, Louisiana and New Mexico.

The Southwest DBTAC is the leading source for ADA technical assistance and training in Region VI. Project staff with expertise in all areas of the ADA are available via the toll-free hotline 1-800-949-4232. Technical assistance services and many materials are available in Spanish as well as English.

Based at Independent Living Research Utilization (ILRU) a program of TIRR in Houston, Texas, the Southwest DBTAC is funded by the National Institute on Disability and Rehabilitation Research (NIDRR), an agency of the Department of Education under grant #H133D60012, to provide training and technical assistance on the ADA. The SWDBTAC is authorized by NIDRR to provide information, materials, and technical assistance on the ADA. NIDRR is not an enforcement agency. The information contained in this newsletter is intended solely as informal guidance and are neither a determination of your legal rights or responsibilities under the Act, nor binding on any agency with enforcement responsibility under the ADA.

Highlights and other ADA information from this newsletter are available at the ILRU web site: http://www.ilru.org.

MEET DBTAC STAFF

Tajauna Dunning

I provide technical assistance on the Americans with Disabilities Act. In talking with businesses I find that some still view the ADA as burdensome, but I try to explain the humanistic side of the law. Try going to a movie with a friend who happens to be a wheelchair user and then having to sit in separate areas of the theater, or visit the doctor's office when you are seriously ill, and not being able to understand what is being said to you. These are activities that non-disabled persons take for granted everyday.

&

Monica Martinez

I am the assistant and materials distribution specialist for the SWDBTAC. In addition, I provide technical assistance on the ADA as needed. I am currently studying to become certified in Special Education for elementary students. My position has allowed me to learn about the ADA, as well as other disability related laws.

Inside This Issue

SWDBTAC NEWS Is Now Available By E-Mail. If you prefer to receive *SWDBTAC News* via E-mail instead of in print, please fill out the form below and mail to: 2323 S. Shepherd, Suite 1000, Houston, TX 77019 or send an E-mail to: martinez@wt.net and provide the following information.

Name: _____

Organization: _____

E-Mail address: _____

SWDBTAC News is published quarterly.

Trends in Employment Law

"Our view is that a claim for social security disability benefits has several significant differences from a claim under the ADA, and therefore a prior social security benefit claim and award is not a per se bar to an ADA claim."[1]

In the first issue of *SWDBTAC News* we talked about the trend that is developing in many jurisdictions to dismiss ADA employment claims if the individual has applied for, or is receiving workers' compensation, Social Security, or long-term disability benefits. In response to this trend the Department of Justice (DOJ) and the Equal Employment Opportunity Commission (EEOC) have filed *amicus curiae* briefs to set forth their agency's position on this important issue. Recently, the DOJ argued its brief which was filed on behalf of the Social Security Administration (SSA) before the United States Court of Appeals for the District of Columbia Circuit in *Swanks v. Washington Metropolitan Area Transit Authority* (WMATA). The plaintiff in *Swanks*, a special police officer for WMATA, filed for Social Security Disability Insurance (SSDI) one year after he was terminated. While his claim for SSDI was pending, he also sued his employer for failure to provide a reasonable accommodation under the ADA. The plaintiff was eventually awarded benefits after an administrative law judge found that his impairment rendered him unable to perform his "past relevant work, or any other which exists in significant numbers in the regional or national economy," because it made it difficult for him to engage in "frequent contact with other persons."[2] WMATA, the defendant, argued that the plaintiff's receipt of benefits, "constitutes an admission that he is physically unable to work . . ." and moved for summary judgment.[3] In the brief, DOJ argues that filing an SSDI claim should not absolutely bar someone from filing suit under the ADA.

The key differences between SSDI and the ADA are:[4]

"SSA does not consider whether the former employer . . . might make a reasonable accommodation that would allow . . ." a claimant to work; SSA may award benefits at an early stage in the claims process, "based only on a showing that the claimant has a listed impairment, without considering his residual functioning capacity or his ability to do past relevant work," or an award may be made at a later stage where vocational factors such as age, education and work experience are factored into the equation; and under Title II of the SSA Act, individuals may return to work for a nine-month trial period while receiving benefits. Thus, according to SSA rules, a person can be working, yet still qualified to receive benefits. A claimant's statement should be carefully reviewed to elicit any information that could be relevant to an ADA claim, i.e., any references to an ability to perform essential job functions. A claimant's signature on a standard form without further investigation should not be used to dismiss the case as the court did in *McNemar v. The Disney Store, Inc.*[5] It is important to keep in mind at this stage whether or not the evaluation of the "ability to work" included any reference to reasonable accommodation. Finally, under SSA rules, a back pay award does not constitute some "sort of retroactive substantial gainful activity." It is not viewed as payment for work performed. Thus, the receipt of this award is not connected to an ability to work evaluation.

The resolutions of these cases raise important issues which not only affect Title I ADA implementation, but also present a great challenge for disability policy makers. We will keep you informed of these developments in future issues.

---

1. This quotation and other pieces are taken from the *BRIEF FOR THE UNITED STATES AS AMICUS CURIAE* filed in *Swanks v. Washington Metropolitan Transit Authority* (February 28th, 1997).

2. He had a congenital abnormality of the spine, which caused urinary incontinence.

3. Any party to a civil action may make such a motion if he or she believes that there is no genuine issue of material fact and should prevail as a matter of law.

4. The SSA administers two programs (Social Security Disability Insurance and Supplemental Security Income) that award benefits based on whether or not one has a disability as defined by the agency to be an "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months . . . ." Both programs require that the same sort of evaluation be conducted to determine eligibility, which includes an assessment of one's age, work experience, and education. This evaluation has been adapted into a five-step sequential evaluation process that is applied to every claim made. 42 U.S.C. 423 (d) (1) (A), 1382c (a) (3) (A).

5. 91 F. 3d 610 (CA3, 1996).

ADA Accessibility Guidelines

The most frequently asked ADAAG question centers around restrooms. Following are the guidelines for new construction on water closets from the ADA Accessibility Guidelines, which was last updated 1/94. We hope this will help in answering some of your questions. Of course, if you have other questions or need additional information, give us a call at 1-800-949-4232.

Survey Form 16: Toilet Rooms and Bathrooms (figures)

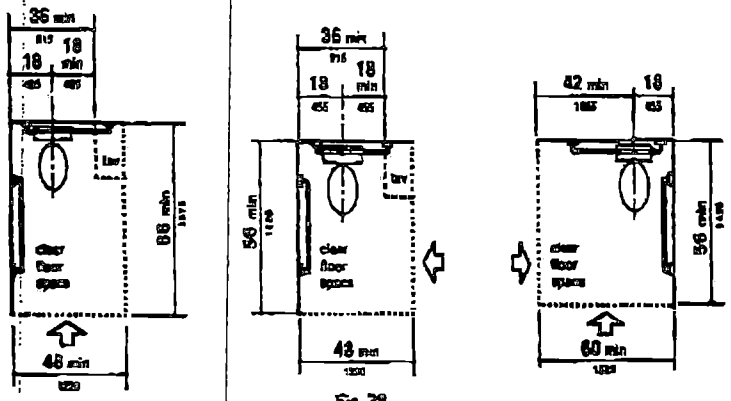

Fig. 28
Clear Floor Space at Water Closets

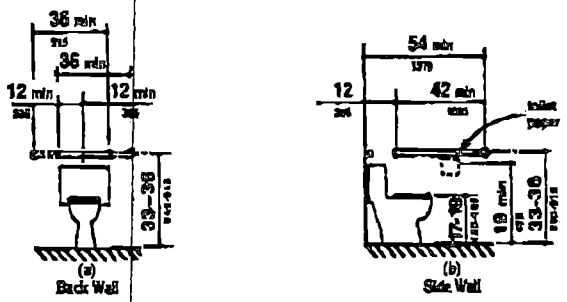

Fig. 29
Grab Bars at Water Closets

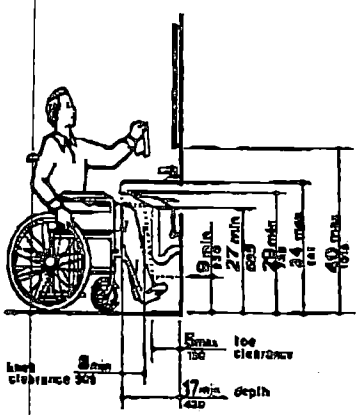

Fig. 31
Lavatory Clearances

Issues in Postsecondary Education:

Communication Access Requirements for Testing Authorities and Colleges

This article is the second in a series addressing educational issues under the ADA and Section 504 of the Rehabilitation Act.

Many issues in testing situations and in the classroom have arisen around the obligation to provide effective communication. The ADA and Section 504 require that individuals with communication impairments be provided with auxiliary aids and services to ensure effective communication. Section 36.309 (iii) (3) of the ADA addresses the requirements for testing entities. It specifies those private entities offering examinations:

"... provide appropriate auxiliary aids for persons with impaired sensory, manual, or speaking skills, unless that private entity can document that offering a particular aid would fundamentally alter the measurement of the skills or knowledge the examination is intended to test or would result in an undue burden."

"auxiliary aids ... may include taped examinations, interpreters or other effective methods of making orally delivered materials available to individuals with hearing impairments, Brailled or large print examinations and answer sheets or qualified readers

(cont. on pg. 6)

NEW MATERIALS AVAILABLE

- **EEOC Enforcement Guidance on the Americans with Disabilities Act and Psychiatric Disabilities (3/97).** Sets forth the Commission's position on the application of Title I of the Americans with Disabilities Act of 1990 to individuals with psychiatric disabilities.

- **EEOC Enforcement Guidance on the Effect of Representations Made in Applications for Benefits on the Determination of Whether a Person Is a Qualified Individual with a Disability Under the ADA (4/97).** This guidance explains why representations concerning ones ability to work, while in the process of applying for workers' compensation, social security, or other disability benefits should not bar someone from filing an ADA charge. See "Trends in Employment Law" in this newsletter.

- **Recommendations for Accessibility Guidelines: Recreational Facilities and Outdoor Developed Areas.** Recommendations for recreational facilities and developed outdoor recreation facilities. These guidelines are suggestions only, and are not final accessibility guidelines. To order, contact the Access Board at 1-800-872-2253 (V).

- **Technical Assistance Updates from the U.S. Department of Justice: Readily Achievable Barrier Removal & Van Accessible Parking Spaces.** Answers questions about barrier removal and van accessible parking spaces that have been brought to the attention of DOJ through complaints, compliance reviews, telephone calls or letters from the public.

SWDBTAC Trainings

ADA National Access for Public Schools Project

Programs available: Introduction to the ADA and Planning for Compliance

This program provides an overview of the ADA, identifies the major values underlying the law, and delineates the similarities and differences among the ADA, Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA). It covers the five administrative requirements mandated by Title II of the ADA with an emphasis on identifying the action steps for coordinated planning and implementation of the self-evaluation, the grievance procedure, public notice and the transition plan.

Other programs available:

- **Who is Protected and Ensuring Effective Communication**
- **General Nondiscrimination Requirements**
- **Employment Policies and Practices**
- **Program/Facility Accessibility**

Materials include:

A copy of the US Department of Education's guidance document, the 297 page "Compliance with the ADA: A Self-Evaluation Guide for Public Elementary and Secondary Schools," and a set of training materials.

For more information on this training, please call Earl Walden at 1-800-949-4232.

Training developed by Adaptive Environments and offered in conjunction with the SWDBTAC on the ADA.

TITLE I - EMPLOYMENT

The SWDBTAC is now offering ADA Title I Employment training for personnel departments and human resource professionals interested in sharpening their skills as ADA employment compliance wizards. This two-day session training covers six case studies dealing with key Title I regulations.

For more information, or to schedule this training at your work site, contact:

Joe Bontke,
Training Coordinator
@ 1-800-949-4232

LEGAL MATTERS: NEWLY CONSTRUCTED STADIUMS

Recently a number of disputes over the ADA Accessibility Guidelines for stadium facilities have arisen. Also at issue in most of these cases has been the liability of individuals and companies involved in the design and construction process. The recent ruling in *Paralyzed Veterans of America v. Ellerbee Becket Architects & Engineers, P.C.*[1] highlights many of these issues, but *Ellerbee* is not the law of the land. Cases with similar issues are being brought to court in several other jurisdictions. The issues presented to the Court in *Paralyzed Veterans v. Ellerbee*[2] were:

1) the liability of the named defendants, namely the architects;

2) the required number and dispersal of "accessible" wheelchair seating locations; and

3) the number and appropriate location of required enhanced sightline seats.

The Engineers, P.C., Ellerbee Becket, Inc., and Arena Associates were dismissed from the case because the Court referenced only 42 U.S.C. 12182(a)[3] to identify which parties could be sued under this title. This section defines public accommodations, but there is other language in Title III of the ADA which clearly indicates that commercial entities, such as architectural firms are covered by this title.

The Court ruled that an "accessible design should combine enhanced sightlines with substantial integration and adequate dispersal of wheelchair seating. The seating should offer a choice of admission prices and lines of sight comparable to those members of the general public . . ."[4] which means that a substantial number of wheelchair locations must have a line of sight over standing spectators. In order to achieve this, the defendants suggested implementation of a "no-stand" or "no-sell" policy.

The Court rejected the "no-stand" policy because it is an operational, not a design, solution. The Court noted that the ADA allows for "alternative methods," such as operational measures to remove architectural barriers in existing facilities, but imposes different requirements on new facilities. Operational solutions are insufficient for new construction because the guidelines require that the design and construction provide access. In addition, such a policy would impermissibly single out wheelchair patrons for attention, thereby subjecting individuals who use wheelchairs to resentment or hostility. The "no-sell" policy was found to be an acceptable design solution because it relied on "structural" means to provide sightlines and would not expose individuals who use wheelchairs to undue attention.

The DOJ recently filed suit against Ellerbee Becket in the U.S. District Court in Minneapolis, Minnesota, Ellerbee's principal place of business for violating 42 U.S.C. 12183 (a) in the assembly areas, sports stadiums and arenas it has designed. This section states that discrimination includes, " . . . a failure to design and construct facilities . . . that are readily accessible to and usable by individuals with disabilities . . ." Ellerbee Becket is the largest architectural firm in the U.S. and has been involved in the design of several major venues across the country. According to the DOJ, these actions constitute a pattern or practice of discrimination and raise issues of general public importance.

Ellerbee has filed a motion to dismiss themselves from the suit arguing that architects and engineers "do not fall within the scope of the ADA's provisions governing the design and construction of new facilities." The architectural firm interprets Section 12183 (1) (a) to be applicable only to: ". . . owners, leassors, leassees and operators of public accommodations . . .."[5] DOJ challenges Ellerbee's interpretation of the sections, noting that it simply lists prohibited activities (failure to design and construct new facilities) but does not identify or limit the parties who may be held responsible. In addition, the Department notes that this interpretation would in effect exclude commercial facilities from section 303 coverage.

Other pending cases which involve stadium accessibility issues include: *Johanson v. Huizenga Holdings, Inc.*, and *Independent Living Resources v. Oregon Arena Corporation*. The DOJ has filed briefs in both of these cases.

1. No. 96-1354 (TFH), U.S. District Court, D. C., December 20, 1996.

2. These issues were decided in several different court actions involving the same case – the challenge to the design and construction of a new arena, the MCI Center.

3. ". . . No individual shall be discriminated against on the basis of disability. . . by any person who owns, leases, (or leases to), or operates a place of public accommodation."

4. The Court relied on the May 1996 "Accessible Stadiums" release to support the requirement of enhanced sightlines.

5. Note that this is the section the Court used in *Paralyzed Veterans v. Ellerbee* to dismiss the architectural firm from the suit.

News From Around the Region . . .

New Mexico State Affiliate: Independent Living Resource Center (ILRC), Albuquerque, NM. Several ADA Information Specialist training workshops were offered in New Mexico. Two sessions held on April 1 & 2 in Albuquerque were offered in Spanish.

Oklahoma State Affiliate: Ability Resources, Tulsa, OK. Provided ADA training to the following: City of Tulsa, Count on Us Job Readiness Workshop, MS Society Support Group, and the Region VI Commission on Children and Parents.

Arkansas State Affiliate: Arkansas ADA Roundtable, Little Rock, AR. Providing ongoing ADA training to State Department of Human Services personnel; offering ADA Negotiation and Mediation Training for Roundtable members.

Louisiana State Affiliate: New Horizons, Shreveport, LA. Working with the Better Business Bureau/Consumer Education Foundation on a statewide media campaign to promote the ADA, includes dissemination of public service announcements.

Texas Governor's Committee on People with Disabilities, Austin, TX. Continued joint collaboration with the SWDBTAC on ADA Customer Satisfaction Post Card Project. This project is designed to promote voluntary compliance with the ADA and to increase access in places of business. The customer portion of the postcard contains information about access and service. The top portion is completed and left with the place of business. The business owner/manager may mail the bottom portion of the postcard to the SWDBTAC if additional information is needed.

Texas Activities conducted by the SWDBTAC, Houston, TX. Providing support for development of DOJ community action team (CAT) network; working with the Texas State Office of Court Administrators on conducting ADA mailing to the 3,000 judges under its jurisdiction.

Regional Affiliate: Better Business Bureau/ Consumer Education Foundation, Austin, TX. Conducting ongoing outreach campaign throughout Region VI through PSA dissemination and publications.

Regional Affiliate: Regional Rehabilitation Continuing Education Program (RRCEP), Hot Springs, AR. Developed an ADA Technical Assistance Network within the Arkansas Rehabilitation Services field offices. This model technical assistance network will be replicated in the other state vocational rehabilitation agencies in Region VI (OK, LA, NM, TX).

If you would like to become an ADA information specialist, be a part of the ADA Network, or would like additional information about the above, please contact the SWDBTAC at 1-800-949-4232 and specify in which project you are interested.

Editor: Wendy Wilkinson **Layout & Production:** Tajauna Dunning & Monica Martinez
Editorial staff: Cynthia Dresden, Lex Frieden, Laurie Gerken Redd, and Rose Shepard

This letter is available in alternate formats for people with visual impairments. The editor welcomes any comments on articles, and any suggestions for future articles.

SWDBTAC NEWS is a publication of the ILRU Program. Since 1977, ILRU has served as a national center for information, training, technical assistance, and research on independent living. ILRU is affiliated with TIRR systems, a corporation providing a continuum of services to people with disabilities.

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ROUTING AND TRANSMITTAL SLIP

Date 9/12/97

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Lex Frieden		
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3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Do you think you could encourage the other Independent living Centers to do something like this? What about state VR Agencies?

Post Record is sending this out to all the Texas Governor's Committees. I have also asked Justin to try to get the President's Committee to do something.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Ralph Rouse	Phone No. (214) 767-4058

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

★ U.S. GPO: 1990 — 262-080

SUPPORT THE MEDICAID COMMUNITY ATTENDANT SERVICES ACT NOW

For many years the Texas Governor's Committee on People with Disabilities has promoted the need for a functional need based, consumer controlled, dependable home and community attendant services program. In 1993, on behalf of the Governor's Committee, I traveled throughout Texas and with the assistance of local mayor's committee's and independent living centers we educated communities on the need to get involved in educating our elected officials of the great need for people with disabilities to have readily available, dependable community-based services rather than being forced into nursing homes and institutions to receive basic attendant services. The Texas Health and Human Services Commission traveled with me to these community forums advising Texans of the few, very limited programs available in only certain communities, and the long waiting lists because of the lack of funds for these programs. We demonstrated that such programs cost much, much less than institutionally based services, promote independent living and productivity for people who otherwise are not free, and have no hope for a meaningful life.

For the last decade disability rights and older American advocacy organizations have been fighting to change the institutionally biased long term care system. The struggle has resulted in exciting events that need the active support of every community in America. On June 24, 1997 H.R. 2020, The Medicaid Community Attendant Services Act of 1997 (MICASA) was introduced by House Speaker Newt Gingrich. This bill, if enacted into law, will establish a readily available nationwide system for the dependable delivery of attendant services in the home and community. Individuals who are eligible for Nursing Facility or Intermediate Care Facility Services for the Mentally Retarded would be able to choose to spend these dollars for a Medicaid service called "Qualified Community-based Attendant Services".

As we know from our long struggle to get the Americans with Disabilities Act of 1990 (ADA), this will not happen without the active and direct involvement of us all. This is the most important piece of "life changing", "liberty providing" legislation for people with disabilities since the ADA. Please join me and others in this effort as you did in the struggle for the ADA.

To get more detailed information and to lend your support, complete the enclosed form and mail it to the address provided. Together we can make this happen!

Enclosure

Ralph D. Rouse
Past Chairperson
Texas Governor's Committee on
People with Disabilities
(800) 368-1019
RROUSE@OS.DHHS.GOV

MiCASA Support

_____Please list our organization as a MiCASA Supporter.

_____We would like to work on the state level to support MiCASA.

_____ We can provide in-kind resources to support MiCASA.

_____ We can provide financial support for MiCASA.

_____ Please add us to the MiCASA mailing list for updates.

Name of Organization: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: ( ) _____ **Fax:** ( ) _____

TDD ( ) _____ **e-mail:** _____

Send To:

MiCASA Supporter
1319 Lamar SQ. Dr. Suite 101
Austin, Texas 78704

512/442-0252
512/442-0522 (fax)
adapt@adapt-now.com

MEDICAID COMMUNITY ATTENDANT SERVICES ACT OF 1997
H.R. 2020

What does H.R. 2020 (CASA) do? It gives people real choice in long term care.

CASA:

1) Amends Title XIX of the Social Security Act - Medicaid and creates a new Medicaid service called "Qualified Community-Based Attendant Services".

2) Allows the choice by any individual eligible for Nursing Facility Services (NF) or Intermediate Care Facility Services for the Mentally Retarded (ICF-MR) to use these dollars for "Qualified Community-Based Attendant Services" THE MONEY FOLLOWS THE INDIVIDUAL!

3) Requires services be provided in THE MOST INTEGRATED SETTING APPROPRIATE to the needs of the individual.

4) Provides $2 billion dollars over six years to help states transition from institutional to community-based services. This $2 billion dollars are in addition to the Medicaid dollars the state would spend on people eligible for nursing homes and ICF-MR.

5) Provides qualified community-based attendant services

   a) based on an assessment of functional need;
   b) in a home or community-based setting to include a school, workplace, recreation or religious facility;
   c) with various delivery options including vouchers, direct cash payments, fiscal agents and agency providers;
   d) selected, managed and controled by the consumer of the services;
   e) with backup and emergency attendant services;
   f) including voluntary training on how to select, manage and dismiss attendants;
   g) and according to a service plan agreed to by the person receiving services.

6) Allows health-related tasks to be assigned to, delegated to, or performed by unlicensed personal attendants.

7) Covers costs of transitioning from a nursing facility or ICF-MR to a home setting are "qualified community-based attendant services." This might include rent and utility deposits, bedding, basic kitchen supplies and other necessities required for the transition.

8) Covers individuals with incomes above the current institutional income limitation if a state chooses to waive this limitation because the potential for employment would be enhanced by providing these services.

STATES' TRANSITION PLANS

Each State shall develop a long term care services transition plan, with major participation by the State Independent Living Council, the State Developmental Disabilities Council and Councils on Aging.

This plan must have specific action steps and timetables to increase the proportion of home and community based services provided in the State.

DUTIES OF THE SECRETARY

The Secretary of Health and Human Services shall:

1) develop regulations that will maximize consumers' independence and control for the non-agency provider models;

2) review existing Title XIX regulations as they related to home health and home and community-based settings and submit a report to Congress on how excessive use of medical services can be reduced;

3) develop a functional needs assessment instrument, and

4) establish a task force to examine financing of long term care services.

COMMUNITY ATTENDANT SERVICES ACT OF 1997 (CASA)

CASA is based on twelve principles:

* Maximum control of the consumer to select, manage and control their attendant services,
* Community-based, not institutional
* Eligibility based on functional need regardless of age and/or disability
* Services available in-home and other locations,
* Services avaiable 24 hours a day, 7 days a week,
* Back-up and emergency services must be available,
* Program must allow for co-pay/cost sharing for people with higher incomes,
* Delivery of service must include options for vouchers, direct cash payment, individual provider model, as well as a consumer directed agency model,
* Health-related tasks can be assigned, delegated to or done by unlicensed personal attendants,
* Voluntary training should be available for consumers,
* Personal attendants should receive a livable wage and benefits, and
* Attendant services should be based on an agreed upon a individualized service plan.

REACH NEWS LOWDOWN

HELPING PEOPLE WITH DISABILITIES REACH FOR INDEPENDENCE
Sept-Oct-Nov 1997 Vol I, No 21 Editor: Roseann Nolan

REACH NEWS LOWDOWN is published four times a year in Dec, March, June, & Sept at REACH of Dallas, 8625 King George, Ste. 210, Dallas, TX 75235-2286.

REACH HOSTS FASHION SHOW SEPTEMBER 25

By Eddie Reyes, Director of Development

Extra!

The first annual "REACH for Style" fashion show will be held Thursday, September 25, 1997 beginning at 6:30 p.m. at the Colonial Country Club, 3735 Country Club Circle in Fort Worth. Individual tickets are $25.00 per person which includes dinner. Dinner will be served promptly at 7:00 p.m. and the Style Show will begin at 7:40 p.m. The fall fashions and models are from Jane's Unique Designs in Keller. The music will be performed by noted Fort Worth pianist Kay LaFan. Levels of table sponsorships are: $1,000 "Help Break the Chains" (Gold Sponsorship); $500 "To Boldly Go Where Everyone Else Has Gone Before" (Silver Sponsorship); and $250.00 "Help Open Doors and Minds" (Bronze Sponsorship). Plan to attend this gala event, and if you know of possible table sponsors, please tell them to contact Eddie Reyes at the REACH of Dallas office.

SUPPORT THE MEDICAID COMMUNITY ATTENDANT SERVICES ACT OF 1997

By Ralph Rouse, Regional Manager, Office of Civil Rights, and REACH Board Member

In the March-April-May 1997 issue of the REACH NEWS LOWDOWN, I wrote an article about the importance of the Community Attendant Services Act (CASA) and challenged the North Texas area to consider active support of this national effort to get legislation passed that will give Americans with disabilities who require attendant services a dependable choice to live independently ***(Cont. Pg. 4)***

REACH OF DALLAS RESOURCE CENTER ON INDEPENDENT LIVING
8625 KING GEORGE, SUITE 210, DALLAS, TX 75235
214/630-4796 V, 214/630-5995 TTY, 214/630-6390 FAX

REACH RESOURCE CENTER ON INDEPENDENT LIVING
1205 LAKE STREET, FORT WORTH, TX 76102-4501
817/870-9082 , 817/654-9614 METRO
817/870-9086 TTY, 817/877-1622 FAX

REACH OF DENTON RESOURCE CENTER ON INDEPENDENT LIVING
405 S. ELM, SUITE 202, DENTON, TX 76201-6068
940/383-1062 VOICE & TTY, 940/383-2742 FAX

Visit our Web Site at: http://www.cyberramp.net/ reachdal
Or Email: reachdal@cyberramp.net; reachftw@cyberramp.net;
reachden@gte.net

CALENDAR OF EVENTS

DENTON *940/383-1062 (V & TTY)*

Sept 1 - *Office closed for Labor Day*
Sept 3,10,17,24 - 1:00-2:30 p.m. - Support Group
Sept 10 - 2:30-3:30 p.m. - Game Day -Sometimes Skipbo, Bingo or Uno!
Sept 15 - 6:00-8:00 p.m. -TBI Support Group
Sept 24 - 2:30-3:30 p.m. - Health/Fitness - Specialized exercises/stretching for people with disabilities
Oct 1,8,15,22 - 1:00-2:30 p.m. - Support Group
Oct 6,20 - 6:00-8:00 p.m. - TBI Support Group
Oct 8 - 2:30-3:30 p.m. - Game Day
Oct 17 - *Office closed for Staff Training*
Oct 29 - 1:00-3:00 p.m. - Support Group Halloween Party -Costume or not! Just come for the fun of it!
Nov 3,17 - 6:00-8:00 p.m. - TBI Support Group
Nov 5,12,19,26 - 1:00-2:30 p.m. - Support Group
Nov 12 - 2:30-3:30 p.m. - Health Fitness
Nov 19 - 2:30-3:30 p.m. - Game Day
Nov 27 & 28 - *Office closed for Thanksgiving Holiday*

FORT WORTH *817/870-9082,817/870-9086TTY*

Sept 1 - *Office closed for Labor Day*
Sept 4,11,18,25 - 10:00-11:00 a.m. - Adjustment to Disability Training
Sept 4 - 1:00-4:00 p.m. - State Representative, Lon Burnam, will be speaking to the group
Sept 11 - Speaker to be confirmed - Contact Mary Beth for more information
Sept 18 - ANNUAL PICNIC - 11:00 a.m. - 4:00 p.m. See box page 7 for details
Sept 25 - Speaker: Lisa Turner-TDHS-1:00-4:00 p.m.
Oct 2,9,16,23,30 - 10:00-11:00 a.m. - Adjustment to Disability Training
Oct 2 - 1:00-4:00 p.m. - Speaker to be confirmed - Contact Mary Beth for more information
Oct 9 - NO MEETING AT REACH
Oct 16 - Workshop - 1:00-4:00 p.m. - Jonas Schwartz, SILC, presents legislative briefing
Oct 17 - *Office closed for Staff Training*
Oct 23 - BINGO - 1:00-4:00 p.m.
Oct 30 - Halloween Party at Pancho's - Noon-4:00 p.m. - Wear your costume!
Nov 6,13,20 - Adjustment to Disability Training
Nov 6 - ILS Movie - 1:00-4:00 p.m.
Nov 13 - Christmas Party planning & meeting - 1:00 - 4:00 p.m.
Nov 20 - Christmas shopping at Wal-Mart
Nov 27&28 - *Office closed for Thanksgiving Holiday*

DALLAS *214 /630-4796 or 630-5995 TTY*

Sept 1 - *Office closed for Labor Day*
Sept 2 - 11:30-12:30 p.m. - Workshop: Computer Basics for Beginners
Sept 2,9,16,23,30 - Adjustment to Disability Training
Sept 9 - 11:30-12:30 p.m. - Workshop: Computer Software Programs
Sept 16 - 11:30-12:30 p.m. - Workshop: Ron Aguilera, Bank of America discusses special, extended bank loans for PWD
Sept 16-Dec 16 - 12:30-1:30 p.m. - Exercise class - Every Tuesday - Call Brian for information
Sept 17-Oct 22 - Beginning Sign Language Class - Every Wed - 9:30-11:30 a.m. or 6:30-8:30 p.m. - Cost $20.00 - Call Brian to register
Sept 17-Dec 17 - Ceramics Class - Every Wed 1:00- 3:00 p.m. - Cost $25.00 - Call Brian to register - Space is limited
Sept 23 - 11:00-12:30 p.m. - Benefits of Exercise
Sept 30 - ARTIST OF THE MONTH - Carlene Liggins - Portraits drawn from your photographs!
Oct 7,14,21&28 - Adjustment to Disability Training
Oct 7 - 11:00-12:30 p.m. - Finding a Relationship
Oct 14 - 11:00-12:30 p.m. - How to Build on a Relationship
Oct 17 - *Office closed for Staff Training*
Oct 21 - 11:00-12:30 p.m. - Workshop: Disabilities & Relationships
Oct 28 - 11:00-12:30 p.m. - Workshop: Activities for singles in Dallas
Nov 4,11,18& 25-Adjustment to Disability Training
Nov 5-Dec 10 - Intermediate Sign Language Class - Every Wed - 9:30-11:30 a.m. or 6:30-8:30 p.m. - Cost $20.00 - Call Brian to register
Nov 27 & 28 - *Office closed for Thanksgiving holiday*

SPECIAL EVENTS

"KIDS AROUND THE BLOCK" - Sat., Sept. 20 - 11:00-4:00 p.m. - Scotttish Rite Hospital Grounds
"SIGN CHOIR FESTIVAL" - Sat., Sept. 27 - Dallas Convention Center - Call Brian for information

Please call each of the offices to RSVP for any activity at which you will need any accommodation such as a sign language interpreter, braille materials, etc.

FROM THE DIRECTOR'S DESK

New Employee

I'm happy to introduce the newest member of the REACH team, Sheryl Feddeler, Employment Specialist at the Dallas office. Sheryl will be working with Ben Johnson in assisting our consumers with their employment search. Sheryl is new to the Metroplex; she moved here from Indiana. Sheryl has 10 years of experience working in placement and vocational counseling with Goodwill Industries and the state employment offices in both Indiana and Wisconsin. Sheryl has also been a high school teacher and a crisis counselor for battered women.

welcome

Sheryl has a bachelor's degree in sociology from the University of Wisconsin and an A.A.S. degree from Purdue University in business management. Sheryl has volunteered with a variety of organizations over the years including Chambers of Commerce, Special Olympics, Girl Scouts, American/Red Cross, Urban League, and her church's food pantry. Sheryl is the mother of two "budding" young adults.

Tom Thumb Rewards and Kroger Cares Card Fund Raising Programs

In past editions of this newsletter, I told you about REACH's involvement with the Kroger Cares card program. To date, with your help, we have gotten over $600 from Kroger's for participating in their program.

For those of you who are not familiar with the Kroger Cares card program, it is Kroger's way of contributing money to local nonprofits. Everytime you shop at a Kroger's store anywhere in the country and give them a "REACH" Kroger Cares card, the total of your purchase(s) will be credited to REACH's account. Kroger gives REACH a percentage of these totaled amounts every quarter.

If you need a REACH Kroger Cares card, please stop by or call any of the REACH offices to get one.

We have recently enrolled in the Tom Thumbs Rewards program which is a similar community nonprofit fund raising program to Kroger's. If you have a Tom Thumb Rewards card, give them REACH's number--4267--and it will be added to your Rewards account information. REACH will then get a check from Tom Thumb which is based on a percentage of the total amount of purchases credited to REACH's number.

Thanks ahead of time for your help with these easy fund raising efforts on our behalf.

Outreach

ANNOUNCING

My staff at each center, Amira Zacarias in Fort Worth, Paul Hughes in Dallas, and Brandon Jones in Denton, who coordinate our outreach and minority outreach efforts need your help. We want to make contact with local churches, synagogues, mosques, temples, etc. in an effort to let people know about our services. If you'd like to help us in making contact with your place of worship, please call Amira, Paul, or Brandon for more information on what you can do to help.

WISHING YOU A VERY HAPPY THANKSGIVING!

SUPPORT CASA ACT (Cont. from Pg 1)

in their place of choice rather than be forced into a nursing home or institutional care. Only a few people in the North Texas area have responded. However, exciting new developments have occurred, and the information that follows is for the purpose of updating Lowdown readers and to once again challenge you to get involved. This is the most important piece of "life changing" legislation for people with disabilities since the Americans with Disabilities Act of 1990. Let's get involved. We can make the difference.

MEDICAID COMMUNITY ATTENDANT SERVICES ACT OF 1997 - H.R. 2020

From Adapt Action News Bulletin 7/21/97

What does H.R. 2020 (CASA) do? It gives people real choice in long term care.

CASA:

1) Amends the Title XIX of the Social Security Act - Medicaid and creates a new Medicaid services called "Qualified Community-Based Attendant Services"
2) Allows the choice by any individual eligible for Nursing Facility Services (NF) or Intermediate Care Facility Services for the Mentally Retarded (ICF-MR) to use these dollars for "Qualified Community-Based Attendant Services". THE MONEY FOLLOWS THE INDIVIDUAL.
3) Requires that services be provided in THE MOST INTEGRATED SETTING APPROPRIATE to the needs of the individual.
4) Provides $2 billion over six years to help states transition from institutional to community-based services. This $2 billion is in addition to the Medicaid dollars the state would spend on people eligible for nursing homes and ICF-MR.
5) Provides qualified community-based attendant services.
 a) based on an assessment of functional need;
 b) in a home or community-based setting to include a school, workplace, recreation or religious facility;
 c) with various delivery options including vouchers, direct cash payments, fiscal agents and agency providers;
 d) selected, managed and controlled by the consumer of the services;
 e) with backup and emergency attendant services;
 f) including voluntary training on how to select, manage and dismiss attendants;
 g) and according to a service plan agreed to by the person receiving services
6) Allows health-related tasks to be assigned to, delegated to, or performed by unlicensed personal attendants.
7) Covers costs of transitioning from a nursing facility or ICF-MR to a home setting with "qualified community-based attendants services." This might include rent and utility deposits, bedding, basic kitchen supplies and other necessities required for the transition.
8) Covers individuals with incomes above the current institutional income limitation if a state chooses to waive this limitation because the potential for employment would be enhanced by providing these services.

STATES' TRANSITION PLANS

Each State will develop a long term care services transition plan, with major participation by the State Independent Living Council, the State Developmental Disabilities Council, and the Councils on Aging.

This plan must have specific action steps and timetables to increase the proportion of home and community based services provided in the State.

DUTIES OF THE SECRETARY

The Secretary of Health and Human Services shall:
1) develop regulations that will maximize consumers' independence and control for the non-agency provider models;
2) review existing Title XIX regulations as they relate to home health and home and community-based settings and submit a report to Congress on how excessive use of medical services can be reduced;
3) develop a functional needs assessment instrument, and
4) establish a task force to examine financing of long term care services.

CASA IS BASED ON 12 PRINCIPLES:

*Maximum control by the consumer to select, manage and control their attendant services,
*Community-based, not institutional
*Eligibility based on functional need regardless of age and/or disability

*Services available in-home and other locations,
*Services available 24 hours a day, 7 days a week,
*Back-up and emergency services must be available,
*Program must allow for co-pay/cost sharing for people with higher incomes,
*Delivery of service must include options for vouches, direct cash payment, individual provider model, as well as a consumer directed agency model,
*Health-related tasks can be assigned, delegated to or done by unlicensed personal attendants,
*Voluntary training should be available for consumers,
*Personal attendants should receive a livable wage and benefits, and
*Attendant services should be based on an agreed upon and individualized service plan.

ADAPT
action news bulletin

July 21, 1997

Dear Supporter of Home and Community-based Services:

For the last decade ADAPT and other disability rights and older advocacy organizations have been fighting to change our institutionally biased long term care system.

On June 24, 1997 H.R. 2020, The Medicaid Community Attendant Services Act of 1997 (MiCASA) was introduced by House Speaker Newt Gingrich. This bill allows individuals who are eligible for Nursing Facility or Intermediate Care Facility Services for the Mentally Retarded to CHOOSE to spend these dollars for a newly created Medicaid service called *"Qualified Community-based Attendant Services"*. (See summary Page 4)

If this bill became law individuals would finally have the choice to select where they receive long term care services. The concept "the money follows the individual" would finally become a reality.

ADAPT wants your support for H.R. 2020. Working together we can make MiCASA a reality. Please review the levels of support that your organization could provide. Please check off as many as are appropriate and send back to: MiCASA Supporter, 1319 Lamar SQ. Dr. Suite 101, Austin, Texas 78704.

Thank you for your Support.

Michael Auberger Stephanie Thomas Bob Kafka

PLEASE FILL OUT AND SEND THIS FORM IN TO THE ADDRESS BELOW

MiCASA Support

_____Please list our organization as a MiCASA Supporter.

_____We would like to work on the state level to support MiCASA.

_____ We can provide in-kind resources to support MiCASA.

_____ We can provide financial support for MiCASA.

_____ Please add us to the MiCASA mailing list for updates.

Name of Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

TDD ( ) _____ e-mail: _____

Send To:

MiCASA Supporter
1319 Lamar SQ. Dr. Suite 101
Austin, Texas 78704

512/442-0252
512/442-0522 (fax)
adapt@adapt-now.com

Ft. Worth REACH
Resource Center On Independent Living

8th ANNUAL PICNIC

THURSDAY, SEPTEMBER 18, 1997

LOCKHEED RECREATION AREA
PICNIC AREA #12

ADMISSION FEE $1.00

11:00 A.M. TO 4:00 P.M.

3400 BRYANT IRVIN ROAD
FORT WORTH, TEXAS

CONTACT MARY BETH AT 870-9082 IF YOU PLAN TO ATTEND. YOU MAY ALSO TELL US WHICH PICNIC FOOD YOU WILL BE BRINGING. COME JOIN US FOR THE FUN!!!

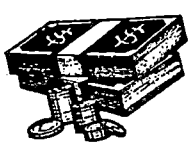
FOOD & BEVERAGES
MINGLE
KIDS PLAYGROUND

BINGO
ROCK N ROLL
FUN FOR ALL

DARA ANNOUNCES AWARDS

The Dallas Area Rehabilitation Association (DARA) is again this year providing awards ranging from $50 to $300 to people with disabilities who seek to further their vocational or educational goals. Awards may be used to purchase training, equipment, supplies, clothing, transportation and other items to help people reach their goals.
Eligibility criteria are as follows:
1) The recipient must have a disability; 2) The recipient must state a specific need that the award can help alleviate, providing details about cost, and how the money will affect his/her goals;
3) Higher priority will be given to individuals with the most limited financial resources; 4) previous DARA award winners are NOT eligible.
Award applications must be postmarked no later than Friday, September 26, 1997. Selections will be made within two weeks.

Please call the REACH of Dallas office for an application and/or help in filling it out.



REACH OFFERS STATE FAIR TICKETS

You can buy State Fair adult tickets at the REACH office in Dallas, Fort Worth, or Denton for only $6.75, which is a savings of $2.25 over the gate price of $9.00! Children's tickets are $4.50. REACH gets a portion of the ticket price as a donation from the State Fair. The Fair opens September 16 and runs through October 19. Highlights include: "Tiger Island" where visitors will enjoy a close-up look at the behavior, abilities and personalities of these magnificent and endangered cats; "Kings of the Wind", free-flight bird show with eagles, hawks, condors and falcons soaring over the crowd; butter sculpture where you won't believe it's butter, life-size art!; a Starlight Parade every night with illuminated floats, equestrian units and marching bands; and laser and fireworks shows. Don't forget to buy your tickets from REACH!

ADA CELEBRATION GRAND SUCCESS

Thank You!

This year's ADA celebration marked the 7th anniversary of the signing of the Americans with Disabilities Act. We had a large crowd who celebrated with tons of good food, and entertainment by people with disabilities and artists with disabilities. Just about everyone left with a fabulous prize. REACH appreciates all the sponsors of the event who were recruited by volunteer, Karen Tyndall.

Food	Prizes	
CiCi's Pizza	Fun/Ed	Salon 210
Dominoes Pizza	Albertson's	Border's Books
J.J.'s Pizza	Nations Bank	Brad Ogden
Pizza Hut	DART	Pinkston Hollar
Olympic Pizza	Ft. Worth Roofing Supply Inc.	
	Plano Repertory Theatre	

THANKS TO ALL THE 1997 Sponsors!!!!

DALLAS MINI-WORKSHOPS FEATURE COMPUTER INFO, BANK LOANS FOR PWD, EXERCISE & RELATIONSHIP TOPICS

Mini-Workshops will continue on Tuesdays from 11:30 - 12:30 at the REACH of Dallas office. Most topics are what you asked for. Check the Dallas Calendar of Events for specific topics for September and October.

PARKING CHANGES COMING FOR PEOPLE WITH DISABILITIES

By Steve Mayeux, Office of Disability Services, City of Dallas

Effective immediately, an Application for Disabled Person Identification Placard/Plate must be signed by someone licensed by the Texas State Board of Medical Examiners. Previously, applications signed by a chiropractor, optometrist, or acupuncturist were acceptable. No longer. The first application must be accompanied by a notarized written statement or written prescription of a physician licensed to practice medicine in the State of Texas certifying and providing that the person making the application or on whose behalf the application is made, is legally blind or has a mobility problem that substantially impairs the person's ability to ambulate.

The application will now require the applicant's driver's license number or the number of a personal identification card issued by the Department of Public Safety. The county assessor-collector will record this number on any disabled parking placard issued to the applicant.

Effective September 1, 1997, exemptions to fees or penalties imposed by a governmental unit for parking at meters, in a parking garage or lot, or in a space located within the boundaries of a municipal airport will be rescinded. Individuals displaying the disabled plate/placard will be required to pay applicable fees for parking at the above mentioned locations.

(Amendments enacted by the 75th Legislature of the State of Texas H.B. 580)
For further information, visit the Texas Department of Transportation web site at:
www.dot.state.tx.us

SOCIAL SECURITY DISABILITY LEGISLATION "REMEDY '97" CLEARS FIRST HURDLE

--July 15, 1997 News Release from Allsup Inc.

In a voice vote Thursday, a judiciary subcommittee with eight members present overwhelmingly approved legislation that would require the Social Security Administration to obey federal law when determining who receives disability benefits.

By a voice vote with four Democrats and four Republicans present, the bipartisan subcommittee supported H.R. 1544, known as "Remedy 97: The Federal Agency Compliance Act." The legislation would require all federal agencies to follow the law rather than their own policies.

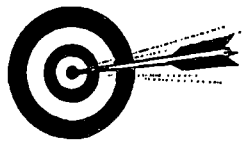
This is just the first step in seeing Remedy '97 become the law of the land," said Jim Allsup, CEO of Allsup, Inc., and one of the nation's foremost champions of people with disabilities. "Millions of Americans with disabilities are denied their legitimate disability claims because the Social Security Administration has been taking the law into its own hands."

Key to enacting the legislation is a letter from the Social Security Administration to its administrative law judges telling them to ignore federal law and follow the agency's Program Operations and Manual System (POMS) when determining who receives disability benefits....

....(We) urge..all concerned citizens to call or write their representatives in Congress and ask them to support H.R. 1544.

DALLAS SELF ADVOCACY GROUP TO DISCUSS DART PROBLEMS

By Paul Hughes, Outreach/Advocacy Coordinator



Public transportation has its faults. However, when one speaks of DART, the faults stand out like a bright neon sign during the blackest of nights! DART has had its share of problems over the years, and, sadly, some of those problems haven't been solved yet! You may have been, or still are, affected by DART's problems. Beginning Tuesday, September 2, the Self Advocacy group will be discussing options for solving problems with DART. From September to the end of the year, the group will scrutinize DART operations and make field trips to DART rail stations and other points of interest. There will also be a series of informal question and answer sessions with DART representatives to find out what you need to know, and pose some thought-provoking questions which might aid in the solution of DART's problems. Join us every Tuesday afternoon at 1:00 beginning September 2. For more information, call Paul Hughes at 214/630-4796 or 214/630-5995 TTY.

ILS TRAINING FOR PEOPLE WHO ARE BLIND/VISUALLY IMPAIRED

By Missy Dickenson, Independent Living Specialist

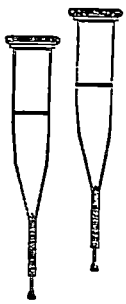
REACH of Denton continues to provide in-home ILS training for qualified individuals who are blind or visually impaired. The services are free and include training/services in personal management, home management, communiciation, orientation and mobility, and information and referral. The goal is to help individuals maintain and/or increase their overall independence. For more information, call Missy Dickenson at 940/383-1062 (V or TTY).

HOW TO HANDCUFF A DISABLED

CDOC #337

BUT PREPARED

According to the Department of Justice, three out of every four disabled people have been or will be assaulted in their lifetimes. So how can someone who's disabled protect themselves? Depending on the degree of disability there are several precautions you can take:



- GET A CELLULAR PHONE.
  A phone can easily be attached to wheelchairs and walkers and can be carried in belly packs. Program it to dial 9-1-1 with the push of a button so if you find yourself in a crisis situation you have access to help immediately.
- DON'T ADVERTISE YOUR HANDICAP ON YOUR LICENSE PLATE.
  Criminals will pick you out as a potential target and tail you. Once you get to a secluded area, they may try to run you off the road or stage an accident. Instead, get a hanging disability sticker to put in your rearview mirror when you need to park.
- SIT WITH YOUR BACK TO THE WALL.
  While out in public places, sitting against the wall will prevent thieves from sneaking up and robbing you. Sit near the driver when taking buses or other public transportation.
- USE A PERSONAL OR PENDANT ALARM.
  Many of them are connected to alarm services or the police department. Then you can summon help if you need it. Or buy a police whistle and wear it around your neck. The shrill sound will attract attention.

ALWAYS LOOK OUT FOR YOURSELF: Stay alert and tuned in to your surroundings, whether on the street, in an office building, shopping mall or waiting for a bus. Let people know you're calm, confident and know where you're going. At the same time, be realistic about your limitations. Avoid places or situations that put you at risk. Know the neighborhood where you live and work. Check out the locations of police and fire stations, public telephones. hospitals, restaurants or stores that are accessible to the disabled.

FOR MORE INFORMATION, PLEASE CONTACT:

Sr. Corp. Sheila Cavanaugh
Dallas Police Department
Community Policing
1901 Main Street, Suite 104
Dallas, Texas 75201
(214) 670-4427

For medical news, visit Ivanhoe Broadcast News on the Internet at http://www.ivanhoe.com

TEXAS LEGISLATORS AND ETHICS

The Consumer Federation of America and Common Cause report that most states have no legislation in place preventing politicians from sitting on committees and voting on issues that present conflicts of interests. Only California and Massachusetts have tough laws preventing this practice. Texas is reported to have 25 percent of legislators experiencing conflicts of interests. What should be required? Full disclosure by legislators of their financial interests and sources of income, legislators should abstain from any action on matters that may benefit them financially, and penalties should be in place for those who fail to follow the laws. It is in everyone's best interest to have fair, impartial legislators who truly represent us. The legislative process is compromised when there is little public confidence in state representatives. To express your opinion or support: Consumer Federation of America (202/387-6121) or Common Cause (512/474-2374)

--from Texas Alliance for Human Needs Newsletter, Feb, 1996

COMMUNITY CARE FOR THE AGED & DISABLED

(A program of the TX Dept of Human Services)

The goal of the CCAD program is to provide in-home and community-based services to the elderly and people with disabilities who are functionally impaired, allowing them to remain in their own homes or communities. Services include:

* Primary Home Care & Family Care
* Home-delivered or Congregate Meals (Not available in Denton)
* Emergency Response Services
* Day Activity & Health Services
* Adult Foster Care
* Residential Care (Not available in Denton) and
* Special Services to Adults with Disabilities
* Case Management
* Respite Care

Eligibility for CCAD services:

* Income - at or below $1,452/mo for an individual or $2,904 for a couple
* Resources -Below $5,000 for an individual or $6,000 for a couple. Some resources are exempt.
* Age: Must be 18 or older except Day Activity & Health Services & Primary Home Care (can serve all ages)
* Need - Functional capa ility & impairement are measured in a client needs assessment interview by a Texas Dept. of Human Services caseworker

To apply, call one of the following intake #'s: Dallas - 214/638-7575; Fort Worth - 817/625-4529; Denton -940/591-6257 When calling these numbers, you will need to give your name, address, phone number, date of birth, Social Security number, income & resources, and brief medical history.

DENTON SUPPORT GROUP ENJOYED VARIETY OF TOPICS

By Brandon Jones, Independent Living Specialist

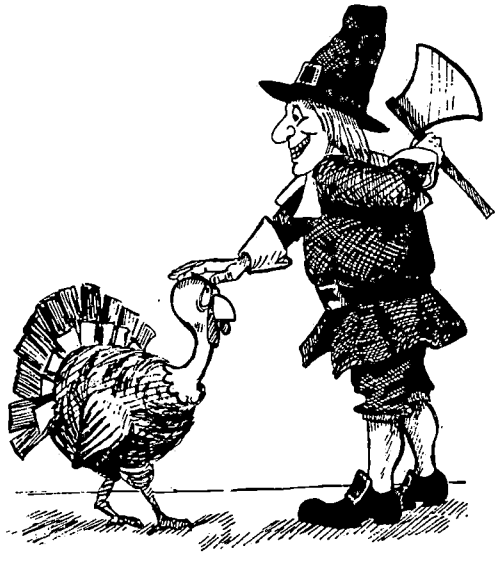
The Consumer Support Group activities were varied in June and July. Barnes Therapy Associates, Inc. discussed hippotherapy, which involves comprehensive rehabilitation for individuals with physical, mental or emotional disabilities. Licensed therapists use the horse to accomplish specific treatment goals. When riding the horse, the horse's movement is similar to that of a rider's pelvic movement during normal human gait. This repetitive input provides motor re-education for the brain. Barnes also showed a video of the therapies in progress that was filmed at the ranch. Seven individuals attended the event.

During "Summer Planning" the staff considered normal summer activities and ways to successfully plan an event. Then consumers were asked about their plans for the summer. Between trips, vacations and relaxing activities it promised to be a great summer. Four individuals attended the event.

In June, REACH sponsored a picnic for consumers at a local park. Those who attended had a good time eating, throwing a frisbee and a boomerang, or some enjoyed blowing bubbles in the open air.
Families of consumers also attended.

"Christmas In July" consisted of playing Christmas music while eating festive snacks, and discussing what the Christmas season brings. The consumers enjoyed the session.

Finally, "Game Day" was tremendously popular with consumers who brought games, played them, and snacked.



NCIL WANTS STORIES ON TROUBLES WITH SSDI WORK INCENTIVE RULES

By Myrna Gorchoff, Consumer

Have you had trouble returning to work while on SSDI? Or have you had a problem while working because of SSDI's income limitations and other rules? The National Council on Independent Living (NCIL) wants to hear your stories.They are working with a congressional committee that is investigating the possibility of changing the SSDI work incentive rules. NCIL will present your stories as evidence that the rules NEED to change. If you have any ideas on how work incentives might be made more user friendly, let NCIL know. Send your stories/ comments to any REACH office.

VOLUNTEER HIGHLIGHT

Staci G., an 18 year old high school student wanted to do some volunteer work. She phoned the Volunteer Center of Dallas and was referred to REACH back in January of '97. After completing an application and going through the volunteer checks, Staci was introduced to Ms. N., a 90 year old lady who had several disabling conditions. Ms. N.'s daughter explained that her mother enjoyed playing board games and working puzzles and just needed someone to visit with. Staci filled that role to a "T"! For five months Staci has been going to visit with Ms. N. weekly. They visited, would play cards and enjoyed a good game of Yatze. Well, in mid-August Staci will be moving to Austin and will be attending the University of TX. She will be living in the dorm and learning all about college life as a Freshman. Staci plans on majoring in Child Development and Family Relationships. Both Ms. N. and her daughter, Gloria, will miss Staci a great deal, but wish her well as do we. Staci's volunteerism with REACH has not been her first experience as a volunteer. She has donated her time, talents and energies to the Dare to Dream Foundation and to a day care center. Staci is an inspiration to other people, a role model to others who have a caring heart and a few extra hours a week and want to make a difference in someone's life. Good luck, Staci! We wish you the best and know you'll do great. "Hook 'em Horns!!!

"COOKING NO LOOKING" on audio cassette- For those with vision impairments; Cost: $10-Part of the proceeds goes to guide dog school. Contact Stacy Blair at 972/840-1328 to purchase this cooking aid.

CONSUMER VOICES

Lil Sez

It's hot out there, but I keep looking for a little cooling, like the surprising day rain and a temperature drop of 20 degrees occurred--with no storm. One can always hope.

Well, it's time for great outings and--maybe sore feet. So, again, get out that Epsom salt the nite before and soak for about 15 minutes, pat dry and the feet will be toughened and able to better stand the long standing and walking. If you are not too tired, do it again when you get home and your feet will be in great shape next day, making you feel less pressured.

Maybe you'll even feel like a 20 minute walk to put all systems working for body health. It really works. Take along a pal (you may have to use persuasion). Maybe the pal will thank you some day.

There's a new wrinkle at the Coppell library. They have a CCTV for the visually impaired. Call your library to ask if a CCTV is available, Or maybe you have a friend or relative needing visual help. The librarian will assist you with its use. Just be sure and ASK.

Have you lost a good friend? So the CCTV news is in her memory. Margy B., you will be so missed. Take heed and tell a good friend how much you care. Better still, call REACH and tell them how much they mean to you. Me, too.

That Okie from Missouri (so happy to be a Texas) wishes good health and great happiness.

"CALL OF THE WILD" By Freida Reed

The call of the wild has many voices,
Of the four winds, skies, and seven seas,
It calls to me with open arms--
For I have a longing to be free.
It calls to the goose to fly autumn skies,
It answers the wolf's lonesome sound,
It calls from the river's restless sighs and causes my heart to pound.
It calls from the majesty of the waterfall,
From the shifting, whispering desert sand,
It calls over the pristine snows of mountains tall,
And answers to my restless spirit that lies within.
To answer the call is my greatest desire,
To be led where so few have trod,
It calls to me with open arms,
I wonder, could this be the voice of God?

MASSAGE THERAPY WORKSHOP VERY POPULAR IN DALLAS

Ismael Franco, massage therapist, did a workshop at REACH of Dallas discussing the benefits of massage therapy for people with disabilities. Benefits include: stress reduction; increased movement and strength; greater energy; increased blood circulation; and body purification. To the delight of participants, he demonstrated his artful technique on all. Mr. Franco is also a physical therapist. To contact him, call 972/298-0658.

INTERNET "CHAMBER OF COMMERCE" FOR INDIVIDUALS WITH A DISABILITY NEEDS TECHNICAL ASSISTANCE --from letter from D. H. Howell, Director

In the foreseeable future, a "Chamber of Commerce" web site will be operated by volunteers for individuals with a disability interested in finding employment on-line or starting a business. There is a need for technical assistance from anyone who is a skilled Internet user or who has developed their own Web site to help finish the design for the Chamber's Internet. Please contact: D. H. Howell, Chamber of Commerce for Individuals with a DisABILITY, P.O. Box 222008, Dallas, TX 75222-2008, for further information. Email address: chamber4us@juno.com Phone # 214/384-2560

FYI By Anne Anoy

DISABLED TAGS EXPIRING Anyone who received a disability car placard in 1992 should check expiration date. The tags, which were first distributed that year, are valid for five years and will begin expiring June 30. The tags which are hung from the rear-view mirror, cost $5.00 to replace. They can be obtained at your local County administration offices.

SOCIAL SECURITY BENEFITS If you're getting any government benefits - Social Security, veterans benefits, welfare, whatever - you can kiss your check goodbye. In a year and a half, the government is going out of the check writing business, Instead your check will be deposited electronically into your bank account or an account set up for you. Congress ordered the change last year as a money-saving move. The Treasury will propose a structure for the program in a few weeks. You may have resisted direct deposit in the past because you distrust invisible payments. But it is no longer your choice.

The government estimates that electronic payment will save $500 million during the first five years in postage and check production alone. Direct deposit also saves the cost of reissuing some 800,000 lost, stolen or damaged checks each year and saves you the 10 day wait when checks have to be reissued. Still, there's a rub. Some 10 million people who get government checks - chiefly the poor. - don't do business with a bank.

So accounts will have to be created for them, and the question is the cost. How much should people have to pay to cash a Social Security check - especially low income people who are barely getting by? The U.S Treasury has a pretty clear idea of how things should work. Everyone will be assigned an account and given a Benefit Security Card, similar to an ATM card. Recipients will have two choices: (1) Use the card to withdraw their money at automated teller machine; (2) use it to pay for groceries and other purchases at stores with electronic-payment machines. These stores may also let people use their cards to get extra cash. But as ATM users know, banks have been piling on the fees.
The law that mandates direct deposit says the cost should be "reasonable".

In a pilot program started in Alabama in April and expanding to other Southern states, accounts cost $1.92 a month, Recipients get only one ATM withdrawal free, at their home bank, and the bank can limit how much they take. But consumer groups worry that the poor will wind up paying more. Even the Treasury's Under-Secretary for domestic finance says one free withdrawal isn't enough.
How to design a cheap account is sill under discussion.Whatever the result, the Treasury says there will be liberal exemptions. ***Washington Post Writers Group.***

THE BEST WAY TO GET VITAMINS: EAT FOOD Antioxidant vitamins A and E appear to stave off all kinds of illnesses. Knowing that, the public has been popping vitamin pills to get the benefit. But that may not work.

Studies at the University of Minnesota show that the big benefits apply only to those who get their vitamins from food. This prompts scientist to conclude that vitamins need other chemicals in food to activate them or help them efficiently enter the body cells.

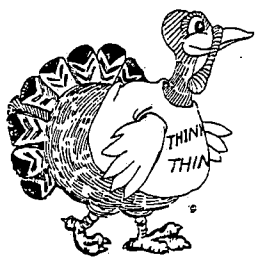
What convenient way can you get all those good vegetables? Analyses conducted at the University of Illinois show that canned fruits and vegetables contain as much or more of certain nutrients as their fresh or frozen counterparts. It's probably because they are canned fresh from the growing fields. Products lose more of their vitamin content with each passing day while it is shipped, stocked, and sold.

U.S. SUPREME COURT BANS PHYSICIAN-ASSISTED SUICIDE

On June 26, the U.S. Supreme Court unanimously ruled that the Constitution does not guarantee the terminally ill a right to physician-assisted suicide. The matter is now left to the states to decide. This ruling upholds laws in New York and Washintgon states that make it a crime for physicians to give lethal drugs to dying patients. In April, NCD found that the status quo on physician-assisted suicide is preferable to the limited benefits to be gained by its legalization. ***--National Council on Disability - NCD Bulletin, June 1997***

INTERNATIONAL UPDATE

More than 500 participants from 80 countries gathered at the Bethesda Hyatt Regency in June at the International Leadersihp Forum for Women with Disabilities to hear speakers such as Secretary of State Madeleine K. Albright address key disability issues. Albright reaffirmed her commitment to people with disabilities, especially in the international arena. She spoke of greater employment opportunities for people with disabilities in the foreign service and addressed the lack of accessibility in many U.S. embassies. She also spoke of the U.S. Agency for International Development's new policy and action plan on disability, which "will express the agency's commitment to reach out and include persons with disabilities in its programs and place this issue prominently on our development agenda with governments that receive our aid."



The contents of this newsletter were developed, in part, under grants from the U.S. Department of Education and the Texas Rehabilitation Commission. The contents, however, do not necessarily represent the policies of DOE or TRC and you should not assume endorsement by the federal or state government.

REACH receives a majority of its funding to operate the Centers from grants from the U.S. Department of Education and the Texas Rehabilitation Commission. REACH of Denton receives 100% of its funding ($112,342) from DOE; REACH/Fort Worth receives 100% of its funding ($224,759) from TRC; and REACH of Dallas receives 86% of its funding ($298,884) from DOE and 14% ($50,000) from TRC.

HOMEPLACE IN LEWISVILLE OFFERS ENVIRONMENTALLY SAFE PRODUCTS FOR THE HOME

HomePlace has opened a sixth superstone in the metroplex in the Vista Ridge Plaza at 420 East F.M. 3046 in Lewisville. The store will offer one of the area's largest selection of better housewares and home textiles. The new store will include "Eco-Country" from Park B. Smith, Ltd., an entire department devoted to environmetally safe products for the home.

FYI Continued

WASH YOUR HANDS? About 98% of adults claim they wash their hands after using a public restroom, but only about 68% actually do. Researchers at Wirthlin Worldwide observed handwashing in five major U.S. cities. The findings are disturbing because germs that cause illnesses and infections are spread when unwashed hands touch the nose, mouth, or open wounds. Germs from raw meat, eggs, poultry and fecal matter are the culprits in outbreaks of E. coli infections. The Centers for Disease Control and Prevention recommend washing hands before preparing or eating food, treating a wound, or handling contact lenses. Wash after visiting public places, going to the bathroom, handling uncooked food, changing a diaper, blowing your nose, touching a pet, and before and after tending a sick person. ***PACILS April-May 1997***

INDIVIDUALS WHO MANAGED TO SUCCEED AGAINST ODDS

*Strike him down with infantile paralysis and he becomes Franklin D. Roosevelt, the only president to be elected to four terms."
*When he was a lad of 3, burn him so severely in a schoolhouse fire that the doctors say he will never walk again, and you have Glenn Cunningham, who set the world record in 1934 for running a mile in 4 minutes and 6.8 seconds.
*Have him or her born black in a society filled with racial discrimination, and you have Booker T. Washington, Harriet Tubman, Marian Anderson, George Washington Carver or Martin Luther King Jr.
*Make him the first child to survive in a poor Italian family of 18 children and you have an Enrico Caruso.
*Have him born of parents who survived a Nazi concentration camp, paralyze him from the waist down when he was 4, and you have the incomparable concert violinist Itzhak Perlman.
*Call a slow learner "retarded" and write him off as ineducable and you have an Albert Einstein.
*Have a thalidomide child born with a dwarfed, twisted body without arms and you have Terry Wiles, who, with the aid of mechanical deices,learned to play the electric organ, steer a motorboat and paint.
*Amputate the cancer-ridden leg of a handsome young Canadian and you have a Terry Fox, who vowed to run on one leg across the whole of Canada to raise a million dollars for cancer research. (Terry was forced to quit halfway when cancer invaded his lungs, but managed to raise $20 million).
*Blind him and you have a Ray Charles, George Shearing, Stevie Wonder, Tom Sullivan, Alex Templeton or Hal Krents.
*Label him "too stupid to learn" and you have Thomas Edison.
*Make him a "hopeless" alcoholic and you have Bill Wilson, founder of Alcoholic Anonymous.
*Tell her she's too old to start painting at 80 and you have Grandma Moses.
*Max Cleland who formerly headed the Veterans Administration in Washington D.C. lost both legs and an arm in Vietnam is now serving as a Democratic U. S. senator from Georgia.
*Blind him at age 44 and you have John Milton, who 16 years later wrote Paradise Lost.
*Call him dull and hopeless and flunk him in the sixth grade and you have Winston Churchill.
*Tell a young man who loved to sketch and draw that he has n talent and you have Walt Disney.
*Rate him as "mediocre" in chemistry and you have Louis Pasteur.
*Deny a child the ability to see, hear and speak and you have Helen Keller.
*Not all disabilities are visible. And not all who have won against odds are well-known celebrities. Every family has its own heroes and heroines for whom there is no medal distinguished enough to reward them for their accomplishments. It is to you, whose names do not appear her but deserve to, that I dedicate this column. ***--Dear Abby***

REACH

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Healthcare Matters!

The Managed Care Training and Education Program

7800 Shoal Creek Boulevard, Suite 171-E
Austin, Texas 78757-1024
512/454-4816 512/453-5734 Fax

Support for this program is provided by the Texas Planning Council for Developmental Disabilities

September 29, 1997

Mr. Lex Frieden
THE INSTITUTE FOR REHABILITATION
AND RESEARCH
1333 Maursund Avenue, Suite 222-A
Houston, Texas 77030

Dear Lex:

Congratulations on your recent grant award from NIDRR. I'm not sure what the grant covers, but word on the street is the award is big and you will be training consumers how to access managed care services. Sounds great.

I am returning the cd-rom, *Choosing a Health Care Plan for Independent Living* you so graciously loaned us to Quentin Smith. Please excuse our delay in returning it. We viewed the cd at one of our Advisory Committee Meetings and discussed the potential for distance learning. The cd was extremely helpful, and I appreciate you allowing us to view it.

Healthcare Matters is trying to keep up with what is happening in Houston. We are staffing an Education and Training Task Force which meets monthly. Our next meeting is Friday, October 10th, 9:00 to Noon at Tenet Healthcare Corporation, 1200 Binz, Suite 260 in Houston. Maximus will be there for a two-hour Q&A session! Please come if you can or send someone.

I have enclosed our most recent *Managed Care Talk* and a handout from the state entitled, "The Harris Experience". Stay in touch. We are happy to coordinate our training efforts with you.

Hope to see you soon.

Sincerely,

Barrett Markland
PROJECT DIRECTOR

cc: Quentin Smith

Enclosures

P.S. Would you write an article for the guest viewpoint in a future Managed Care Talk??
Say "YES" —

MANAGED CARE TALK

A Publication of ✪Healthcare Matters!
Volume 1, Issue 3 - September 1997

Support for this program is provided by the Texas Planning Council for Developmental Disabilities

TALK ABOUT STAR AND STAR+PLUS

Texas Health and Human Services Commission asked Healthcare Matters! to convene the *Education and Training Task Force for Star and Star+Plus*. The Task Force is in full swing having met three times in two months. The group has completed a "resource inventory" listing contributions of time, products, services and person power which are available for E&T efforts. Texas Children's Hospital provided primary support for the production of a generic brochure designed by the Task Force members for distribution to Medicaid recipients. Providers and groups can attach their logo to this brochure. A camera-ready copy is available by contacting Laura Floyd, Texas Children's Hospital (713/770-2801 or fax 713/770-2624. A provider fair and consumer training events are being planned and coordinated with Maximus, the enrollment broker. Call Healthcare Matters! (512/454-4816), if you would like more information on the Task Force.

TRAINING, CONFERENCES, RESOURCES AND SUCH

MEDICAID MANAGED CARE: MOVING ACROSS TEXAS - October 8, Sheraton Astrodome, 8686 Kirby, Houston. Contact Texas Medical Association Seminars at 1/800-880-1300 x 1411.

COMMUNITY NOW - October 27-29, Doubletree Hotel, Austin. For information contact 512/424-4080.

MANAGED CARE FOR PEOPLE WITH DISABILITIES: CONSUMER NEEDS AND QUALITY MEASURES - November 17-18, 1997
Royal Sonesta Hotel, Cambridge, Massachusetts
For more information contact: Andrea Jackson at the Medicaid Working Group at 617/426-4447.

MEDICAID MANAGED CARE -Presentations of Case Models in Nine States - November 20-21, 1997, The Fairmont Hotel, Dallas. Contact 508/481-6400.

Give us your stories, input, comments and suggestions for articles or items for inclusion. Call us at 512/454-4816; fax us at 512/453-5734 or email us at healthcarematters@advocacyinc.org.
Available in alternate formats upon request.

TALK ON THE STREET

Readiness review for the Star, Star+Plus HMOs in Harris County are underway with *on-site* review conducted September 15-18. ★ Maximus begins mailing Houston enrollment packets on September 26. ★ Texas Department of Health has conducted a survey of 1,000 Harris County Medicaid recipients to determine satisfaction with fee for services prior to HMO services. ★ Thirty-day enrollment suspension for PCA beginning 9/29/97 in current Star sites as a result of intense audit; audit results do not carry over to PCA's plans as a Star HMO in Houston. ★ Managed Care PARTNERS in Harris County organized to increase awareness of Star, Star+Plus services. Contact Wilbert J. Pete at 713/659-8630 x 108. ★ Commitment to Houston ombudsman services strong from THHSC with plans and services being discussed with local consumer and advocacy groups. Comments on draft proposal due to Cathy Rossberg at THHSC (512/424-6500). ★ Maximus has hired regional managers for current Star Sites. Greg Garcia in Houston Maximus office is contracting with a variety of community-based organizations to assist Maximus in locating and enrolling Medicaid recipients in an effort to meet state requirement of 80% enrollment (only twenty percent (20%) defaults). ★ Austin telephone number for "Maximus Central" is 512/491-5450. ★ Anticipated number of Star recipients in Houston is 225,000; Star+Plus recipients is 65,000. ★ Anticipated date of March 1, 1998 for enrolling Star members in counties contiguous to Harris (Brazoria, Fort Bend, Galveston, Montgomery, and Waller). ★ THHSC to get official notice of Robert Wood Johnson grant for associated Star+Plus training activities very soon. ★ Watch for Texas discussion on Medicaid expansion for children funded by block grants as a result of the new federal Children's Health Insurance Program signed by President Clinton on August 5, 1997. ★ Collaborative effort by LBJ School and Scott and White available in "America's Health: Seeking Solutions for the 21st Century" report. Contact Professor David Warner (512/471-4962) at LBJ School at the University of Texas-Austin. ★ On Wednesday, September 3, TDMHMR hosted a community meeting in Dallas to solicit input on an RFI (Request for Information) they will release October 1st on behavioral health carve-out in Dallas. ★ CORRECTION: In last month's *Talk* on the Street (1) we omitted Fort Worth as a Star site and (2) misstated CNR, a behavioral health organization as C&R. ★

POINT OF VIEW

MANAGED CARE ADVENTURES IN MIS-COMMUNICATION

by Brownie Shott, Program Director, Touch of CLASS

Call me an idealist! I have a fantasy that managed care in the Medicaid arena can be a good thing for people with disabilities if designed and implemented properly. The concept of providing quality care in the present in order to avoid more costly care in the future meshes nicely with my view of how a system of services for people requiring long term care should work. Quality therapies and medical care, appropriate durable medical equipment (DME), competent and reliable attendant care, etc. can make the difference between increased dependence on costly services or increased self-reliance with supports focused on the individual's functional need. Providing effective and efficient care today may determine whether an individual is able to continue residing in his own home and community or be forced to live in an institutional setting resulting in far greater cost. **All of this talk about costs doesn't even take into account those immeasurable but tremendously important quality of life factors that impact individuals lives and the choices individuals make about their HMO plans.**

As the parent of a child with disabilities, a provider of services to people with disabilities in a TDHS Medicaid Waiver Program — CLASS, a Partner In Policymaking graduate and a board member of the Family To Family Network, I wear many hats. Because of those different roles, I have been closely following the planning and implementation of Star+Plus in Harris County. I have attended numerous meetings during the planning stages and talked to HMOs involved in the process. The HMOs have spoken of their commitment to providing quality care, value added services, and utilizing the smaller providers who are preferred by many people with disabilities and experienced in delivering the in-home long term care services that people need. Those conversations fed my fantasy as I envisioned a system where people with disabilities could access the services they need from providers who understand those needs and truly cared about delivering quality service.

I've grown concerned in the months since our early conversations. What I am in fact discovering is a great amount of mis-communication about many parts of the process. In speaking with one of the most respected DME vendors in the greater Harris County area, I found the same confusion that I have been experiencing. His comments to me were that he "certainly didn't mind jumping through hoops to participate in Star+Plus. He just needed to understand what the hoops were and in which direction to jump." His understanding at this point is that he will not be able to participate because he isn't affiliated with a home health agency. One of the promises of managed care was to "unshackle" the traditional constraints on Medicaid services that had been in place since its inception and free the service system to move toward "what makes sense". The scenario I envision would allow a consumer needing a wheelchair repair to be referred directly to a provider, when the PCP authorized the repair. The old only-route- to-DME-through-home-health-routine is unnecessary in the new system and its continued use troublesome at best. I am told that most DME vendors found themselves in similar situations.

My personal experience as a provider is that we cannot even get an answer about the reimbursement rates for our services from the HMOs with whom we've been talking, because providers of waiver services are not being identified or sought out by Star+Plus HMOs. We frequently receive calls from individuals who are familiar with our company and would like us to provide attendant services, etc. to them as Medicaid recipients, but we have been unable to finalize our contracts with the HMOs to be in a position to be a Star+Plus provider.

My fantasy still exists; however, I see signs of it beginning to unravel. I still believe that if the HMOs will develop more open lines of communication with those people who receive the services and the providers in the field who can provide competent, quality services for them, my fantasy can edge more closely to becoming a reality. There are committed providers in Harris County who want to be a part of a system that delivers high quality long term care services. As a parent and a taxpayer, I want to know their services are available.

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MANAGED CARE TALK

A Publication of Healthcare Matters!
Volume I, Issue 2 -August 1997

Support for this program is provided by the Texas Planning Council for Developmental Disabilities

TALK ABOUT STAR AND STAR+PLUS

Start-up dates for the Houston pilots have been postponed. The anticipated time line for Star+Plus is listed below.

JULY - HMO contracts signed - 1915 (b) and (c) waivers submitted to federal government.

AUGUST - Outreach activities started for Star+Plus.

SEPTEMBER - Phase I of Readiness Review to begin which will include on-site review of providers.

OCTOBER - Enrollment packets mailed to Medicaid eligible clients. Should receive approval for Star pilot in Houston from federal government. Phase II of Readiness Review to begin which will include more in-depth survey of providers.

NOVEMBER- Outreach activities continue.

DECEMBER - Should receive approval for Star+Plus waiver from federal government Voluntary enrollment in Star+Plus will begin.

FEBRUARY - Mandatory enrollment for Star+Plus will begin.

TRAINING, CONFERENCES, RESOURCES AND SUCH

TEXAS HMO ASSOCIATION 1997 ANNUAL CONFERENCE
September 30 - October 2, 1997 at the Hyatt Regency Hill Country Resort in San Antonio.
Contact: 512/476-2091 for information.

COMMUNITY NOW CONFERENCE
October 27-29, 1997 in Austin.
Contact 512/424-4080 for information.

GIVE US YOUR STORIES, INPUT, COMMENTS AND SUGGESTIONS FOR ARTICLES OR ITEMS FOR INCLUSION IN THE MANAGED CARE TALK. CALL US AT 512/454-4816; FAX US AT 512/453-5734 OR EMAIL US AT healthcarematters@advocacyinc.org.
Available in alternate formats upon request.

TALK ON THE STREET

The new enrollment broker, Maximus, will office in Austin and secure staff in the Star sites (San Antonio, Lubbock and Austin), along with 30+ staff in a Houston office. Maximus has contracts in California, New Jersey, Vermont and New York. ★ The Star+Plus HMO finalists have developed contracts with behavioral health organizations. Americaid has contracted with Harris County MHMR Center and University Behavioral Health Associates; HMO Blue has contracted with CompCare; and Access (a new HMO partnership of the Memorial Sisters of Charity and the Texas Universities Health Plan) with C&R Health Services. For administering the Star+Plus pilot, Access has formed a 5-member Medicaid operating committee made up of the Sisters of Charity, Memorial Hospital, Herman Hospital including Children's Hospital, UT Health Science Center and UTMB in Galveston. HMO Blue and Americaid have offices in Houston, ACCESS is currently based in Galveston, but will soon have satellite offices in Houston. ★ All three Star+Plus HMOs have indicated a willingness to contract with any current Medicaid provider or any provider who can become Medicaid eligible. The provider reimbursement rates for long-term care services within Star+Plus will currently remain the same rates as the rates paid to *fee-for-service* providers. ★ The 1915 waiver application (b & c) were submitted to HCFA for the renewal of current Star pilots and the start-up for the Houston Star and Star+Plus pilot. ★ TDH, TDHS, and THHSC staff are working on the readiness review content and schedule for the Star+Plus HMOs. ★ Another HMO providing Star services in Houston will be Community Health Choice, the Harris County Hospital District's HMO Plan. ★ Some current HMOs in STAR sites are still having delays in reimbursements over 50 days ★ Persons with both Medicaid and Medicare are called "dually eligible" and will make up a larger than expected group in Houston. ★ Thirteen plus reviewers from Robert Wood Johnson were in Austin on 7/15/97 to review the THHSC's grant proposal for education and training, actuarial assistance and staff funds for Star+Plus. Healthcare Matters! provided information regarding consumer input. ★

POINT OF VIEW

by Christine Devall

Mental Health and Managed Care

When you think about the different types of services that go into comprehensive managed health care — for example, prenatal care, immunizations and "well-baby" checks, doctor visits for sudden illnesses and injuries, surgeries and hospital stays, long-term care for extended illnesses and disabilities — mental health services can seem somehow less important or more of a *frill* than other kinds of health care services. This impression is borne out by the fact that virtually every kind of health insurance system, including Medicaid and commercial insurance plans, treats mental illness differently from other kinds of health problems. When you need help for a mental or emotional problem, you can pretty much expect that access to that help will be limited in ways that other kinds of services are not. Required co-pays may be higher, total number of clinic visits or hospital days in a year or a lifetime may be capped, or mental health services may not be offered at all. To change these policies usually entails passing laws to make them change. There are many people who are associated with mental health organizations and alliances who are currently putting a tremendous amount of energy into gaining insurance parity for mental health, but in Texas we have a ways to go before that happens. This is why people with mental illnesses and their families are so concerned about how mental health and substance abuse, known collectively as behavioral health, will be treated under managed care.

The truth is, about one in every four people will at some point in life have a diagnosable and treatable mental illness. That's more people than will ever have heart disease. Also, about half of initial visits to primary care physicians are related to a mental or emotional problem. When people with mental or emotional illnesses receive adequate and appropriate treatment, the need for other kinds of health care services decreases and the prices paid both in terms of health care costs and human suffering also decrease. This is why it is so important that consumers of managed care services be informed and know the right questions to ask when choosing a managed care plan.

In choosing a managed care plan, here are some questions you should ask about the behavioral health services offered in the plan: Who answers the phone number I call for help? How long will I have to wait to see a doctor or to get an appointment? What do I do in emergencies or after hours? How will I know whether my benefits are about to end? What happens if they end and I still need care? How do I appeal a denied service? How long will it take to resolve? Will qualified mental health professionals be conducting utilization review? (Note: utilization review is the process by which a service is deemed medically necessary and therefore allowable under the managed care plan.) What if I need a name-brand medication? Can I choose a psychiatrist as my primary-care physician? What if I don't have a good relationship with my doctor?

And here's something to remember: having a mental illness is just like having any other kind of illness — no worse, no better. You can inherit it just like you can inherit diabetes. You can also develop it because your lifestyle patterns and habits are not health-enhancing, just like you can diabetes. The important thing is that mental illness is diagnosable, treatable, and even reversible. And your mental health is worth asking a few questions about.

If you want to know more about mental and emotional disorders, contact the Mental Health Association in Texas at 512/454-3706.

Christine Devall is a public policy specialist for the Mental Health Association in Texas.

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REPORT

to

Healthcare Matters!

Focus Group Results

Managed Care Pilot Project Sites in Texas

- EXECUTIVE SUMMARY -

June 1997

Prepared by:

Jetta A. Todaro, M.A.,
mediator and facilitator
1800 Rio Grande
Austin, Texas 78701
512-477-2250

TABLE OF CONTENTS

I. COLLECTION OF DATA

Focus Group Data Collection

A Focus Group is the gathering of a relatively small group of individuals to assess consumer reaction to a specific product, service, method, or message. Focus groups have been used for many years to provide information to experts, market researchers, program development people, and more recently to policy makers. Focus groups are an effective way to get information on how citizens are responding on issues that affect the public. The information is provided by the participants in a confidential setting where specific speakers are not identified. Under the circumstances of anonymity, participants are typically less hesitant and more comfortable about providing their reactions to the issues.

The dialogue from the group is generally led by an impartial facilitator who asks a series of questions to elicit responses from the participants. The information is analyzed to assess how the participants frame issues, determine what words or concepts stimulate strong reaction, gather ideas for potential solutions, and to assess the interest in the ideas and or outcomes.

It is important to state that the information throughout the report has been documented in words as close as possible to the way in which the participant made a comment. While a comment may be summarized, the facilitator has the task of clearly reporting the information as *intended.* While certain facts may be disputed by the reader, it should be remembered that the summaries and original information state the feelings, beliefs, and issues *as perceived by the participants.*

The information is not intended to be taken as "quantified" data, but to give "snapshots," clues on how issues are perceived, possible trends, and suggestions for consideration in the future.

Selection of Participants

The Texas Department of Health sent 1000 announcements to a random selection of people from their Medicaid rosters at each of the four managed care pilot sites: San Antonio, Ft. Worth, and Austin. In addition, invitations were sent to individuals at each site who were on the mailing lists of statewide organizations for citizens with disabilities.

The purpose of the invitation was to see if people had an interest in attending a meeting to collect information on managed care. If there was an interest in being officially invited to a focus group, they were asked to return a response card. Approximately 1% at each site was invited, however, the number actually attending varied for a number of reasons. The number of invitees was limited because the nature of a focus group is to keep the number of participants small in order to get clear and useful information and in order to encourage *everyone* to participate at a level comfortable for them.

Focus Group Sites

The focus group sites, number of attendees and dates of the focus groups are listed below.

- Lubbock / Lubbock County - 7 Attendees — March 14, 1997
- San Antonio / Bexar County - 17 Attendees — April 5, 1997
- Fort Worth / Tarrant County - 25 Attendees — April 18, 1997
- Austin / Travis County - 20 Attendees — April 30, 1997

EXECUTIVE SUMMARY

II. GENERAL FINDINGS

The purpose of the General Findings (are intended to capture the essence of the comments from the Focus Groups) is to provide information for consideration when planning and implementing health care programs and services for citizens with disabilities.

A. STATEWIDE MANAGED CARE ISSUES

The following issues are identified as those which have merit across the State regardless of the location of the managed care plan.

1. Selection

Consumers with disabilities or their family members report that:

1.1 They were unaware that they had a choice in health care coverage, or they didn't know how or when to select the coverage.

1.2 Selection of a plan is difficult when the information on benefits and cost is not comparable across plans.

1.3 Selection is based on
1) the choice of specific physicians listed in the plan, and
2) the location of medical facilities.

Incorrect or untimely information prevents timely decisionmaking.

1.4 When calls are made to ask physicians about a specific plan, they sometimes don't know if they are on the plan or what the plan covers. Doctors in the same group might not be on the same plan.

1.5 A consumer's ability to understand the benefits of a plan, or to make decisions regarding selection, is complicated by materials that are confusing, language that is unclear or technical (medical), undefined concepts and services, and not enough clear, accurate, and up-to-date information about the limitation of services.

1.6 When a consumer moved from one plan to another, services previously used were no longer available.

2. Medical Services

Individual consumers with disabilities or their family members report that:

2.1 If a service is preauthorized, there is no guarantee that the managed care organization will pay, causing out-of-pocket expenses to the patient.

2.2 Referrals to specialists are sometimes not timely because of the approval process. In addition, medical information on a patient is not forwarded to a specialist in time for the needed services.

2.3 When a client believes there is more than one potential "payor" of service or treatment, questions are not quickly answered by the potential "payor" who gets the first request for payment if that organization believes it does not have the responsibility to pay.

2.4 More mental health benefits are needed, existing benefits are limited, and these problems can affect the greater need for other more extensive services at a later time.

2.5 Better written and verbal communication between and among doctors working with one patient is needed.

2.6 Consumers believe they should be able to go outside of the network for a service/doctor not in the network.

2.7 Provider network staff sometimes *first* ask people seeking treatment questions about the kind of coverage they have in their plan *before* they ask questions about the client's physical/emotional condition. This is perceived as "cold" and impersonal.

2.8 Nursing staff has "too much" paperwork causing less direct patient care.

3. Assistance/Grievance Process

Consumers with disabilities or their family members report that:

3.1 It took three times to get assistance to correct a problem with patient records; each time several people got a different representative, it was necessary to repeat a lot of information before help was received. It was suggested that the caller get the name(s) of the staff spoken to for later reference.

3.2 The grievance/complaint process is not known to some consumers: they don't know where to obtain the forms, or what the steps in the process are in order to get the complaint resolved.

3.3 The grievance process is cumbersome and complex, hard to initiate, and it takes too long before a resolution, and a denial is typically verbal.

4. Future Suggestions

Individual consumers with disabilities or their family members report that:

4.1 Consumers be placed on committees within the managed care organizations that can offer suggestions on how to improve services.

4.2 There should be more than one office visit allowed when a referral is made to a specialist.

4.3 The "gatekeeper" should have more complete information for consumers in order to be able to provide assistance on various kinds of managed care issues.

B. MEDICAID MANAGED CARE ISSUES

1. Selection

Consumers with disabilities or their family members report that:

1.1 Choice of plan is determined by whether there are certain physicians on the network provider list.

1.2 STAR staff are sometimes not helpful in providing useful information to make selection choices.; Hotline was called three times and didn't get an answer; some consumers thought the Hotline channeled them into a certain program.

1.3 At multiple sites, information, verbal and written, is sometimes unreliable and unclear (definitions), and at times misleading, (one person was told he/she had to go with STAR, and also thought that consumers on AFDC didn't get a choice); and information didn't go "deep enough" to answer more detailed questions regarding coverage for specific disabilities. Booklets with information presumed to assist were given after choices were made.

1.4 Clear information is often not provided in a useful format that answered questions.

1.5 There were only two weeks in September to process the selection information, get questions answered, and make a choice; it was not enough time.

1.6 Physicians, when asked, are not always sufficiently informed about the plans to answer questions that would help prospective patients make choices.

1.7 Seminars (i.e., enrollment fairs) regarding selection issues were available at some locations, i.e., at an apartment complex.

1.8 When a consumer had to change his/her Primary Care Physician (PCP), he/she went from one doctor to another before he/she got the physician they needed.

1.9 After selection, only a card was received, no other information; consumer didn't have enough information to get medication.

1.10 Consumers with disabilities have questions about whether they are being "dumped" in the managed care system with everyone else, and they want a study of the effect of inclusion of the disability community.

1.11 Some people don't know that they can change managed care organizations.

2. Medical Services

Individual consumers with disabilities or their family members report that:

2.1 When son was diagnosed with Type 2 Diabetes, appropriate doctors were not on the managed care organization list. Parent and child had to wait two to three months to see a doctor; another had to wait two months to get a PCP assigned.

2.2 Patients don't know they have a right to see a medical doctor as opposed to another health care professional.

2.3 Parents sometimes don't feel like physicians listen to them (mother disagreed that her child should take ritalin); another physician didn't want child to be taken to the hospital and it turned out to be necessary; and another doctor couldn't figure out what was wrong and he/she said the patient wasn't following directions.

2.4 Information on referrals is not readily available.

2.5 Fees, i.e., lab or MRI fees were to be included as a benefit and then consumer got a bill anyway (paperwork duplication).

2.6 When changing plans, there were problems with ongoing medication being covered; prescriptions for some medication was not covered so doctor gave samples to avoid out-of-pocket cost; with only three prescriptions per month, consumer can't get allergy medicine during allergy season without paying out-of-pocket; coverage for medication is sometimes canceled and consumer is not informed.

2.7 They didn't think it is known that doctors get a fee for case management (i.e., PCCM selection). Consumers need the information to get assistance.

2.8 There is a perception that rules change frequently, and, if they do, the rules should be in place for a specified, known, and appropriate period of time.

2.9 Clerks have used the excuse that when problems occur, they are just a part of "health care reform."

2.10 Chiropractic services should be easier to get (but in one case a managed care organization helped to get them approved).

3. Assistance/Grievance Process

Consumers with disabilities or their family members report that:

3.1 When a call is made for assistance, a menu of choices isn't given to provide direction; a human voice isn't heard; and they are not told what to do if a line is busy.

3.2 Options for solving problems were not presented; different answers came from different community representatives and other service network providers.

3.3 Case managers should have important, up-to-date information. TDH staff did/could not track a patient who had moved to another program.

3.4 The grievance process is "in the back of the book;" consumers don't believe they are informed about it; it's not clear and "user friendly;" and takes too much work to use.

3.5 They got help from other people, i.e., a mental health care professional helped get a needed appointment with another health care provider.

3.6 The grievance procedure was used, but it was a long process with lawyers involved, multiple requests for information, and consumers never got a written response to the issue.

4. Future Suggestions

Individual consumers with disabilities or their family members report that:

4.1 There should be only one PCP for a family.

4.2 Consumers should be allowed to choose a specialist as a PCP.

4.3 The "gatekeeper" should be able to "macro-manage" so they can see the long-term benefits of a treatment.

4.4 If managed care organization personnel make medical decisions, they should be held accountable and be sued for malpractice.

4.5 Provide more short-term therapies.

4.6 A plan should provide for obesity programs, stress reduction and vision services, and a variety of dental programs.

4.7 A lower cost alternative to the Emergency Room should be offered when a consumer's needs are outside of regular office hours.

C. EMPLOYER MANAGED CARE ISSUES

The following are issues for persons who have managed care plans provided by employers:

1. Selection

Consumers with disabilities or their family members report that:

1.1 If their employers provided a choice, they learned about their choices in seminars, brown bag lunches, and meetings with managed care organization representatives or benefits coordinators during an "open season."

1.2 When a choice in managed care organizations is a possibility, some make that choice because of physicians on a list and also because they have preexisting conditions that dictate the type of plan they need.

1.3 Some managed care organizations give too much information and some give too little information regarding benefits.

1.4 Physician lists are not updated frequently enough to make timely selections.

1.5 Mental health coverage is not adequate especially for short-term circumstances.

1.6 A selection was made because the plan allowed for a certain kind of custom equipment that was needed.

1.7 Definitions regarding the scope and limitations of services were not adequate for an informed choice.

2. Medical Services

Consumers with disabilities or their family members report that:

2.1 Their plan doesn't pay for prescriptions for medication related to dental work.

2.2 Better explanations of benefits for allowed hospital costs are needed.

2.3 Doctors with the same patient didn't talk to one another, and another person reported that doctors did not talk to one another even when they were in the same building.

2.4 When selecting another physician for an adolescent, the selection should be made on criteria other than age, i.e., whether to go to a pediatrician or "adult" physician for a particular treatment.

2.5 Prescription services and limitations are often misunderstood.

2.6 Patients are told that an item/treatment they need is covered when they are not covered, and that out-of-network costs incurred will not be paid.

2.7 Several consumers were told by a doctor that a physician can refuse to treat a patient if they don't want to get involved with certain types of care or service.

2.8 Needed services for chronic illnesses are not covered.

3. Assistance/Grievance Process

Consumers with disabilities or their family members report that:

3.1 Various kinds of health care staff are used as a liaison/problem solver when help with a problem is needed.

3.2 One physician became an advocate for the patient for rehabilitation services.

3.3 There was a report of a timely result after using the grievance process.

III. GENERAL INTERPRETATIONS

1. Consumers with disabilities and their family members are generally concerned that they will not get the level of care they have previously received under the new Medicaid managed care system.

2. In some cases, because coverage may differ, consumers may not get exactly the same services. It is critical, therefore, to communicate clearly, effectively, and in a timely manner, in writing, in person, and on the telephone. This effective communication should occur from the selection process through service delivery.

3. In other instances the HMO should develop a "relationship" with the person with a disability and/or their family member. Clearer and straightforward communication will provide the HMO staff with information about the client that will allow for a more individualized and effective delivery of service.

4. Information received through the Focus Group sessions was from consumers/family members who appear to have an active level of participation in their health care. While the participants were at varying stages of involvement in their health care, most were articulate about their needs. Most knew enough about the health care system to know where problems are occurring or would likely occur.

5. If getting appropriate health care to all eligible persons with disabilities is a goal of managed care, all stakeholders must find ways to get correct and timely information to all consumers, and to find ways to ensure that the information is understood and the processes for accessing health care are "user friendly."

IV. FACILITATOR SUGGESTIONS FOR CONSUMER TRAINING

The facilitator was requested to review the data to recommend areas where consumers might be trained to better advocate for more effective services for themselves and/or their families. The trainers have not been suggested here. Collaborations among the stakeholder groups should be considered depending on the topics and the most efficient use of resources.

Based on the "interpretations" above and on the information gathered from consumers, potential training areas are:

1. Managed care in general: concepts and definitions.

2. Managed care, specifically: comparisons of the scope and limitations plans from which the consumers can choose. What IS and what IS NOT covered must be clear (i.e., medications, their purpose; the number of prescriptions). Sessions should help teach, not only attempt to answer questions.

3. Medicaid: describe more clearly who qualifies for Medicaid and under what criteria; what services are available to those who are eligible, and the scope and limitations of those services; how the program operates within the larger health care system for consumers with disabilities; and the extent to which other health care programs work in conjunction with each other to provide the level of care needed.

4. Assistance: after selection, consumers should be told clearly where they can go for help; the kind of help they should expect; and, as appropriate, should be taught how to file and work through a complaint process. Some consumers might benefit from learning a simple problem-solving process that can be used in a variety of circumstances.

5. Advocacy training: training to teach consumers how to advocate for their/their families' needs. This includes topics, such as:

   - communication skills that will encourage the members of the health care team to solve problems at the lowest level, i.e.:

     - effective listening;
     - using "neutral language;"
     - questioning strategies for identifying needs clearly and asking questions to get appropriate and useful responses;
     - identifying problem behavior; and
     - identifying positions and interests.

   - what it means and how to be a viable part of your own "Health Care Team."

   - physical and non-physical (verbal, written, human relations) accommodations that should be expected from the managed care organization and provider network.

6. Preventive care and wellness issues: information about what consumers can do to prevent illness, prevent illness from worsening; and how to maintain good health.

7. Logistics: Some consumers, particularly in larger geographic (i.e., metropolitan) areas would benefit from assistance in selecting managed care network providers that are located near them or on public transportation routes.

8. Additional topics: managed care organizations, provider networks, and consumer groups may want to ask participants for suggestion for training program topics in a particular area of the State.

V. ACCOMMODATIONS AND RECOMMENDATIONS TO THE STATE MEDICAID OFFICE AND MANAGED CARE ORGANIZATIONS AND THEIR PROVIDER NETWORKS REGARDING SERVICES FOR PERSONS WITH DISABILITIES

Data gathered from all four sites suggest that the following accommodations and modifications in selection and managed care service delivery be considered for persons with disabilities.

1. *Choices* in services and treatments should be provided in a plan wherever possible.

2. Consider whether consumers in a particular area have specific needs that are not being met. For example, lack of transportation may prevent consumers from accessing some health care.

3. When the consumers with disabilities must select a plan, *clearly* identify which physicians are on the plan and what benefits are included and excluded.

4. Implement services as quickly as possibly after a choice is made.

5. Don't reduce consumer services during a specified contract period.

6. Conduct as many meetings, benefits fairs, brown bag lunches during the time period for managed care organization selection.

7. Provide a benefits package in *"comparison"* format. Wherever possible, information from managed care organizations should easily allow comparisons between and among plans. Charts and bullets are useful. Write in clear language that the layperson can understand. The information must be "user friendly."

8. Offer telephone assistance that is "user friendly," i.e., provide knowledgeable people, not tapes, to answer the telephone; when a tape is needed, ensure that menus and directions are clear and simple, reduce wait time for answers.

9. Have a sufficient number of people available to assist consumers in finding a suitable physician.

10. Find physicians who have knowledge of and are willing to work with consumers with disabilities, consumers who have multiple disabilities and their caregivers.

11. Identify areas of training for *physicians* who work with consumers with disabilities. Provide ongoing training in areas such as: information about specific disabilities; new treatment plans; how to work with Medicaid patients, how to work with advocates/family members. Ask consumers what other kind of training is needed.

12. Actively provide *healthcare professionals* with training in *communication skills* in order to communicate more effectively with consumers with disabilities and their family members: both verbal and nonverbal communication, i.e., listening skills and how to ask questions. Help them improve relationship skills (ex: talk directly to a consumers with disabilities, not just to the family members).

13. Identify areas of training and provide ongoing training *for other professionals* who work with consumers with disabilities including (but not limited to): network staff at all levels, physician office staff, case managers; office managers, receptionists (the first person who interacts with the individual and who must ask and answer questions); and health care staff at doctor's offices and hospitals, x-ray and lab technicians, and pharmacists.

14. Identify areas of training needed for *consumers* in order for them to be a viable partner on their team.

15. Give information (verbal and written) to consumers when a particular service is denied. Discuss the reasons for the denial directly with them.

16. Understand that citizens with disabilities want to have as much decisionmaking capability as is possible and appropriate to each situation.

17. Review the use and availability of specialists outside of the geographic area or network to ensure best services to consumers. Accommodations (transportation, etc.) may be needed.

18. Consider benefits/services/treatments that will provide: greater use of preventive care; earlier use of mental health benefits before a crisis; genetic testing; dental benefits; chiropractic and stress reduction programs, obesity programs; home and hospital respite care; attendant care.

19. Actively work with family members and other friends identified by consumers to provide the best and most timely service.

20. Ensure that appropriate medication for each treatment and condition is available, i.e., medication for arthritis. Keep approved medication lists updated and available to both patients and physicians.

21. Ensure that physical access is available *at all sites*: doctors' offices, both the waiting rooms and the examining rooms; hospitals (restrooms, wider hallways).

22. Require that x-ray tables and other equipment be adjustable to accommodate people with disabilities.

23. Ensure that there are health care network providers on public transportation routes or provide transportation to appointments for persons with mobility impairments.

24. Make sure occupational, speech, and physical therapy is available for appropriate periods of time.

25. Expand the concept of who is on the "health care team" to others identified by the consumer, such as school personnel, nurses, doctors, and teachers, in order to obtain the most complete information about the individual/medical situation.

26. Bureaucratic processes should be reviewed and simplified when they are barriers to services.

27. Employ trained advocates for citizens with disabilities to help them through the managed care process.

28. Train staff to solve problems at the lowest possible level, i.e., as close to the time and place that the problem occurs.

29. Implement a complaint/grievance process that is easy to access, understand, and use.

30. Use a complaint or grievance process to identify individual issues and problems as well as trends. A complaint process can be also be used as a public relations tool to show commitment to the "customer."

31. Ask consumers in each geographic area what suggestions they have for making services more accessible, useful, and beneficial for them.

32. Look for trends and areas in which there appear to be problems or misunderstandings, i.e., the "limitations" or on prescription medication. Provide information to consumers as quickly as possible to prevent others from experiencing the same problems.

33. Identify individuals and groups that can assist in getting, accurate, and timely information to consumers. Use them as part of the health care team to get the best possible care to individual consumers.

The Harris Experience

The STAR Program
Medicaid Managed Care in Texas

1997

STAR History

- **House Bill 7**
  Authorized establishment of Medicaid managed care pilot projects
  - Travis County (8/93)
  - Jefferson, Chambers, and Galveston Counties (12/93)
  - Hardin, Orange, and Liberty Counties (12/95)

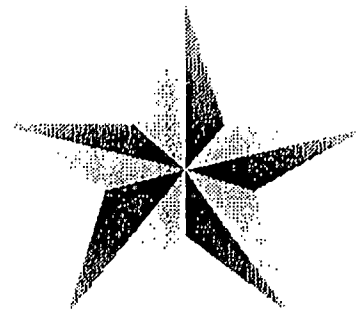
- **Senate Bill 10**
  Established the framework for a new Medicaid healthcare delivery system in Texas
  - Bexar and Travis Service Areas (9/96)
  - Lubbock and Tarrant Service Areas (10/96)

Section 1915(b) Waiver

- Refers to Section 1915 of the Social Security Act
- Geographically localized pilot programs
- Allows states to waive freedom of choice.
  - State may require that beneficiaries enroll in HMOs or other managed care programs, or select physician as their primary case manager.

STAR Program Goals:

- Improved Access to Care
- Improved Utilization of Services
- Improved Satisfaction
- Improved Cost Effectiveness



TAR Benefits

- Traditional Medicaid benefit baseline
- Three prescription drug limit removed
- Annual adult physical
- 30-day spell-of-illness removed
- HMO value-added services

Medicaid Managed Care

Service Areas and Participating Health Plans

- Bexar
  - » Community First
  - » HMO Blue
  - » PCA
  - » TDH STAR
- Lubbock
  - » First Care
  - » HMO Blue
  - » TDH STAR
- Southeast Region
  - » TDH STAR
- Tarrant
  - » Americaid
  - » Harris Methodist
  - » HMO Blue
  - » PCA
- Travis
  - » Foundation Health
  - » HMO Blue
  - » PCA

STAR Enrollment

- STAR currently serves approximately 281,000 members
  - 274,000 mandatory
  - 7,000 voluntary (out of SSI pool of 40,000)

STAR Expansion--Harris County

- STAR and STAR+PLUS
- State's first attempt at integrating preventive, primary, acute care, and long-term care into a single demonstration program

Comparing STAR and STAR+PLUS

	STAR	STAR+PLUS
Enrollment	Mandatory for TANF and pregnant women Contiguous Counties - voluntary for SSI clients	Mandatory for SSI over 21 who are not in a nursing home or receiving MHMR services on the date of implementation
Medicare	People with Medicaid and Medicare are <u>not</u> in STAR	People with Medicare and Medicaid are eligible. Members receive Medicare wherever they choose.

Comparing STAR and STAR+PLUS

	STAR	STAR+PLUS
Members	TANF (Temporary Assistance for Needy Families) - Formerly AFDC; and Pregnant Women	SSI and SSI-related and Medical Assistance Only (MAO)
No. of Members	225,000	65,000
Service Area	Harris County and contiguous counties (Brazoria, Fort Bend, Galveston, and Montgomery)	Harris County only

Comparing STAR and STAR+PLUS

	STAR	STAR+PLUS
HMOs	ACCESS Health Plan AMERICAID Community Care AMERIHEALTH HMO of Texas, Inc. HMO Blue CAREFIRST PCA Health Plans of Texas, Inc. Community Health Choices	ACCESS Health Plan AMERICAID Community Care HMO Blue
PCCM	TDH STAR	TDH STAR for SSI Children and certain MHMR clients

Comparing STAR and STAR+PLUS

	STAR	STAR+PLUS
Covered Services	All Medicaid Covered Services for acute care plus value - added services by HMOs	All Medicaid covered services plus long term care services (Community Care and Nursing Facility Services) and value-added services by HMOs
Prescriptions	As many as medically necessary under managed care	As many as medically necessary under managed care. Clients eligible for Medicaid and Medicare who join the same HMO for both will get unlimited prescriptions

Member Population:

- AFDC & AFDC-related (STAR)
- SSI
  - Mandatory/Voluntary in Harris County (STAR+PLUS)
  - Voluntary in Contiguous Counties (STAR)

Harris Service Area

Implementation Schedule

- December 1/February 1- STAR & STAR+PLUS
  - Harris County
- March 1- STAR
  - Brazoria, Fort Bend, Galveston, Montgomery & Waller Counties

Health Plan Options for the Harris Service Area:

- ACCESS (STAR & STAR+PLUS)
- Americaid (STAR & STAR+PLUS)
- AmeriHealth
- CareFirst
- Community Health Choice
- HMO Blue (STAR & STAR+PLUS)
- PCA
- TDH STAR

HMO Implementation Plan:

90 Days Before Implementation

- Staffing Patterns by Function
- Time Frames for Demonstrating Readiness before Implementation
- Continued Updates

Readiness Review

HB 2913 and SB 1164

- Determines if an HMO can meet Contractual Obligations
- Conducted through On-site Inspection & Systems Test
- Ability to Delay Plan's Entrance

Cycle of Readiness Review:

Harris Service Area

- Systems Test- Early September
- Phase I- Mid-September
- Phase II- Mid-October
- End Date- November 14

Maximus "Enrollment Broker"

- Texas Office in Austin
- Regional Offices in Service Area
- Contracted Community Based Organizations in each Service Area

Enrollment Activities:

Harris Service Area

- Enrollment Packet
- Community Based Organizations
- Toll-Free Help Line
- Self Enrollment
- Enrollment Events

Cycle for Enrollment

TDHS ➡ Enrollment Broker ➡ Health Plan ➡ Primary Care Provider (PCP)

Implementation Schedule for STAR:

- October 1- Enrollment Packets
- October 1 - January 15- Outreach
- December 1- Harris Implementation
- February 1- Harris Default
- March 1- Contiguous Counties Implementation/Default

Provider Education

Harris Service Area

- Group Training for Physicians
  - August 13 - September 26
- Individual Workshops for Hospitals
- One-on-One Training by Plan

Managed Care Implementation
Harris County and Beyond

- Readiness Review
  - » Plans
  - » State
- Partnerships at Local Levels
  - » Regional Business Offices
  - » Regional Advisory Committees
  - » Non-profits, Minority Associations and Advocacy Groups, LHDs, Medical Societies, Hospitals, etc.

Regional Advisory Committee Includes Representation from:

- Hospitals
- Managed Care Organizations
- Primary Care Providers
- State Agencies
- Consumer Advocates
- Medicaid Clients
- Rural Providers
- Long-Term Care Providers
- Specialty Care Providers
- Political Subdivisions who provide care to Indigent Patients

Regional Advisory Committee

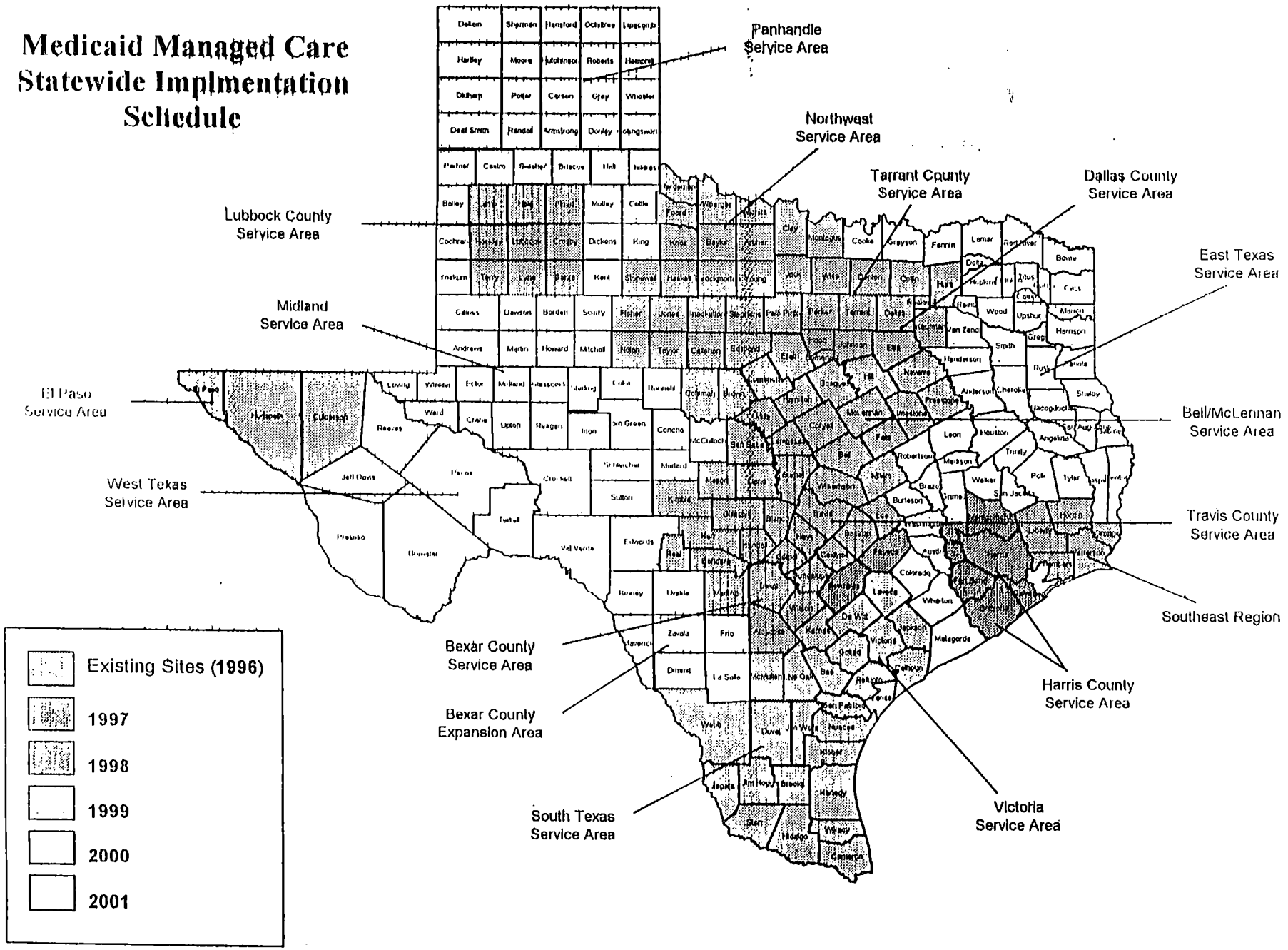
HB 2913

- Appointed by HHSC & Operating Agencies
- Represents the Entities and Communities within a Region
- Meets 180 days prior to implementation
- Meets at least Quarterly the first year and annually thereafter

Purpose of the Regional Advisory Committee:

- Provide Input on the Implementation Process
- Provide Recommendations to HHSC for Improvement
- Seek Input from the Public

Medicaid Managed Care Statewide Implmentation Schedule



Managed Care Implementation
Harris County and Beyond

- Staffing--restructure and augment
  - » Increase TDH-BMC accessibility to stakeholders
  - » Enhance oversight and monitoring capacity
  - » Increase focus on planning, problem-solving and process improvement activities

Managed Care Implementation
Harris County and Beyond

- Support Contractors
  - » Enrollment Broker, Quality Monitor, Network Administrator, MMC Administrative Support, Claims Processor
- Workgroups
  - » facilitate critical implementation activities
  - » readiness review, marketing, contract renewal, encounter data, "lessons learned, planning,
  - » Provider/Plan/TDH subject-specific