ADVOCACY UPDATE

February, 2010

Governor Patrick Submits FY 2011 Budget

Governor Patrick submitted a $27 Billion budget proposal (House 2) for FY 2011 on January 29, 2010. Although this act is only the very first step in a long process to determine the State's FY 2011 Budget, it contained both positive and negative aspects that bear watching. On a positive note, it pleased human service advocates that the governor made efforts to minimize the impact of declining State revenues by cutting administration costs and using anticipated Federal Enhanced Medicaid Funds and other savings to offset these shortfalls.   On the other hand, the Governor's budget plan includes $40 Million in cuts from the Department of Developmental Services budget.

Proposed Cuts to DDS FY 2011 Budget

Both The Arc of MA and the Association of Developmental Disability Providers (ADDP) analyses of the budget indicate that the DDS cuts would significantly affect funding for residential programs, day and work programs, family support, transportation and other services.

⇒ Residential cuts for both private and state-operated programs total $23 Million with $17.8 of this amount allocated to private provider programs like Beaverbrook STEP. Over 255 individuals in MA could lose residential services unless this funding is restored.

⇒ Day and work programs are cut by $6.9 Million. Coupled with the major cuts received in the FY 2010 budget, this reduction will mean that over 450 individuals are in jeopardy of losing their day services and funds for new Turning 22 individuals will be inadequate to meet needs.

⇒ Following over $10 Million in cuts in the FY 2010 budget, the FY 2011 budget cuts Family Support services by an   additional $1.5 Million.   These cuts would affect nearly 1000 families.

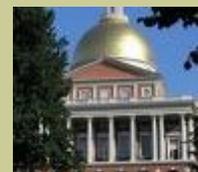⇒ Transportation services were cut by $400,000.

In addition, FY 2011 funds do not appear to be adequate to cover program costs for all Turning 22 individuals who were funded in FY 2010.   Also, there are further cuts to MRC employment programs.

Significance for Beaverbrook STEP

This year, Beaverbrook STEP has been able to manage costs so that service levels and service quality have remained constant.   However, the cuts proposed in the Governor's FY 2011 Budget could be far more devastating and cuts to services could be necessary. Although Governor Patrick states that he is committed to finding ways to restore these cuts, the need for advocating on behalf of your family member is greater than ever before. ADDP recently asked advocates to call Governor Patrick at 617-725-4005 to urge him to submit amendments to restore cuts to DDS and MRC services in his FY 2011 Budget. For more information about the Governor's FY 2011 Budget proposal, visit www.arcmass.org and www.addp.org.

How to Contact your State and Federal Elected Officials:

www.arcmass.org Click on State House Dome picture "Take Action Now" on Home Page. Enter your home zip code and you will get the names of your Congressional and MA State Legislature elected officials.   www.mass.gov/legis/memmenu.htm Alphabetized list of State Senators and House Representatives with mail and email addresses, as well as phone numbers.

The 2010 U.S. Census—It's Important!!

In March, 2010, residents across the country will receive the 2010 U.S. Census questionnaire in their mail. All U.S. residents, citizens and non-citizens, must complete this simplified, 10 question form. The U. S. Census results are used to determine the number of seats each State will have in the U.S. House of Representatives. According to the Winter, 2010 edition of the DLC Dispatch, the Census is also very important because:

⇒ More than $400 Billion is allocated by the federal government to states and communities every year based upon data from the Census.

⇒ These funds pay for important programs and services, including health and welfare programs and services to people with disabilities.

⇒ Census data is also used to determined the locations for new schools, hospitals, housing initiatives, transportation, emergency services and other services of vital importance to cities and towns across the U.S.

The Disability Law Center of MA also reports that the federal government has set up Questionnaire Assistance Centers to assist those unable to read or understand the questionnaire. Large-print questionnaires are available for individuals with vision impairments. Braille guides will also be available. A TDD program will be in place for individuals with hearing impairments.

For help in Massachusetts, call 617-223-3700. If you have a hearing impairment and need assistance, call 866-783-2010. You can also get information online at: www.2010census.gov or www.sec.state.ma.us/census/index.htm.

Technologies to Help Older Adults Maintain Independence: *Advancing Technology Adoption*

(Excerpted from a 2009 Briefing Paper, Center for Technology and Aging)

The mission of the Center for Technology and Aging is to identify and promote successful strategies that accelerate the adoption and diffusion of technologies that improve the ability of older adults to remain in the community.

Technology Focus Areas

These technologies assist in the care of chronic conditions and improve the independence of older adults; they cover a very wide spectrum: communication, assistive, telemonitoring, telehealth and other technology-enabled services. The 7 technology domains identified for rapid diffusion are:

1) Medication Optimization refers to a wide variety of technologies designed to help manage medication information, dispensing, adherence, and tracking. Technologies range from the more complex, fully integrated devices used to inform and remind stakeholders at multiple decision and action points to the simpler, stand alone devices with more limited functionality.

2) Remote Patient Monitoring (RPM) includes a wide variety of technologies designed to manage and monitor a range of health conditions. Point-of-care (e.g., home) monitoring devices, such as weight scales, glucometers, and blood pressure monitors, may stand alone to collect and report health data, or they may become part of a fully integrated data collection, analysis, and reporting system.

3) Assistive Technologies include a wide range of devices and equipment that help individuals perform a task or prevent injury. They promote independence as they compensate for sensory, physical & cognitive impairments and safety as they detect and report health hazards. Non-computer-based assistive items include wheelchairs, grab bars, Braille, and a more accessible home environment. Examples of computer-based technologies include voice recognition software, and monitoring and alert systems that detect and report environmental hazards or personal crises.

4) Remote Training and Supervision (RTS) technologies can be used to train and supervise health and long-term care workers, and offer continuing education and quality assurance. Students do not have to be physically located where the teaching is taking place. Access is gained through the Internet, videoconferencing, and satellite.

5) Disease Management (DM) is a patient-centric, coordinated care process for specific health conditions, particularly chronic conditions and conditions that have a significant self-care component. DM programs include processes to identify high risk patients, use of evidence-based medical practice guidelines to support and treat individuals, and a system of patient outreach, feedback, and response.

6) Cognitive Fitness and Assessment technologies include thinking games and cognitive challenge regimens. The emphasis with older adults is to prevent or delay Alzheimer's and related dementias. Many cognitive fitness technologies are computer or Internet based.

7) Social Networking technologies enable the creation of social networks, focus on building communities of interest that help older adults communicate, organize, and share with peers and care providers. These are already gaining traction... and could be important both for the above functions and for peer counseling and education.

After reviewing all seven areas of technology, the Center for Technology and Aging identified **medication optimization and remote patient monitoring** as their top priorities, but emphasized that all 7 areas were important for future development.