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Special Edition 2011

SPECIAL EDITION

A Poisoned Pill

SPECIAL EDITION

By John M. Krumm (Jack), Editor, The New Hampshire Challenge

DD and Family Support Services Targeted

This past legislative session was like a protracted war. A seemingly uncaring, authoritarian, intolerant of dissent and brutal house leadership pushed through cuts that would essentially have meant the abolishment of support for people with developmental disabilities. Mass rallies occurred; tempers rose on both sides of the budget debate and lack of decorum became the rule in Concord's citizen legislature under the authoritarian leadership of House Speaker O'Brien.

It was only when the State Senate took over the budget cycle, NH values started to reveal themselves. Frugal service delivery to our most fragile citizens had a chance to be realized. The State Senate distinguished itself in as many ways as the NH's House leadership embarrassed itself nationally.

But, the House delivered a poisoned pill at the end of the battle. This poisoned pill is by and large not realized yet by our citizens with developmental disabilities and their families.

SB 147-FN relative to Medicaid managed care. This bill requires the department of health and human services to establish a mandatory Medicaid managed care program for all Medicaid clients. Under this bill, the department shall develop a waiver to implement the program to present to the fiscal committee of the general court before seeking final approval from the federal Centers for Medicare and Medicaid Services to implement the program. **Status: Signed by the Governor on 06/02/2011; Effective 06/02/2011; Chapter 0125**

When "Managed Care" is used by Speaker O'Brien and his operatives, think of a *for profit* organization in another state far away from NH, something like an Aetna insurance company

who will make the decisions *for you*, as opposed to making decisions *with* your local Area Agencies.

This idea has long been espoused by former Commissioner John Stephen. Somehow it made its way into print on the passed budget finally agreed to after tremendous investment by both those supporting people with DD, and our opponents. It will have a devastating effect if not challenged and overcome by the DD community.

The Intent is to Save Money

Unlike previous attempts kicked off by former Commissioner Terry Morton, and Commissioner John Stephen, no claim is being made by the legislators supporting this privatization effort to "increase quality of service." The intent is a simple one, to save money. Nothing of substance has been mentioned concerning the quality of service provided, or the client's well being by the legislators espousing it.

Their sole intent is to save money. They are willing to cut 10% of your services automatically, to do so.

The Automatic 10% Cut

Outsourcing to a private *for profit* company carries only one

assurance, the company will make a profit. So, if the outsourced contract is worth \$25M, all companies in this business automatically take 10%, or in this case \$2.5M out of the pot and save it as the profit for share and stockholders. What looks like a contract for \$25M to the citizen of NH, will actually turn out to be a reduced contract worth \$22.5M.

The pool of money organizations such as Aetna and others will compete for in NH is at least \$800M. Are you ready for an automatic \$80M cut in services that were never presented to public hearings?

Then "cost saving" measures will be levied by the for profit company against the remaining money. What is squeezed out of the remaining funds will again be turned into profit for the contract award winner.

The US Military had experience in contracting out of services to our military members on the front line in the war against terror by major contract award winners during the Administration of President George W. Bush. The investigations into cost over-runs are now known and the recent effort out of the pentagon is to cut back on "for profit" service delivery and have it provided by military members within the Government's infrastructure. The simple truth

in the military is that privatization cost more.

Why should service delivery to our DD system be any different? It will not be different.

Recent History of For Profit Service Delivery

All forms of government have been sending public services to the private sector since the 1980s. The trend stems from a belief that private companies can save or make money by doing jobs faster and cheaper than government.

In New Jersey, Gov. Chris Christie created a state Privatization Task Force to review privatization opportunities within state government and identify barriers. In its research, the task force identified estimated annual savings from privatization totaling more than \$210 million.

The Task Force reported "Sterile philosophical debates about 'public versus private' are often detached from the day-to-day world of public management." It went on... "Over the last several decades, in governments at all levels throughout the world, the public sector's role has increasingly evolved from direct service provider to that of an indirect provider or broker of services; governments are relying far more on

This Special Edition of *The New Hampshire Challenge* is dedicated to the memory of our friend, staff writer, and fierce disability advocate:

Jamie Frances Stephenson

BORN: June 1, 1950

DIED: April 21, 2011

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Medicaid Managed Care

The Conservative Principle of Local Control at Risk

By Lou Goscinski, NH Challenge Staff Writer

It appears the majority of our Free State Libertarians and Tea Party Conservative legislators now in control of the NH House, (see policy analysis, *The New Hampshire Challenge*, Spring 2011 edition) now view developmental disabilities as a disease rather than a part of the human condition. These Libertarians and tea party conservatives successfully gained control of the House in the last election, and are under the authoritarian control of NH House Speaker William O'Brien.

True Republicans in the state of New Hampshire, have always embraced the concept of "Local Control". Republicans to date have fought the good fight, to resist any move of centralization of medical decision making, and tax revenue expenditure.

The Libertarians and Tea Party 'so called' conservative legislators now in control of the NH House will attempt to kill local control.

Recently, New Hampshire Commissioner for the Department of Health and Human Services Nicolas Toumpas received his orders from the legislature to design, develop and implement a care management plan for New Hampshire citizens under the auspices of Medicaid. This will not only lead to a loss of local control, it will also dismantle a human service system that has proven to be a model of cost effectiveness and inclusion across the country.

The majority of Medicaid funds used for people who experience disabilities are allocated for non-medical services such as housing, community integration, and supported employment. Managed care will apply a medical model to these non-medical services because of the actions of the NH House.

What is shocking about this legislative imposed mandate is the possibility that an out-of-state for-profit organization

will be hired to manage New Hampshire's developmental disabilities service delivery system. The system has been efficiently managed at the local level by area agencies for decades and has been considered the model to emulate. Boards of directors composed of citizen volunteers oversee these agencies.

It is feared people with disabilities or their parents may need to deal with a company based in Chicago or another far flung location, to obtain residential services in Manchester. To date, people in the community have gone to their local Area Agencies, where cost effective solutions were mutually agreed upon at the local level. New Hampshire's cost effectiveness and ability to be flexible has as its bedrock local people who know New Hampshire's communities best.

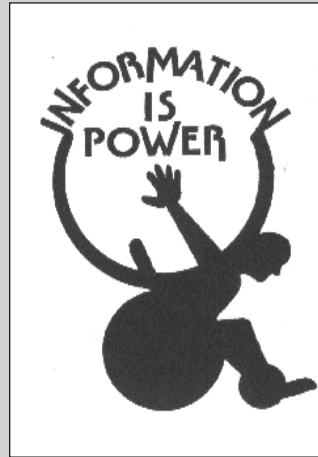
Managed care is viewed by people concerned about the developmental disabilities ser-

vice delivery system as a direct assault by lawmakers on local control. In addition, a profit-inspired corporate board may oversee management rather than New Hampshire citizens.

Many believe the implementation of managed care will result in New Hampshire residents losing jobs due to

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Inheriting Jamie's Legacy

By Sally Manikian, Daughter of Jamie Stephenson and Special to *The New Hampshire Challenge*

It is the TV crews that stick out the most. Bright lights set up in our library, vans and sedans clogging the front

yard, sound guys and news guys and camera guys crowded around our kitchen during lunch break. They came from the UK,

Germany, Japan, and 60 Minutes. Us kids were usually left alone, except for when we were shut into a room for a candid family shot. It's hard to be candid when you want to perform for the camera, but the sugar rush of the penny candy bought by the television crew fueled energy enough for candor.

At the center of all this excitement was my mother, tall and strong and well spoken. They came for her, to interview her and hear her story, of her fight for my brother, for our family. And, of course, her fight for all families like us in New Hampshire.

My brother David was born in 1985, the third child in three years. Golden haired, blue eyes,

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What does Managed Healthcare Actually Mean for Me and My Family?

By Wendy Thomas, NH Challenge Staff Writer

Okay, so what does all this managed health care really mean and what is the bottom line? How could it affect me and my family?

First a Little Background

Money is tight. It's tight everywhere and the State's budget has not been left unaffected. In looking for cost-effective alternatives to providing high quality care to its Medicaid population, the Department of Health and Human Services (DHHS) has been charged with coming up with a way to save 32 million (yup, 32 million) dollars from its budget. In order to do this it is considering a managed healthcare system which would provide authorized care to drive down health care costs while still serving the growing numbers of people who need services.

Managed Healthcare?

What Does that Really Mean?

Managed Healthcare means that healthcare services are managed by an organization whose job is to make sure that costs are contained. Part of their job will be to:

- Come up with defined metrics and measurements—every cost will be measured against these metrics and standards
- Ensure that all costs must produce clear measurable benefits—if there is no measured benefit, the money will not be allocated
- Make sure that it produces sustainable value that can be quantified—the bottom line will become an extremely important consideration in authorizing care and services

In essence this means that an organization whose sole

purpose is to contain costs will take over (manage) the healthcare for the Medicaid population.

Hmmm, Who Else Has Managed Healthcare?

There are currently four states who have implemented managed healthcare, they include:

- Arizona – late 1980's
- Michigan – late 1990's
- Vermont – 2005
- Wisconsin – 1999

Well That's Doesn't Seem so Bad, What Are the Benefits?

Some of the benefits of managed healthcare to date have included:

- No waiting lists for services
- A single case manager to oversee all care
- Integration of health and Long Term Services & Supports (LTS&S)
- Emphasis on early intervention financially—providing services earlier is often more effective than trying to handle it later
- A leaning toward geographic equality within the state
- Additional federal matching dollars

That Sounds Pretty Good. What Are the Drawbacks?

In the states who already have managed healthcare, we've seen:

- A potential for medicalizing supports—turning a supportive service into a medical cost

- Unnecessary paperwork for healthcare—and possible delays
- A steep learning curve and difficulty recruiting and retaining qualified personnel

Bottom Line? What Could Managed Healthcare Mean for Me?

Saving money is good right? Sure, we can all agree to that but in a managed healthcare situation an outside agency (which could even be located out of state) might be the ones that are making the decisions on you or your loved ones' healthcare. Because their job is to cut costs, they might not agree with you

that an aid for your child during the day is the best way to spend funds. You might lose a service you have already been receiving.

If the providing agency is out of state they might not know about area providers like the therapist your child has been using for years and instead might assign another provider who might come in at a reduced rate. This could result in the family's voice regarding health care not being heard and it could also potentially result in a loss of area vendors.

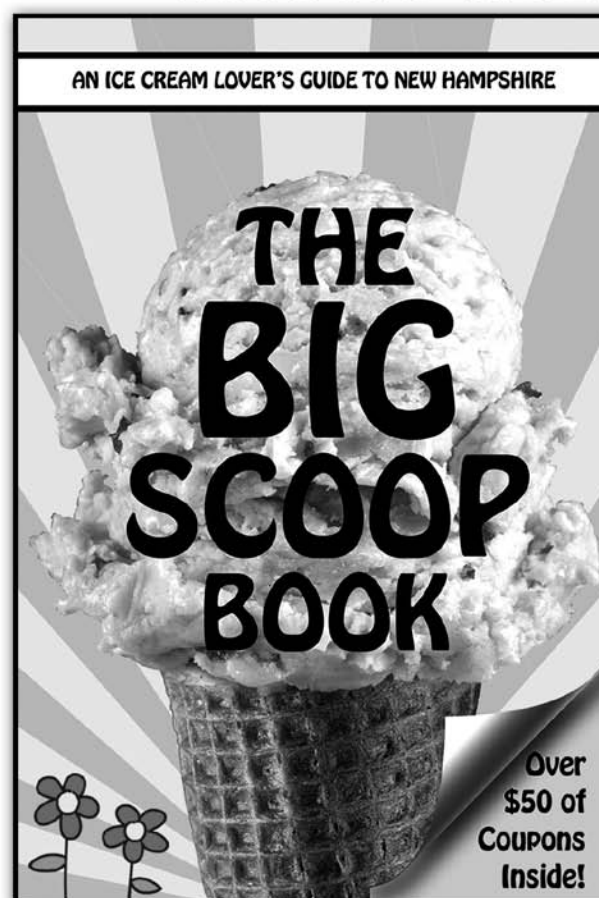
Most likely agencies would be consolidated which might mean a reduction of services.

Managed Healthcare is a complicated issue. It's not that we don't want to save money,

or even that we are averse to change but the discussion of managed healthcare needs to include how families can still be involved while services improve. It needs to include acknowledgment that sometimes it's the local providers that know best for the person receiving services.

Drastic changes with regard to healthcare are going to happen. It may not be as much "if" as much as it is when. It's important for those in discussions involving managed healthcare as a way for the state to save money to acknowledge that it wouldn't be prudent to throw out what is currently working in some cases in order to bring in an unknown simply for the sake of reducing costs. ■

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Poisoned Pill

Continued from page 1

networks of public, private and nonprofit organizations to deliver services.”

A Costly Disaster

New Jersey’s report took careful note of another key factor: The state’s most successful in privatization created a permanent, centralized entity to manage and oversee the operation, from project analysis and vendor selection to contracting and procurement.

Government legislatures who will forgo due diligence, who insist on speed of the transformation are headed toward disaster.

NH’s House has insisted on a one year transition. This is the *exact* recipe for disaster warned against in New Jersey’s report. The reasons are speed often force the choice and selection of ill-equipped for profit contractors who only follow the “cut 10% then squeeze” model. There is a failure to provide adequate monitoring of service and progress of the clients, under such speedy and unthought implementations, outsourcing will turn into a costly disasters.

This is the future House Speaker William O’Brien and his operatives envision for us.

Inefficient Privatization = Wasted Tax Revenue under Former Commissioner Stephen

In NH, no industry has gone through greater outsourcing ca-

tastrophes in the past year than the attempt to improve Medicaid billing.

The legislature had to negotiate a budget deal last session requiring that the state Department of Information Technology and the Department of Health and Human Services hire a consultant to look into implementation of the state’s long-delayed Medicaid management information system, or MMIS. The contract was an attempt to consolidate and make ready a foundation to make the “NH market” more visible.

The state has already awarded \$61 million to a company named ACS (now part of Xerox) in 2005. The contract aims to automate the payment of more than \$800 million to some 7,000 Medicaid providers who treat about 100,000 of our citizens.

The company claimed to state officials that they already had a system that was tried and tested. The loosing contractor asserted that the winner “suckered New Hampshire” into being guinea pigs the company’s efforts to develop a new system that it would then market to the other 50 states. In essence, through a (former) Commissioner John Stephen led effort; sixty one million NH tax dollars were expended to fund private development.

The System is Yet to Deliver.

Repeated delays have stretched implementation from two years to now over six. However, the company did what all privatization companies do; they took NH tax revenue off the top and made a profit for their stockholders, NH tax revenue which should have went to provide service to our citizens.

Contract Change Proposals/ Engineering Change Proposals

Meanwhile, while the state of NH had no system as promised, it was forced to add to the cost of the original contract. This was because additional functionality had to be put into place to keep up with changing regulations and technology out

of Washington, our own state legislation in Concord, and new congressionally restrictive legislation originating from the US House of Representatives.

When such “changes” which are not listed in the original contract are levied upon a contract in progress, the contractor has every right to demand more money by claiming the State of New Hampshire had ‘changed the rules’. NH was forced to spend additional tax revenue to satisfy these “Contract Change Proposals and Engineering Change Proposals.”

Additional damage to the bottom line of NH’s tax revenue was accomplished by the (then) Commissioner John Stephen led effort, because NH had to continue to contract with the original contractor, EDS, who operated the original system. NH had no replacement, nor does it have one today. The waste continues because of ill-thought privatization of services previously accomplished more cost effectively on the local level.

Conservative lawmakers are now concerned that the delays under this John Stephen inspired effort might thwart the implementation of their goal now, a Medicaid managed care system, which proponents now claim will save the state \$30 million.

Present HHS Commissioner Nick Toumpas inherited this mess from his predecessor, John Stephen. He observes that if the new system is not ready, the state will have to pay ACS more to develop that aspect of the yet to be delivered system.

Other State’s Privatization Fiascos

Texas has had to cut short its seven-year contract with IBM, an \$863 million deal that called for IBM to provide data center and disaster recovery services for 27 state agencies. An audit criticized the state’s Legislature, Department of Information Resources for lax oversight, inadequate staffing and sloppy service.

In Virginia, the state had a 10-year, \$2.3 billion IT contract with Northrop Grumman to run the state’s computers, servers,

e-mail systems and help desk services also has been plagued by inadequate planning, cost overruns and poor service.

Guidelines to a Successful Outsourcing

A good outsourcing deal starts with a thorough cost-benefit analysis to see if a third party can effectively deliver services better and more cheaply than public employees.

There has been no such cost benefit analysis accomplished for the NH legislature. This idea is being bullied forward by our now famous House Speaker O’Brien and his adherents.

“Best practices” for governments who consider such a move is to hire an outsourcing consultant who can provide an independent assessment. But even with a consultant, conflicts of interest can tarnish a golden opportunity. After all, private companies may want to provide a service efficiently and well—and may often do—but governments must ride herd on implementation of the contract. As experts point out, a company’s motivation “is not the common good; it’s profit. If they can cut corners in any way, they often do.”

The Best Alternative Available for the DD Population

While NH has constructed the best and most cost effective service delivery system for citizens with DD through the Area Agency system, there is an opportunity for savings even in the DD area. Medical services and supplies can realize savings through a centralized model of procuring and dispersing the specialized MEDICAL services and goods.

Other areas of DD do not lend themselves well to outsourcing as contemplated by Speaker O’Brien’s plans and the delivery of his “poisoned pill.”

Our Area Agencies talents in including our citizens with disabilities are renowned. Citizens can only envision the nightmare awaiting them when they have to call Ohio, to speak to an “Aetna

like” corporate decision maker, for goods and services for adult children with developmental disabilities which used to be decided one half mile away from them at the local Area Agency. The corporate representative in Ohio will be measured and rewarded by their supervisors for keeping costs down, not for meeting NH citizens with DD needs.

The best alternative for the DD system is for citizens to advocate we be “carved out” of Speaker O’Brien’s poison pill, and that we do participate in the centralized procurement and dispersal of medical supplies O’Brien’s plan will offer. ■

About the Author: *John M. Krumm has long experience and solid credentials in privatization of government goods and services. Mr. Krumm started his career with the USAF as an enlisted man in civil engineering. He actively participated in the handing over of Andrews Air Force Base to a private contractor when it was claimed the contractor would save the USAF money in 1976. The savings were never realized, and he paid attention to a developing theme. Krumm went on to be commissioned in the USAF and oversaw government contracts at Grand Forks Air Force Base and Pease Air Force Base. Again, the contracts given to ‘for profit’ companies never matched the claims they made to secure the contracts. Krumm was called in and included into (former) Commissioner Terry Morton’s efforts to have Anderson consulting take a more active role in NH DHHS service delivery. Krumm was able to successfully refute Anderson’s claims at that time. Today, Mr. Krumm in his private capacity works for the US Department of Transportation yet is retained through international agreements and funded by the Government of the United Kingdom. Krumm delivers transportation automation, goods and services through his federal team at a fraction of the cost of UK private industry. Mr. Krumm’s program assisting the UK was recognized by the Kennedy School of Government at Harvard as a “Bright Idea in Government.” John Krumm (Jack) helped Janet Krumm found The New Hampshire Challenge, Inc. Krumm remains on as The New Hampshire Challenge’s Editor.*

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Bits and Pieces

By Jan Larsen, Executive Director, *The New Hampshire Challenge*

The NH Challenge strives to ensure that the articles in this publication meet the needs of families by providing its readers with information compiled so that the relevance of the articles is the cutting edge in the disability field. One of the first problems those who are new to the field face is learning the new language and the acronyms. In previous editions, we've published a list of these. In the last two editions, we've focused on the terms used in the legislature. Along with listing the terms again, there is a list of new acronyms!

While I consider myself knowledgeable having compiled the list of acronyms that appeared in previous editions, I was overwhelmed as I read a power point on Managed Care. The presentation was by Alan Bergman, whom I met 40 years ago when I first heard him speak at a conference in Washington DC. I credit Alan as my first/best instructor in my understanding of Medicaid concepts. I was excited to have a document by him to begin my education on Managed Care as it relates to non medical services for those with disabilities. But I couldn't get past the acronyms! I have since found most of them and they are at the end of this edition.

This "special edition" is focused on the Managed Care law. While we focus on the DD

Community and other organizations for individuals with different disabilities, *everyone* for every Medicaid service, both regular and waiver services, will be moved into a managed care group. Many of us already have HMO services for our health care. With this initiative health care services could improve. The concern is that most individuals eligible for Area Agency services don't have *medical issues* that need to be treated.

The long term care needs of an individual on the Autism Spectrum for example, wouldn't be met under a doctor's care. They need support services to help them achieve their potential and along with their families, they get services provided by the State with matching dollars from Medicaid. Another difficulty with Managed Care is that it provides this "care" from a medical prospective, with someone in authority making the decision about what is to be provided.

In the present Area Agency system, Family Support has changed this model into a person centered approach, with the individual and family making the decisions about what they need and where they want to access this care. This "medicalizing" as it is called, makes "patients" of us all, treating us and our conditions in the medical model of "fixing" what is wrong with us, rather than supporting us. There is a

website that I subscribe to that espouses "disability is natural" (www.disabilityisnatural.com). The concept of Managed Care comes from the exact opposite of the Family Support model.

I am on several boards and also represent NH ABLE on the Quality Council for Developmental Disabilities. This Council was formed as directed by part of the bill, SB 138 that was passed four years ago. The law that resulted in the passage of this bill has been altered by the State Budget, striping the funds to end the Wait Lists. But the Committee is still active, continuing the work it began in 2008. The group's focus and investigation has been to quantify what would constitute the "Best Practices and Quality Services" for those served by the Bureau of Developmental Services. In-depth reports can be found at www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/. At each meeting of this committee, the sub-committees report on their progress with the task set for them by the full committee. Beginning with employment, the committee has studied existing reports both within New Hampshire and compiled by other states to understand employment rates and any barriers for individuals with disabilities. Using National Indicators and also developing new measures by which to compare data, the committee is influenc-

ing current services as they seek to measure those services. The committee has also traveled to four of the ten Area Agencies to initiate conversations with clients, families, providers and area agency professionals about what constitutes quality. This group meets the second Tuesday of the month at the Developmental Disabilities Council's conference room, in the Walker building on Fruit Street in Concord, from 11 A.M. to 1:30 P.M. The meetings are open to the public who are asked for comment at the end of each meeting.

After holding conventions where chapters came together to elect a member from the chapter to join the board of directors, ABLE NH also held a retreat for both the original board members and the new ones to consolidate the energy and knowledge within the board and then sending it back out to the chapters. ABLE NH is growing in communities where the chapters are based and those members are uniting to change a variety of issues within their cities and towns (www.ablenh.org). ABLE NH was awarded a prestigious grant from the Catholic Campaign for Human Development (CCHD).

Pat Vincent-Piet, an ABLE NH board member was invited to speak about the issues of the day surrounding Social Security/Medicare/Medicaid. She spoke at the Medicaid

Matters Rally on July 12 in Washington DC. (See her video on Utube www.youtube.com/watch?v=AVzUqxx8NMU). She discussed the myth that Social Security, Medicare and Medicaid are the reason for the huge deficit that our country faces today. Social Security and Medicare are not going broke and don't need to be cut. Pervious to this rally I had attended conferences with her about the about Social Security, Medicare and Medicaid. At these workshops information was presented regarding these programs that showed how these can be sustained for the long term and that the Social Security trust fund is not affecting this country's debt and that it isn't going broke. These workshops were held in conjunction with The Granite State Organizing Project (GSOP www.gsophn.tripod.com) and the Center for Community Change (CCC www.communitychange.org) whose organizations are actively trying to get these topics along with Medicaid into the Presidential Primary in New Hampshire and beyond.

Pat told about how she and her husband need Medicaid to assist them in their daily lives. She mentioned the program in New Hampshire that allows individuals with disabilities

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Jamie's Legacy

Continued from page 2

and a wild smile. In 1989 he was diagnosed with Fragile X Syndrome, one of the first genetic disabilities to be logged in the Human Genome Project. My younger sister Caroline was also diagnosed with Fragile X. Following the diagnosis of Fragile X, insurance companies refused to cover my family, especially David and Caroline. The public school systems were hesitantly and haltingly beginning to adopt inclusionary educational practices for special education. We were on the forefront of the wide ranging struggle for disability rights.

My mother stood up in that struggle, and she never sat down.

The way my mother approached that struggle appeared flawless to me, from my simple view of reality in elementary and middle school. My mother was on regional committees and boards, a member of international conferences, and a colleague of everyone from politicians to scientists to lawyers. She had her own business cards that listed her as the Fragile X Resource Center for New England families. Our home phone rang all the time, and it rang for her.

She was an advocate, pure and simple, and a friend to all. She was also an extraordinary parent, and instilled in myself and my sister Rachel patience and acceptance of our challenging siblings.

When David was seven or eight, he would refuse to leave the house. Mom would bundle

the three girls into the car, and David would scream, cry, and toss the nearest object he could lay hands on. He would go into the house, come back out of the house, go into the house, and then come back out again and stand on the porch throwing pieces of mail onto the ground. Mom would drive the minivan out of the driveway, and back up behind the corner of the house so David would think we had left. He would calm down, mom would walk out and scurry him into the car before he had a chance to change his mind. This could take anywhere from 10 to 30 minutes.

And then, of course, when we showed up to the restaurant, David would recognize the car of one of his teachers from school. The ensuing tantrum meant we would then go back home.

At times like those, I was frustrated: I was 12 and hungry and self-centered. But yet I never wished my brother, or my sister, were any other way. That patient acceptance that outright refusal to entertain the thought that our lives were abnormal, that was our mother's lesson to us about accepting challenges in life. She taught me that the right thing to do when life gets hard is to believe that everything is normal, and life should be no other way than how it is.

When mom was diagnosed with ALS, I became the responsible person for David and Caroline. I also became, as her illness progressed, the responsible person for her. I was the trustee of all three of their trusts, the power of attorney for mom, David's guardian, and

the spokesperson for all of their services with the Department of Health and Human Services. I hired home care support for her, I did her banking, I helped her with her Christmas shopping. In the ultimate act of support of a loved one, I helped her come to the end her life.

I wrote above that my mother's role as an advocate appeared flawless, simple, and easy. I wrote, also, that it seemed easy to me because I was young. I know now that her advocacy and achievements came accompanied with sleepless nights, deep emotional denial, and bone tired exhaustion. I know now that it also comes powered by a fierce devotion and protection of a loved one. I know this because the role of an advocate does not come easy, as have assumed the role for my younger brother and sister.

I draw from the passion, strength, and dedication I inherited, and learned, from my mother. The power of a mother's love is somewhat diminished when it passes to the eldest child, and I have big shoes to fill, but she gave me everything I needed.

Recently I reread a few of her pieces in the New Hampshire Challenge to revisit this particular side of my mother the disability rights advocate, and a piece she wrote on Special Needs Trusts in 2006 caught my eye.

I had read this article five years before, when she tasked me with writing a similar one that described them in general. But the last two paragraphs, in which she expresses her confidence in my ability, along

with my sister Rachel, to guide David and Caroline in life, was the reassurance of her trust that I needed:

"As trustee [of David and Caroline's Special Needs Trust] Sally doesn't really need to do anything she doesn't already do for her brother and sister. She spends time with them on her vacations and on holidays. She knows their needs and desires as well as I do. She has already made herself familiar with the rules for the public benefit programs that David is eligible for. She has complete decision-making power over the assets of the trusts but she also has a close emotional connection to her brother and sister and will make decisions that benefit them. If her life course prevents her from continuing as trustee, her sister Rachel will step in because she is named as "successor trustee". Rachel has the same close connection with her siblings and will diligently look out for their best interests. I have full confidence that my adult daughters will make sure that David and Caroline have a comfortable home and a good life when I am gone.

On New Year's Eve Sally and I signed the trusts. There were many signature pages including the trust itself that we both signed and a page called "schedule A" listing the assets of the trust that we also both signed. Then Sally, in her first act as trustee, signed a page naming her sister Rachel as "successor trustee." It felt odd to me to have someone else sign a document related to David's future. I had been his sole advocate and protector since

his birth and, even though my beloved first born child was the person taking over, I was sad. But I can now rest assured that these documents allow me to take care of my babies, even after I'm gone. That makes me extremely happy."

Me too. Thanks, Mom. ■

About the author: *Sally Manikian as outlined above is Jamie Stephenson's daughter. Graceful, grace filled and intelligent, Sally has made a great life for herself as an outdoorswoman and environmentalist. She can often be found on the trails of the White Mountains with her fiercely loyal K-9 companion. Sally pulled together a memorial service for Jamie at their Atkinson NH farm house, presided over by Father Fritz Caerulo, an Augustinian priest who became close to Jamie, as he did Janet Krumm at the end of her life. Father Fritz guided both of these strong disability advocates into eternity because Sally made the connection happen. Sally and the rest of Jamie's family will soon sell their Atkinson home, and move to Northern New Hampshire. Sally has been a contributing writer for The New Hampshire Challenge, and the door is always open for her to continue. Sally continues her guardianship role for her family and as wished by her mother Jamie, with style, wisdom and grace.*



Photo by Edith Tucker, 2008



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Legislative Wrap Up

Edited By John M. Krumm (Jack), Editor, The New Hampshire Challenge

Source material: Alex Koutroubas

The Governor vetoed some bills that affect all of us in New Hampshire. Below are the bills yet to go back to the House & Senate to be voted on.

Also the outcome of bills of interest to our NH Challenge readers are outlined below.

As reported in the mainstream press, the Governor allowed the state budget (HB 1 and HB 2) to “become law without his signature.” When a bill reaches the Governor’s desk, he has 5 days (not including Sundays) to make a decision. He has three choices: sign the bill, allow the bill to become law without his signature. The final choice is a power given to each Governor that is contained in part II, Article 44 of the New Hampshire Constitution. This section gives the Governor the power to prevent a legislative bill from becoming law by exercising the power of veto.

If the Governor vetoes a bill it is sent back to the body in which it was introduced. For example, on June 8 the Governor vetoed HB 133 which repeals the state’s minimum wage law. Following the veto, the legislation was sent back to the NH House (because it was a House Bill) and another vote on HB 133 was taken on June 22. This vote was on the question “Notwithstanding the Governor’s Veto, Shall HB 133 Become Law?” The House voted 261-110 in favor of the bill becoming law which was at least two-thirds of those present and voting. On the same day, the Senate voted 19 in favor and 5 against for HB 133 to become law. The Senate vote was also at least two-thirds of those present and voting.

Therefore, HB 133 will become law.

A bill is considered “passed or adopted” on the day in which the entire legislative process is completed and there are no further steps to take. In the case of HB 133, it is considered adopted on June 22, which is the date at

least two thirds of both of chambers of the legislature voted to override the Governor’s veto. An effective date in the legislation is “60 days upon passage.”

If either chamber of the Legislature fails to obtain at least a two thirds majority on any vetoed bill, the bill “fails” in other words the bill is killed and will not become law.

According to House and Senate rules, the Speaker of the House and the President of the Senate may schedule votes to override vetoes at their sole discretion. In the past the House and Senate have conducted a “Veto day.” This was a day, typically in the fall in which all bills vetoed by the Governor would be taken up.

This year, three vetoed bills have already been taken up; in all three cases the Governor’s veto was overridden by both chambers of the legislature. The Speaker of the House has stated that he does not plan schedule a vote on the remaining vetoed bills until the fall.

As of today, Governor Lynch has vetoed a total of nine bills. They include the following issues:

1. HB 133, repeals New Hampshire’s state minimum wage law (VETO OVERRIDDEN: 06/22/2011)
2. SB 3, making comprehensive changes to the state retirement system
3. HB 218, relative to the New Hampshire rail transit authority
4. HB 109, relative to residential fire sprinklers (VETO OVERRIDDEN: 06/22/2011)
5. HB 329, parental notification in a minor’s decision to seek an abortion (VETO OVERRIDDEN: 06/22/2011)
6. SB 129, requires a voter to present photo identification in order to cast a bal-

lot in any election in New Hampshire

7. SB 57, relative to regulation of title loan lenders
8. SB 154, repealing New Hampshire’s participation in the Regional Greenhouse Gas Initiative
9. HB 474, prohibiting mandatory agency fees in collective bargaining agreements (Right to Work)

Developmental Disability Priority Policy Legislation

All legislation that has a status of “Retained” or “Rereferred” must be acted upon by the appropriate Committee by **November 1, 2011**. Following the Committee vote, the legislation will be sent to the House or Senate Floor for further action.

Medicaid

HB 214 establishing a committee to study the state’s participation in the federal Medicaid program. **Status: Bill Killed**

HB 353-FN establishing a Medicaid waiver program to provide in-home support services for children who are medically fragile or have a severe chronic illness. This bill directs the department of health and human services to submit a Medicaid waiver to provide in-home support services for children who are medically fragile or children with chronic illness. The program shall be structured as a 3-year pilot program. **Status: Bill Killed (Included in HB 2)**

SB 147-FN relative to Medicaid managed care. This bill requires the department of health and human services to establish a mandatory Medicaid managed care program for all Medicaid clients. Under this bill, the department shall develop a waiver to implement the program to present to the fiscal committee

of the general court before seeking final approval from the federal Centers for Medicare and Medicaid Services to implement the program. **Status: Signed by the Governor (Emphasis – The New Hampshire Challenge) on 06/02/2011; Effective 06/02/2011; Chapter 0125**

Insurance

HB 309-FN repealing certain insurance mandates. This bill repeals mandatory insurance coverage for: children’s early intervention therapy services and diagnosis and treatment of pervasive developmental disorder or autism. **Status: Retained in Committee**

Disability

HB 401 relative to postsecondary training for workers with disabilities, this bill authorizes the labor commissioner to establish a practical experience/training program for individuals with disabilities. **Status: Signed By Governor 05/27/2011; Effective 07/26/2011; Chapter 0098**

HB 481-FN relative to the definition of disability for aid to the permanently and totally disabled. The department stated this bill changes the eligibility for cash assistance under the Aid to Permanently and Totally Disabled (APTD) program so that eligibility for cash assistance would terminate after the first clinical denial of federal Supplemental Security Income (SSI) or Social Security Disability Insurance benefits by the Social Security Administration. **Status: Bill Killed, however, the issue is contained in HB 2**

Budget/Contracts

SB 151-FN relative to contracts of the department of health and human services, This bill requires the commissioner of the department of health and human service to develop a plan to consolidate all outside contracts and to implement them upon approval of the fiscal committee of the general court. **Status: Signed by the Govern-**

nor on 06/27/2011; Effective 06/27/2011; Chapter 0216

SB 146-FN relative to requiring submission of a reduced spending alternative as part of the biennial budget process. **Status: Law Without Signature 6/29/11; Eff. Date 8/18/11, Chapter 0229; Art 44, Pt II, NH Constitution**

HB 269-FN establishing a priority based budget system focused on measurable results. This bill:

1. Directs state agencies to develop a performance measurement system for agency programs that may be used in determining budget priorities.
2. Requires the governor to present the proposed budget in order of funding priority.
3. Establishes a budgetary spending limit based on actual revenue from the prior fiscal year.
4. Establishes a committee to define the strategic priorities of government. **Status: Retained in Committee**

Special Education

HB 425-FN-A-L making an appropriation for the special education catastrophic aid program for the 2011 fiscal year, this bill appropriates \$7,892,809 from the state general fund in FY 2011 for the purposes of this bill. **Status: Bill Killed**

HB 318-FN-L reducing a school district’s liability for special education costs, this bill reduces the liability of school districts for special education costs to 2 times the estimated state average expenditure per pupil. **Status: Retained in Committee**

Other Bills

HB 493-FN relative to the certification of integrated residential communities, this bill establishes the certification of integrated residential com-

Opinion

Fight for Your Own...

Parents, siblings, cousins, aunts and uncles protect their own. When one considers the disability movement, it makes for a powerful and non-partisan advocacy group. It makes no difference to us if one is Republican, Democrat or any other vintage of political belief.

The guiding factor of humanity is the simple truth that humans adhere to those who treat the most fragile among us with care as friends. When humans observe brutish, arrogant, self-serving and harsh treatment of our fellow human beings who are fragile, those treating our family members badly have a very limited political life.

We make sure of it.

Lately, the disability movement has fallen prey to arrogant and brutish behavior in the NH House, under the leadership of House Speaker William O'Brien and his Libertarian leaning followers who are calling themselves "Republican." A savage libertarian inspired budget was beaten back by

rallies, strong advocates and finally by a NH State Senate which embodied what makes us all proud in this state, there is always someone or something to place arrogant power mongers in their place.

With non-partisan style and grace, the NH Senate turned around what would have been a certain disaster to human beings who are disabled in this state. The NH Senate restored the savage O'Brien inspired cuts to those among us who are disabled, and fragile.

The battle was won, but the war continues.

The lowest per-capita and most effective service delivery system in New England, the developmental disability service delivery model of NH is being offered up by O'Brien and company into "Managed Care." The lie being espoused is that "managed care" will save around \$32M for NH. Perhaps we remember the claims by former Commissioner Terry Morton to save \$54M by hiring Anderson Consulting, or Commissioner John Stephen's claim

to save millions building the failed MMIS system.

Not a penny of savings were ever realized. Instead the self serving lies were laid bare and in fact resulted in hundreds of millions of NH precious tax revenue *wasted*. See the documented and verified waste that occurred in the lead article of this newspaper under Commissioner Stephen's watch.

Drive, ride horseback, crawl on glass if necessary to protest Managed Care to the legislature. Make sure our citizens with developmental disabilities continue to be served cost effectively, and in their communities under the Area Agency model of service delivery. Aetna, Kaiser and their ilk, are wolves waiting to pounce on the effective services of our most fragile citizens and make their profit centers rich. "Managed Care" for the DD population is an idea conceived in ignorance, and perhaps even evil retribution because of our political effectiveness. We in the DD model should be cut out and only make savings through

medical goods and hard medical services being procured under the new model.

Fight. Your children, nieces, nephews, friends and neighbors depend on you. ■

Remembering Jamie

To meet Jamie Frances Stephenson was to be infected at some level with love and admiration of her. Easy for the eye to fall upon, Jamie's beauty made many an arrogant and power driven politician fall prey to her intellect, professionalism, advocacy fierce motherly protection of her children.

Jamie's daughter Sally seems to have inculcated the very best of her mother, and continues on in a commitment to protect and defend those with disabilities in her native NH. Sally could have no better instructor in the matters of life which really matter.

I met Jamie because my late wife Janet had come to know of a fierce advocate from the town of Atkinson, NH. The word was "this woman" had become the Fragile X resource center for the state of NH. Janet observed to me, "a one woman resource center? This has to be an interesting story." And a rich and rewarding friendship developed that I would be an admiring witness to for the rest of both of their lives.

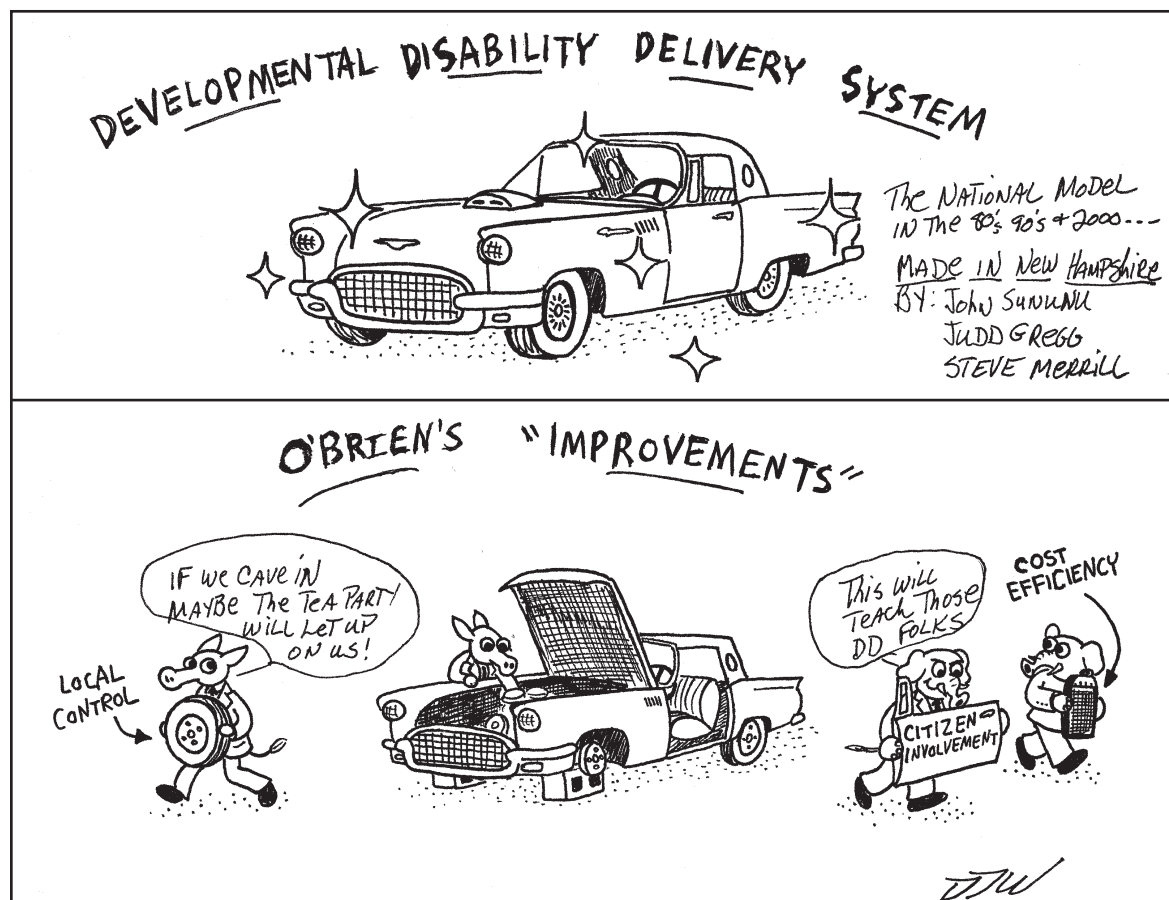
Jamie joined The Challenge as a staff writer to Janet. She covered the eugenics movement, laying bare the evil being peddled out of an Ivy League college under Peter Singer. Jamie also secured grants for The Challenge to cover issues on genetics, by real centers of intellectual development, which hoped to make things better through their research.

Then, both of these women took to three primary trails, and covered the candidates' views toward disability in a way that would follow them throughout the Presidential campaign trails. They would back each other up, as some of the more lustful men would attempt to charm them with the "Look here little lady" routine. It was always a pleasure to see Jamie serve such politicians up, cooked in their own words.

What I will always remember about Jamie is her style and grace confronting a demon called ALS disease. As it marched on her life and living unrelenting, she seemed somehow to gain even more beauty and grace—in spite of it. My last visit to Jamie was after Janet had died, and I sang ballads to her one long afternoon as I had with Janet's long illness. After singing Celtic, American folk and bluegrass ballads to her she asked me through a communication device to find the Roman Catholic priest who had helped Janet die in grace. I did so and Father Fritz fell in love with Jamie also. I remember him remarking to me about what a fierce mother of protection she was, as she laid paralyzed by ALS in her bed.

I was honored to know and lose a little corner of my heart to Jamie Francis Stephenson. Janet knew I had a soft spot for Jamie, and my wife understood it. We both loved her as a sister.

Farewell Jamie. Safe Journey! We who are left behind will not let you down or forget you. Save a place at the table for us. ■



Ask Jan

By Jan Larsen, Executive Director, The New Hampshire Challenge

Dear Jan,

I have an adult child who is receiving support services from an Area Agency. I talk to other parents when I go to Special Olympic events and I get so confused. I thought when I read in the Union Leader that funds were added for the disabled by the Senate that everything would be okay. But other parents tell me the next 2 years will be terrible, with cuts in services for everyone. Who has it right?

—Frightened Parent

Dear Frightened,

I'm frightened with you! I have been involved with supports for individuals with developmental disabilities for more than 35 years, and this is the worst I've seen. In the past, the System of support, the Area Agencies have limped along without an increase. Four years ago, the legislature passed a law to provide money for those who were eligible for services from the Area Agencies that would need services and who had been on a wait list, so that within 3 years there wouldn't be any one waiting more than 90 from the time the services were needed. In each of the last 2 year budgets, this promise was kept and funds were allocated so that as of June 30, 2011, there wasn't anyone waiting.

I guess this year is harder to take because of those gains made during this time. Before then, most of the years the

legislature didn't add monies, but they didn't take any away either. This is called Flat Funding. Each of the 10 Area agencies received the same money they had in previous year. This would appear to at least cover everyone already receiving services, but in truth it doesn't. Cost rise each year for the basics of running an organization so each year of Flat Funding is really a decrease in the budget.

Then in the last 4 years the system has been granted the money to serve new people and also additional money to increase the overhead costs to the Agencies. **But there's a new attitude about people who need care.** The newly elected Representatives in the House seem to feel that somehow if there isn't any money allocated someone will take care of the issue or it will go away.

So began the process of approving a State Budget that began on July 1st, 2011.

This seems to be the year of the Budgets! First there was the State Budget battle beginning with the Governor's budget and as this goes to print, our Federal Government may be facing default on its debt because no compromise can be reached in Washington.

The State's budget battle began in January when the Governor released his budget

for the next two year's that began July 1, 2011. This draft included severe cuts to the Area Agency system that were exposed in this paper's Winter Edition (www.nhchallenge.org). This edition was in the hands of our readers just before the House held their hearing on the proposed budget. (All 424 legislators received a copy of this edition as they were added to the mailing list. No legislator has yet requested that they be removed). At this Hearing 82% of the testimony came from the parents and advocates

The only reason the Developmental Disability Community will receive family support and services next year was because of The NH State Senate, and House members who voted to restore our budget. We encourage you to call and thank your State Senator and House Reps. for their decorum, and listening to our community's needs.

for Individuals with Developmental Disabilities. When the House released its version of the budget, monies were restored, not at the levels needed, but at least half of the funding from previous year's budget was added back in. The spring edition of the NH Challenge came out just before the Senate hearings and copies were given out at this hearing to those who attended. When the Senate released its proposal, most of the cuts in existing services were

reversed and for the first time the Senate proposed funds for those individuals who will need services in the next two years.

As of June 2011, there weren't any individuals waiting for services as they were funded by the law passed four years ago. Those needing services beginning July 1st began a new Wait List. The funds added by the Senate aren't enough to cover everyone now on that Wait List. But this was the first time in this budget "debate" those who would need services have at least been acknowledged by the Senate, adding these funds for the individuals who have been in school or whose parents can no longer care for them, and these needs were acknowledged.

At least the Senate voted for people whose need for care won't go away. The State Senate of NH demonstrated wisdom and they deserve the thanks of all the people who make up the DD community.

The last step in passing a State budget is called a Committee of Conference. The House and Senate budgets differ in who and what they fund. The Committee was made up of Senators and Representatives who came to a consensus on the entire budget. The Developmental Disabilities budget was spared any further cuts



Jan Larsen

in the final budget. That those of us who have been involved in this fight for dollars; I would never believe how happy our community is with the end result, all the while thinking it could have been worse. Then we realized it was!

With the focus on the State budget cuts to services for the Developmental Disabilities and Acquired Brain Injury, a bill sailed through both the House and the Senate and was signed by the Governor. SB- 147-FN became law on June 2nd and became law that same day. All the while that advocates were attending hearings on the budget and other bills, SB 147 went quietly from one committee to the next and on July 1st, mandated more change than all the other bills combined. This special edition hopes to alert you and our readers to stay tuned into the massive changes no one can predict. All we do know is that the focus is *only* on saving money. There is little to no regard in the O'Brien controlled house about the people who receive the care.

Read on and stay tuned. ■

Jan Larsen can be reached at askjan603@hotmail.com.



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Words That Will Help You Understand What Is Going On

A Glossary of Legislative Terms

Act: A bill passed by the Legislature and approved by the Governor.

Action: Deposition of any question before the Legislature.

Adjournment: Termination of a meeting; occurring at the close of each legislative day upon the completion of business, with the hour and day of the next meeting being set prior to adjournment.

Ad Hoc: A group brought together for a special purpose.

Adjourn (motion to): A verbal request by a legislator to discontinue proceedings; this motion has the precedence, is not datable, cannot be offered during a vote or while a member is speaking, and requires a majority vote for approval.

Adoption: Approval or acceptance; usually applied to amendments or resolutions.

Amendment: Formal proposal to change the language of a bill after it has been introduced. Amendments must be submitted to Legislative Counsel for drafting.

Author's Amendments: Amendments proposed by the bill's author anytime after bill introduction. In committee they are amendments placed in the bill prior to the committee hearing that are subject to the committee chair's approval.

Analysis of The Budget Bill: The Legislative Analyst's comprehensive examination of the Governor's budget available to legislators and the public.

Appropriation: The amount of money made available for expenditure by a specific entity from a specific source such as the General Fund, Environmental License Plate Fund, etc., and for a specific purpose.

Approved By the Governor: Signature of the Governor on a bill passed by the Legislature.

Archives: Location and contents of public records kept by the Secretary of State, including copies of all measures considered at each session, journals, committee reports, and documents of historic value.

Author: Legislator who introduces a bill; chief author has primary responsibility for passage of a bill which may have more than one author or sponsors.

Biennial: Occurring once every two years.

Bill: A proposed law, introduced during a session for consideration by the Legislature, and identified numerically in order of presentation; also, commonly refers to Joint and Concurrent Resolutions and Constitutional Amendments.

Bill Analysis: A document that must be prepared by committee and/or floor analysis staff

prior to hearing the bill in that committee. It explains how a bill would change current law and sometimes mentions support and opposition from major interest groups.

Blue Book: Contains biographies of both the House & Senate members; and other useful information about them & other Legislative information.

Budget: Suggested allocation of State moneys presented bi-annually by the Governor, for consideration by the Legislature; compiled by the Department of Finance, in conjunction with State department heads. After the Governor presents his budget, the House & Senate prepare their own versions. When the final versions of the House & Senate don't agree, a committee of conference is held until they agree. This version goes to the Governor, who can veto, sign or let the budget become law without his signature.

Budget Act: The Budget bill; after it has been signed into law by the Governor.

Budget Bill: The spending proposal for the next fiscal year, beginning July 1, and ending June 30 of the next year introduced first by the Governor, goes next to the House & then to the Senate.

Budget Year: The next, rather than the current fiscal year, beginning July 1 and ending June 30.

Cola: Cost-of-living adjustment.

Call the Absentees: Order by the presiding officer directing the reading clerk to call the names of members who have not responded to roll call.

Capital Outlay: Funds to be spent acquiring or constructing fixed assets.

Chair: A metaphorical designation of the current presiding officer.

Chamber: The House or Senate chamber where Floor Sessions are held.

Chapter: After a bill has been signed by the Governor, the Secretary of State assigns the bill a "Chapter Number" such as "Chapter 123, Statutes of 1992," which is subsequently used to refer to the measure rather than the bill number.

Chapter Out: When two or more bills, during one year of the session, amend the same section of law and more than one bill becomes law, amendments made by the bill enacted last (and therefore given a later or higher chapter number) becomes law and prevail over the amendments made by the bill or bills previously enacted.

Chief Clerk: Elected by Assembly members at the beginning of

every two-year session to be principal parliamentarian and record keeper of the Assembly.

Co-Author: Any member of either house, with the agreement of the author of a bill, may add his or her name on that member's bill as a coauthor, usually indicating support for the proposal.

Codes: Bound volumes of law organized by subject matter. The code to be changed by a bill is referred to in the title of the bill.

Committee Of The Whole: The House or Senate meeting as a committee for the purpose of receiving information.

Companion Bill: An identical bill introduced in the other house. This procedure is far more common in Congress than in the California Legislature.

Concurrence: One house approving a bill as amended in the opposite house. If the author is unwilling to move the bill as amended by the other house, the author requests "nonoccurrence" in the bill and asks for the formation of a conference committee.

Concurrent Resolution: A measure introduced in one house which, if approved, must be sent to the other house for approval. The Governor's signature is not required. These measures usually involve the business of the Legislature.

Conferees: Officially designated members of a conference committee.

Conference Committee: Usually composed of legislators from the majority party & the minority party from each house who meet in public session to forge one version of similar Senate & House bills. The final conference committee version must be approved by both House and Senate.

Confirm: The process of approving gubernatorial appointments to executive departments and many boards and commissions.

Consent Calendar: File containing bills which have received no dissenting votes and which have received unanimous agreement to pass.

Constituent: A person who resides within the district of a legislator.

Constitutional Amendment: A resolution changing the language of the State Constitution. It may be presented in bill form, by the Legislature or by initiative, which requires the populace to vote.

Consultant: A committee professional staff person.

Contingent Fund: The fund from which monies are appropriated by the respective houses for operational expenses.

Convene: To assemble a meeting. The Legislature generally convenes twice a week.

Current Fiscal Year: The current fiscal year that began on July 1 and ends next June 30.

Daily File: Publication produced by the Assembly and Senate respectively for each day those houses are in session. The publication provides information about bills to be considered at upcoming committee hearing and bills eligible for consideration during the next scheduled Floor session.

Daily History: Produced by the Assembly and Senate respectively the day after each house has met. The History lists specific actions taken on legislation. Any measure acted upon in that house the previous day is listed in numerical order.

Daily Journal: Produced by the House and Senate respectively the day after a Floor Session. Contains roll call votes on bills heard in policy committees and bills considered on the floor and other official action taken by the body. Any official messages from the Governor are also included. A Member may seek approval to publish a letter in the Journal on a specific legislative matter.

Desk: The long desk in front of the presiding officer's rostrum where much of the clerical work of the body is conducted. Also, a generic term for the staff and offices.

Desk Is Clear: Statement by the presiding officer that there is no further business before the house.

Digest: Prepared by the Legislative Counsel, it summarizes the effect of the proposed bill on current law. It appears on the first page of every printed measure.

District: The area of the State represented by a legislator. Each district is determined by population and is known by a number.

Do Pass: Affirmative recommendation made by a committee which moves a bill to the floor or to the next committee.

Do Pass As Amended: Passage recommended by committee providing the language of the bill is changed as specified.

Double Join: Amendments to a bill which include provisions so that the amended bill does not "chapter out" the provisions of another bill.

Double Refer: Legislation recommended for referral to two policy committees rather than one for hearing. The first committee is not bound by the recommended second referral. Both committees must approve the measure to keep it moving in the process.

Typically used for sensitive issue areas that transcend the jurisdiction of one policy committee. Bill referrals are made by the House and Senate Rules Committees for their respective houses.

Dropped: Author has decided not to pursue the passage of the bill.

Engrossment: The process of comparing the printed bill to ensure it looks like the original and to verify that amendments have been correctly inserted.

Engrossed Bill: Whenever a bill is amended, the printed form of the bill is proofread to make sure all amendments are inserted properly. After being proofread, the bill is "correctly engrossed" and is therefore in proper form.

Enrolled Bill: Whenever a bill passes both houses of the Legislature, it is ordered enrolled. In enrollment, the bill is again proofread for accuracy and then delivered to the Governor. The "enrolled bill" contains the complete text of the bill with the dates of passage certified by the Secretary of the Senate and the Chief Clerk of the House.

Enrollment: When bills are filed with the Governor and resolutions once they have been accepted by both houses.

Executive Session: A committee meeting restricted to only committee members and specifically invited guests.

Expunge: A motion by which action is deleted from the Journal; i.e., "Expunge the record."

File: The agenda for the business of the House. It is printed daily.

File Number: The number assigned to a measure in the House or Senate Daily File. The file number changes each day as bills move on or off the Daily File. These include measures on second and third reading; in conference; unfinished business (a bill amended in the other house and awaiting concurrence in amended form); and, in the Senate, Governor's appointments. Legislation is taken up on the House or Senate Floor in chronological order according to file number. Items considered on the floor are frequently referred to by file number.

Final History: The publication printed at the end of every session showing the final disposition of all measures.

First Reading: Each bill introduced must be read three times before final passage. The first reading of a bill occurs when the measure is introduced.

Fiscal Bill: Generally, a measure that contains an appropriation of funds or requires a State agency to spend money for any purpose. The Legislative Counsel determines which bills are fiscal

bills. The designation appears on the first page of each bill. Fiscal bills must be heard by the House and Senate Appropriations Committees in addition to the policy committees in each house.

Fiscal Committee: The Appropriations Committee in the House and the Appropriations Committee in the Senate to which all fiscal bills are referred if they are approved by policy committees. If the fiscal committee approves a bill, it then moves to the floor.

Fiscal Deadline: The date on the legislative calendar by which all bills with fiscal implications must have been taken up in a policy committee and referred to a fiscal committee. Any fiscal bill missing the deadline is considered “dead” unless it receives a rule waiver allowing further consideration.

Fiscal Year: The twelve month period on which the budget is planned. The State fiscal year begins July 1 and ends June 30 of the following year. The federal fiscal year begins October 1 and ends September 30 of the following year.

Floor: (1) The House or Senate Chambers. (2) The term used to describe the location of a bill or the type of session. Matters may be referred as “on the floor.”

Floor Manager: The legislator responsible for taking up a measure on the floor. This is always the bill’s author in the first House and a member of the other House designated by the author when the bill is considered by the other House. The name of the floor manager in the other house appears in parenthesis after the author’s name in the second or third reading section of the Daily File.

Foreign Amendments: The Legislative Counsel’s term for amendments not drafted in his or her office.

General Orders: A list of the bills scheduled to be heard by a Committee.

Germaneness: Referring to whether an amendment is relevant to the subject matter already being considered in a bill. The Legislative Counsel opines germaneness, but the matter is subject to final determination by the full Assembly or Senate.

Governor’s Budget: The spending plan submitted by the Governor in January.

Grandfathering: Specific situations that are allowed to continue while a law would make changes henceforth.

Hearing: A committee meeting convened for the purpose of gathering information on a specific subject or considering specific legislative measures.

Held In Committee: A bill fails to get sufficient votes to pass out of committee.

Hijack: Amendments which delete the contents of a bill and insert entirely new provisions. Can be accomplished with or without the author’s permission.

Hopper: Refers to a bill presented for formal introductions and first reading.

Inactive File: The portion of the Daily File containing legislation that is ready for floor consideration, but, for a variety of reasons, is dead or dormant. An author may move a bill to the inactive file and subsequently move it off the inactive file at a later date. During the final weeks of the legislative session, measures may be moved there by the leadership as a method of encouraging authors to take up their bills promptly.

Initiative: A method of legislating that requires a vote of the people instead of a vote of the Legislature for a measure to become law.

Interim: The period of time between the end of the legislative year and the beginning of the next legislative year.

Interim Study: The assignment of the subject matter of a bill to the appropriate committee for study during the period the Legislature is not in session.

Joint Committee: A committee composed of equal numbers of House members and Senators.

Joint Resolution: A resolution expressing an opinion about an issue pertaining to the government. Requires the approval of both House and Senate but does not require signature of the Governor to take effect.

Joint Rules: Rules of procedure adopted by & applicable to both houses of the legislature.

Joint Session: The House and Senate meeting together, usually in the House assembly. The purpose is to receive special information such as the Governor’s State of the State address.

Journal: The official chronological record of the proceedings in each house. The journal is the minutes of the meeting. It is a publication printed daily. At the end of session, the journals are certified, indexed and bound.

Law: The rules which govern our daily lives.

Lay On the Table: Temporary postponement of a matter before the house, which may later be brought up for consideration by a motion to “take from the table.”

Legislative Advocate: An individual engaged to present to legislators, the views of a group or organization. They are required by law to register with the Secretary of State. More commonly known as lobbyists.

Legislative Analyst: Provides thorough, nonpartisan analysis of the budget submitted by the Governor; also analyzes fiscal impact of other legislation.

Legislative Counsel: The Legislative Counsel (who is elected jointly by both houses) and his or her legal staff is responsible for, among other things, drafting all bills and

amendments, preparing a digest (summary) of each bill, providing legal opinions, and generally representing the Legislature in legal proceedings.

Line Item Veto: When each line in a budget bill can be changed or vetoed.

Lobbyist: An individual who seeks to influence the outcome of legislation or administrative decisions. The law requires formal registration as a lobbyist if an individual’s lobbying activity exceeds 25 contacts with decision makers in a two-month period.

Lower House: The House of Representatives.

Majority Floor Leader: The “number two” issues and political strategist for the Assembly’s majority party, second in command to the Assembly Speaker. Elected by the Assembly majority party members.

Majority Leader: The “number two” issues and political strategist for the Senate’s majority party, second in command to the Senate President pro Tempore. Elected by the members of the Senate’s majority party.

Majority Vote: A vote of more than half of the legislative body considering a measure.

Majority Whip: One of the members of the majority party’s leadership team in the Assembly or Senate; responsible for monitoring legislation and securing votes for legislation on the floor.

Measure: Any bill, resolution, or constitutional amendment that is acted upon by the Legislature.

Minority Floor Leader: The Senate’s highest ranking minority party post; chief policy and political strategist for the Senate’s minority party.

Minority Whip: One of the members of the minority party’s leadership team in the Assembly or Senate; responsible for monitoring legislation and securing votes for legislation on the floor.

Minutes: An accurate record of the proceedings (See Journal).

Motion: A formal request for action made by a legislator during a committee hearing or Floor Session.

Non-fiscal Bill: A measure having no financial impact on the state and, therefore, not required to be heard in an Assembly or Senate fiscal committee as it moves through the legislative process. Non-fiscal bills are subject to somewhat different legislative calendar deadlines than fiscal bills.

Officers: Those members of the Legislature who are elected by the membership of their respective houses at the beginning of each session. House officers include: Speaker, Speaker pro Tempore, Chief Clerk, Sergeant-at-Arms. Senate officers include: President pro Tempore, Secretary of the Senate, Sergeant-at-Arms.

On Call: A roll call vote in a committee or an House or Senate Floor Session that has occurred but has not yet been concluded and, therefore, formally announced. Members may continue to vote or change their votes as long as a measure remains “on call.” Calls are usually placed at the request of a bill’s author in an effort to gain votes. Calls can be lifted by request anytime during the committee hearing or Floor Session, but cannot be carried over into the next legislative day.

On File: A bill on the second or third reading file of the House or Senate Daily File.

On The Floor: The House or Senate Chambers where legislation is considered by the full Assembly or Senate.

Out Of Order: A parliamentary ruling by the presiding officer of a committee or the house that an action is not properly before the body or relevant to its discussion and, therefore, cannot be discussed at that moment.

Override: An effort to reverse a Governor’s veto by a vote of two-thirds of the members of each house.

Parliamentary Inquiry: A question posed by a legislator during a committee hearing or Floor Session. A member must be recognized for this purpose and the question answered by the committee chair or presiding chair.

Pass on File: Bills are taken up during a Floor Session according to their member in the House or Senate Daily File. An author may choose to “pass on file” thus temporarily giving up his or her chance to take up a measure on the floor.

Passage: Favorable action on a measure before either house.

Per Diem: (Literally: per day) Daily living expense money rendered legislators and personnel.

Petition: A formal request submitted to the Legislature by an individual, or group of individuals.

Point of Order: A motion calling attention to a breach of order or of the rules.

Point Of Personal Privilege: Statement by a member that his or her character or purposes have been impugned and his or her repudiation of the alleged charges.

Postpone: Motion to delay action on matters before the house.

President Pro Tempore Of The Senate: (literally: for the time) Highest ranking leader and most powerful member of the Senate; also chairs the Senate Rules Committee. Elected by all Senators at the beginning of each two-year session.

Presiding: The act of managing the proceedings during Floor Session. In the House, the Presiding Officer can be the Speaker, Speaker pro Tempore or any other Assembly Member

appointed by the Speaker. In the Senate, the presiding officer can be the President, President pro Tempore, or any other Senator appointed by the President pro Tempore.

Presiding Officer: The member who presides over a legislative Floor Session. In the House, the presiding officer is usually the Speaker pro Tempore (not to be confused with the Speaker). In the Senate, it is a senior Senator designated by the Senate President pro Tempore.

Press Conference: A presentation of information to a group of reporters. Press conferences are frequently held in the lobby of the Legislative Office Building, LOB the building behind the State House.

Previous Question: If a member seeks to cut off all further debate on a measure(s), he or she can call the previous question and force the body to vote immediately on the issue.

Principal Coauthor: A legislator singled out to share credit along with the author of a bill or resolution.

Privilege of the Floor: Permission given, by the presiding officer, to view the proceedings from the Floor of the Chamber, rather than from the gallery. Members make this request on behalf of relatives, constituents, and guests.

Put Over: Action delayed on a legislative measure until a future date without jeopardy to the measure.

Quorum: A simple majority of the members of the full committee or the full House or Senate; the minimum number of legislators needed to begin conducting official business. Once a quorum is established, the absence of a quorum is grounds for immediate adjournment of a committee hearing or Floor Session.

Quorum Call: Transmitting the message that members are needed to establish a quorum so proceedings can begin.

Reading: Presentation of a bill before the house by reading the title thereof. A bill is either in first, second, or third reading until it is passed by both houses.

Reapportionment: Redistricting the State for election purposes.

Recess: (1) An official pause of any length in a committee hearing or Floor Session that halts the proceedings for a period of time but does not have the finality of adjournment. (2) A break of more than four days in the regular session schedule such as the “Easter recess”, etc.

Reconsideration: A motion giving the opportunity to take another vote on the item in question. The motion for reconsideration must be accepted by a majority of the members present and voting.

Referred To Committee: A bill that is sent to a committee that

Glossary

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then can take input from the other legislators & the public before the committee votes to pass it on to the full body for a vote. If kept in committee, it must be acted on in committee by November 1, 2011.

Rereferred: A bill that was passed by the committee & then sent back to the committee. Bills

rereferred must be acted upon by the appropriate Committee by November 1, 2011.: **Referendum:** The method by which a measure adopted by the Legislature may be submitted to the electorate for a vote.

Rescind: Revocation of previous actions.

Resolution: An opinion expressed by one or both houses which does not have the force of law. Concurrent and joint resolutions are voted on by both

houses but do not require the Governor's signature.

Retained: When a bill is kept in a committee without being passed on or killed.

Roll Call: A vote of a committee or the full Assembly or Senate. Committee roll calls are conducted by the committee secretary who calls each member's name in alphabetical order with the Chair's name last. Assembly roll calls are conducted electronically with each member pushing a button from his or her assigned seat. Senate roll calls are conducted by the Reading Clerk who reads each Senator's name in alphabetical order.

Rule Waiver: Specific exemption to the House, Senate, or Joint Rules; formal permission must be sought and received.

Rules: Those ideas which govern the operation of either or both houses. There are Standing Rules of the Assembly, Standing Rules of the Senate, and Joint Rules.

Second Reading: Each bill introduced must be read three times before final passage. Second reading occurs after a bill has been reported from committee.

Second Reading File: The portion of the Daily File that lists measures that have been reported out of committee and are ready for consideration on the floor. Measures stay on the second reading file for one day before moving to the third reading portion of the File.

Secretary Of The Senate: Principal parliamentarian and record keeper for the Senate, elected by Senators at the beginning of each two-year session. The Senate Secretary and his staff are responsible for publishing the Senate daily and weekly publications.

Section: A portion of the State codes. The text of these sections are set forth in bills and proposed to be amended, repealed, or added.

Senate: The upper house of the legislature consisting of members elected from districts apportioned on the basis of population, one-half of whom are elected or re-elected every two years for four-year terms.

Sergeant-At-Arms: Staff responsible for maintaining order and providing security for legislators. The Chief Sergeant-at-Arms in each house is elected by the members of that house at the beginning of every legislative session.

Session: The period during which the Legislature meets.

Short Committee: Lacking sufficient members of the committee; less than a quorum.

Sine Die: Final adjournment. It means adjournment without delay.

Skeleton Bill: A measure introduced with little or no substance. It will be amended at

a later date to include substantive text.

Speaker: The presiding officer of the House elected by the membership of the House at the beginning of the two-year session. This is the highest ranking member of the Assembly.

Speaker Pro Tempore: Takes the chair at the request of the Speaker. The pro Tempore is also elected by the membership of the Assembly.

Special Order Of Business: Occasionally a bill is of such importance that advance notice is given about when it will be considered in the full House or Senate. Notice is given during a Floor Session by requesting unanimous consent to set the bill as a special order of business on a specific date and time. This assures adequate time for debate and allows all members the opportunity to be present.

Sponsor: The legislator, private individual, or group who developed a piece of legislation and advocates its passage.

Spot Bill: A bill that amends a code section in such an innocuous way as to be totally nonsubstantive. The bill has been introduced to assure that a germane vehicle will be available at a later date after the deadline has passed to introduce bills. At that future date, the bill can be amended with more substance included.

State Auditor: Staff Director of Joint Audit Committee. The Auditor General audits the financial condition of State agencies.

State Mandate: A rule of law that must be followed/require by the State.

Statutes: Compilation of all enacted bills, chaptered by the Secretary of State in the order in which they become law.

Stop the Clock: The term used to describe the process of continuing business after a time deadline has passed.

Subcommittee: A subgroup of a full committee composed of committee members from both parties.

Summary Digest: Brief summaries of each piece of legislation passed in the two-year session; prepared by Legislative Counsel. Measures are listed in the order they were signed into law.

Suspend the Constitution: A motion to waive requirements that the Constitution imposes but permits to be waived. A motion to suspend requires an extraordinary vote.

Table: To set aside. Typically used to dispense with, or set aside, amendments to a bill rather than vote "aye" or "no" on them. A motion to table is non-debatable and once made, must be voted upon.

Tax Levy: Any bill that imposes, repeals, or materially alters a State tax. The Legislative Counsel

determines whether a bill is a tax levy and so indicates in the title and body of the bill.

Third Reading: Each bill introduced must be read three times before final passage. Third reading occurs when the measure is about to be taken up on the floor of either house for final passage.

Third Reading Analysis: A summary of a measure ready for floor consideration. Contains most recent amendments and information regarding how members voted on the measure when it was heard in committees. Senate floor analyses also list support or opposition information on interest groups and government agencies.

Third Reading File: That portion of the Daily File that lists the bills that are ready to be taken up for final passage.

Title: That portion of a measure which identifies the subject matter of a measure and precedes the contents of the measure.

Tombstone: Specifying in a bill that the act it creates will be named for a state legislator; i.e., "The (last name of individual) Act."

Two-Thirds Vote: A super majority required in certain cases where 2/3 of the members present must vote to pass a vote/veto.

Unanimous Consent: The consent of all those members present, without objection.

Unfinished Business: That portion of the Daily File that contains measures awaiting Senate or House concurrence in amendments taken in the other house. Also contains measures vetoed by the Governor for a 60-day period after the veto. The house where the vetoed bill originated has 60 days to attempt to override.

Unicameral: A legislature consisting of one house.

Upper House: The Senate.

Urgency Measure: A bill affecting the public peace, health, or safety and requiring a 2/3's vote for passage. An urgency bill becomes effective immediately upon enactment.

Urgency Clause: Language in a bill which states the bill will take effect immediately upon enactment. A vote on the urgency must precede a vote on the bill. A 2/3 vote is required for passage.

Veto: The act of the Governor disapproving a measure. The Governor's veto may be overridden by 2/3's vote. The Governor can also exercise an Item veto, whereby the amount of appropriation is reduced or eliminated, while the rest of the bill approved. An Item veto may be overridden by 2/3's vote in each house.

Voice Vote: A vote that requires only an oral "aye" or "no" with no official count taken. The presiding officer determines whether the "ayes" or "noes" carry.

New Acronyms

Must learn for managed care—and you thought you knew them all !

- ACA:** Affordable Care Act (health care reform)
- AAIDD:** American Association on Intellectual & Developmental Disabilities
- ACO:** Accountable Care Organization
- ACOS:** Adult Consumer Outcome Survey
- ACRE:** Association of Community Rehabilitation Educators
- ADRC:** Aging & Disability Resource Center
- ALTCS:** Aging long term care & services
- APSE:** Association For Persons in Supported Employment
- APSEC:** Association of Professional Supported Employment Credential
- ARISE:** Supported Employment Program
- ARRA:** American Recovery & Reinvestment Act
- ASO:** administrative Services organization
- BBA:** Balanced Budget Act of 1997
- BDS:** Bureau of Developmental Services
- CBRS:** Community Based Residential Services (term for residential group homes in Wisconsin)
- CCD:** Consortium for Citizens with Disabilities
- CFI:** Choices for Independence (formerly HCBC)
- CMO:** Care Management Organization
- CMS:** Center for Medicare & Medicaid Services (The Federal agency)
- COLA:** Cost of Living Adjustment
- CPSD:** Collaboration to Promote Self-Determination
- DHHS:** Department of Health & Human Services
- EPSDT:** Early & Periodic Screening, Diagnosis & Treatment
- FSA:** Food Stamps Administration
- FFS:** Fee For Service
- HCBS:** Home & Community: Based Services
- HCO:** Health Care Organization
- HIPAA:** Health Insurance Portability & Accountability
- ICC:** Interagency Coordinating Council (birth to 3)
- IDT:** Inter-Disciplinary Team
- IRIS:** Include, Respect, I Self-Direct
- JAN:** Jobs Accommodation Network
- JFAAN:** Justice For All Action Network
- JLCAR:** Joint Legislative Committee on Administrative Rules
- LTS&S:** Long Term Services & Supports
- MCO:** Managed Care Organization
- MOE:** Maintenance of Effort
- NCI:** National Core Indicators
- NHAFFP:** The NH Alliance for Full Participation
- PC:** Person Centered
- PCS:** Personal Care Services
- QA:** Quality Assurance
- ROI:** Return On Investment
- SETI:** Supported Employment Training Initiative
- SIS:** Supports Intensity Scale
- T.A. Contractor:** Technical Assistance Contractor
- TBI:** Traumatic Brain Injury
- T&TA:** Training & Technical Assistance

Managed Care

Continued from page 2

outsourcing. In addition, it creates a “Nanny State” mandated by Concord politicians. Dennis Powers is the Executive Director for Community Support Network, Inc., a non-profit organization based in Concord. His organization studies the developmental service delivery system on a statewide basis. According to Powers, “There is a major concern profit-driven managed care will result in the watering down of services to people with disabilities.”

A managed care organization is defined by New Hampshire’s senate as “an entity that is authorized by law to provide covered health services on a capitated risk basis and arranges for the provision of medical assistance services and applies and coordinates the care of Medicaid recipients residing in all areas of the state, including the elderly, those meeting federal supplemental security income and state standards for disability, and those who are currently enrolled in Medicare.” (Source: NH SB147-FN, 1/2010)

According to a report issued by the Florida Association of Rehabilitation Facilities on February 19, 2010, “A key principle of managed care is a diversion to less costly programs and services. Privatized managed care organizations typically use 20% or more of their funding revenues for program administration and many are Health Maintenance Organizations (HMOs) that are publicly traded entities who are faced with the goal of increasing profits quarter over quarter. An HMO model for managed care, with its triage assessment of needs, capped rates, and overriding cost containment

practices raises questions about the potential for diminished quality of care.”

Community Support Network, Inc. reports, “The 10 area agencies that comprise NH’s service delivery system for those with developmental disabilities maintain an efficient general management rate of 8.4%.” This percentage is well below the 20% typically charged by HMOs. Area agencies are non-profit organizations and, unlike for-profit companies, do not mark up their administrative fees for their shareholders or personal financial gain.

According to the *Nashua Telegraph*, New Hampshire’s spending for developmental disabilities services per \$1,000 of total state personal income is the lowest in the Northeast at \$3.78 and below the national average of \$4.35. Maine is the highest at \$8.30. Vermont and Rhode Island are reported to be \$6.25 and \$6.35 respectively.

People who experience disabilities, their parents and advocates believe non-medical services should not be placed under a managed care system. They maintain the current system is cost effective, allows choice in services obtained and is managed by their neighbors at the local level. They also believe the move to managed care is a political ploy that will not save the taxpayers money.

Other politically astute observers of the NH State House contend that “Managed Care” and the ability it offers to dismantle the proven voice of advocacy the DD population has, was the target all along. “Managed Care” legislation worked its way into the NH State House late in the season, when the DD community was engaged in the vicious budget process which again was orchestrated by House Speaker William O’Brien. It ap-

pears the strategy has worked to this point.

A promise of less spending and politics above people seems to be the prevailing wind blowing out of Concord across the state in recent months. Eliminating local control under the

guise of potential cost savings is a dangerous path for those currently in political power to take. NH has a proven track record of frugal yet effective service delivery to the DD population

through the Area Agency system set up originally by true Republicans like former Governor’s Sununu, Gregg and Merrill.

The old adage “if it ain’t broke don’t fix it” comes to mind. ■

Bits & Pieces

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who are working to buy into Medicaid. NH’s program Medicaid for Employed Adults with A disability (MEAD, a waiver program) covers those who have disabilities and work so they have the services they need, such as personal care aides that would not be possible for them to do so without Medicaid. She especially wanted to stress that there is still an institutional bias (verses community supports) within the Federal Medicaid that would reduce costs (if more funding was more flexible such as MEAD) while improving quality of life for people with disabilities.

Wrap Up

Continued from page 7

munities. Under this bill the number of beds to be certified shall be capped at 24. This bill exempts such entities from the licensure law regulating health care facilities. **Status: Retained in Committee**

HB 534-FN-A relative to nonprofit reporting requirements with the division of charitable trusts, department of justice and making an appropriation therefor. This bill makes an appropriation to the department of justice to allow trustees of charitable trusts and nonprofit corporations to file the forms required pursuant to New Hampshire law electronically. **Status: Bill Killed**

I’ve mentioned organizing the material I’ve accumulated over the years that is an ongoing process! I enjoy the process almost too much because I get sidetracked by reading the material, not just filing it away. So I’ll keep giving you updates as to the subjects I come across.

Among my material I found flyers and concept papers from C.S.N.I. or Community Support Network Inc (www.csni.org). This is an organization founded in 1995 that is made up of the 10 Area Agencies. This group was formed to be an alliance designed to combine the local control of the Area Agencies with a umbrella entity that realizes the most efficient, cost effective measurable outcomes

that can come from the joining together of the agencies to function as a unit, not duplicating their singular efforts. Each of the 10 non-profit private Area Agencies bring their unique attributes and differences that, by joining together, benefit from their collective abilities uniting to multiply their efforts.

Our readers will be seeing more about C.S.N.I. as the mandate for managed care comes upon us. They have begun to investigate how other states have approached the transition, both the positive and negative outcomes. C.S.N.I will be the organization that will help keep us informed as the Managed Care Law is discussed and implemented across our service system. ■

SB 51 relative to the establishment of a state leadership team to resolve issues concerning certain adults with developmental disabilities who may present a degree of risk to the community, This bill requires the commissioner of the department of health and human services to establish a state leadership team to resolve issues concerning certain adults with developmental disabilities who may present a degree of risk to the community. This bill is a result of the commission established by 2009, 255. **Status: Signed by the Governor on 07/05/2011; Effective 09/03/2011; Chapter 0235**

SB 94 relative to state certification of community residences in municipalities with zoning ordinances which accommodate

certified community residences. This bill establishes that when a municipality has zoning ordinances which accommodate certified community residences in certain areas within the municipality, the state shall not certify a community residence for location in an area of the municipality which is not zoned for such residence without the approval of the municipality’s planning board. **Status: Rereferred to Committee**

SB 177 relative to training of officers of nonprofit corporations, this bill requires that every publicly supported voluntary corporation ensure that its directors and chief executive officer and chief financial officer receive annual management training. **Status: Rereferred to Committee** ■

One Sky Community Services is proud to support The New Hampshire Challenge!

The Seacoast’s Area Agency for 27 Years

Infancy Through Adult Life

www.oneskyservices.org





Where to Find Help Statewide Resources

AMI-NH — Alliance for the Mentally Ill of NH
15 Green Street
Concord, NH 03301
603-225-5359
1-800-242-NAMI
info@naminh.org
www.naminh.org
Statewide organization and affiliates offer information and support to people with serious mental illnesses and their parents, children, spouses, siblings and friends.

ATECH Services
57 Regional Drive, Suite 7
Concord, NH 03301
1-800-932-5837
603-226-2900
Fax: 603-226-2907
www.atechservices.org
ATECH is an umbrella organization under which the following organizations function:

- NH-ATEC
- NH Instructional Materials and Resource Center
- ATECH Vision and Hearing Services
- Technology Exploration Center
- REM-Refurbished Equipment Marketplace

Autism Society of NH
P.O. Box 68
Concord, NH 03302
603-679-2424
info@cnhautism.com
www.geocities.com/SV2833
Statewide organization provides information, advocacy and support to individuals with Autism and Pervasive Developmental Disorders (PDD), and their families.

Brain Injury Association of New Hampshire
109 N. State Street, Suite 2
Concord, NH 03301
225-8400 or 1-800-773-8400
mail@bianh.org
www.bianh.org
Statewide organization provides resource information to survivors of brain injury and their families.

Bureau of Special Medical Services
271-4488
1-800-852-3345 x4488
Division of Public Health; broad range of health programs for diagnosis and treatment of children (0-20) who have physical disabilities, chronic illnesses or developmental delays.

Bureau of Vocational Rehabilitation
271-3471 or 1-800-299-1647
Fax: 271-7095
www.ed.state.nh.us
Provides individualized guidance, counseling and placement services to eligible consumers; also provides family services around needs of individual.

Child Development Center
653-6060
Assessment, diagnosis, follow-up; information and education.

Council for Children and Adolescents with Chronic Health Conditions and their Families
105 Pleasant Street
Concord, NH 03301
Denise Brewitt
225-6400
1-800-852-3345 x4991
Fax: 271-5166
ccachc@conversent.net
www.ccachc.org
Information and advocacy.

Department of Education Bureau of Special Education
101 Pleasant Street
Concord, NH 03301
603-271-3494
Fax: 271-1953
www.ed.state.nh.us
Responsible for ensuring that school districts provide a free and appropriate education to all educationally handicapped students.

Disabilities Rights Center, Inc.
18 Low Ave.
Concord, NH 03302
603-228-0432
1-800-834-1721
Fax: 225-2077
drc@totalnetnh.net
Provides legal services and other advocacy assistance to persons with disabilities; information/referral

Early Education and Intervention Network

26 South Main Street
PMB #290
Concord, NH 03301
603-228-2040
info@eeinnh.accountsupport.com
www.eeinnh.org
Information/referral; early intervention and pre-school programs for children with developmental disabilities or at risk for developmental delay.

Family Resource Connection
271-6826 or 1-800-298-4321
frc@library.state.nh.us
www.state.nh.us/nhsl/frc/
Free, statewide program of NH StateLibrary providing materials on all aspects of raising, caring for and educating children, especially children with special needs; free lending library of books and videos mailed to your home with postage paid envelopes for return; free research and reference service.

Family Support Coordinator, DDS (Kris Bregler)
271-5057
1-800-852-3345 x5057
kbregler@dhhs.state.nh.us
Can direct you to services available through the Division of Developmental Services (DDS), the 12 Regional Area Agencies and Regional Family Support Programs.

Governor's Commission on Disability
57 Regional Drive
Concord, NH 03301
271-2773 (Voice),
271-2774 (TTY)
1-800-852-3405 (Voice)
Fax: 271-2837
www.state.nh.us/disability
Information and referral. Provides information about the many services, laws, and regulations that affect citizens with disabilities. Implemented and operates the federally funded Client Assistant Program designed to work out problems that may arise between persons with disabilities and the Division of Vocational Rehabilitation.

Granite State Guardianship Services
34 Jefferson Road
Whitefield, NH 03598-1221
Phone: 603-837-9561
Fax: 603-837-2613

info@gsgs.org
www.gsgs.org
Provides legal guardianship services to people with developmental disabilities and mental illness.

Granite State Independent Living (GSIL)
603-228-9680 (V, TTY)
1-800-826-3700(V/TTY)
website: www.gsil.org
Information and referral, peer support and counseling, skills training, advocacy, interpreter and personal care attendant services, transportation, social and recreational programs and accessibility services.

Institute on Disability/UCED (Concord office)
Phone: 603-228-2084
Fax: 603-228-3270
(Durham office)
Phone: 603-862-4320
Fax: 603-862-0555
www.iod.unh.edu
Training, technical assistance and resources with the goal of improving the quality of life and level of participation of people with disabilities in schools, the community and the workplace.

Medical Genetics Dartmouth-Hitchcock Medical Center
603-653-6044
Genetic testing and counseling, information and referral.

M.I.C.E. (Multi-sensory Intervention through Consultation and Education)
603-228-1028 (V)
603-228-5755 (TTY)
Statewide program for educational and developmental services for children with visual or hearing impairments and their families.

NH Association for the Blind
603-224-4039
(800) 464-3075
services@sightcenter.com
www.nhbvi.com
Provides information and gives direct services to visually impaired people of all ages to enable them to maintain their independence.

N.H. Developmental Disabilities Council
10 Ferry Street
Concord, NH 03301
271-3236
1-800-852-3345, x3236

nhddcncl@aol.com
www.nhddc.org
Monitors services; promotes policy; advocacy.

NH Family Voices, a Family to Family Health Information and Resource Project
271-4525
1 (800) 852-3345 x4525
nhfv@yahoo.com
www.nhfv.org

Assists families in finding their way through the maze of services by providing information and emotional support, identifying resources available within the community, and making available a lending library of books, videos and audio tapes; distributes free newsletter, *Pass It On*.

Northeast Passage UNH/Recreation
862-0070
northeastpassage@unh.edu
www.nepassage.org
Provides (for a fee) equipment and expertise to individuals, schools and companies to ensure access to educational outings and recreational activities.

Office of Public Guardian
603-224-8041
Provides legal guardianship services for people with developmental disabilities and mental illnesses.

Parent Information Center
603-224-7005 V/TTY
1-800-947-2005
picinfo@parentinformationcenter.org
www.parentinformationcenter.org
Information, support and training around educational issues and advocacy.

Parent to Parent of NH
1-800-698-5465
www.p2pnh.org
p2p@nhsupport.net
Specializes in networking parents of children with special needs; support and information.

People First of NH
603-568-2128
1 (800) 556-2128
janet@peoplefirstofnh.org
www.peoplefirstofNH.org
Self-advocacy group of people "working together to help each other take charge of our lives";

help team available for new or existing groups; 24-hour answering service.

Seacoast Child Development Clinic at UNH

603-862-0561 (Voice/TDD)
603-862-0034 (fax)

www.seacoastclinic.unh.edu

An interdisciplinary clinical consultation service, assisting families of children with developmental disabilities by using a team approach.

Evaluation may include home and/or school visit, depending on needs of child and family.

The program is affiliated with Dartmouth Center for Genetics and Child Development and the Institute on Disability, UNH.

Special Olympics NH

603-624-1250
1-800-639-2608

Fax: 624-4911

www.sonh.org

Provides sports opportunities for athletes with developmental disabilities.

“Talking Books”

(NH Bureau of Services to Persons with Disabilities)

271-3429 or 1-800-491-4200

www.nh.gov/nhsl/

talking_books

FREE service for people with visual, physical, and reading disabilities. Supplies (by mail) cassette books and records and equipment needed to use them. Fiction, non-fiction and popular magazines available.

VSA arts of New Hampshire
228-4330

info@vsartsnh.org

www.vsarts.org

Provides opportunities in the arts for people with disabilities and technical assistance for programmatic and cultural access.

Please help The Challenge work another 25 years by considering a generous donation.

Partners in Health

New Hampshire Partners in Health (PIH) is a comprehensive community-based program designed to address the needs of children with chronic health conditions and their families. The program is currently available in 13 regions of the state through the efforts of Council for Children and Adolescents with Chronic Health Conditions and the Department of Health and Human Services.

PIH offers families the services of a Family Support Coordinator, respite funds, a resource library and the opportunity to participate in community health care planning. Families can also receive help accessing resources, and solving problems with insurance, finances, and education. As of FY ending June 20, 2001, PIH served 500 families, made 2,900 child contacts, 1,140 of which were contacts with children on Medicaid.

Partners in Health Locations

REGION 1

Berlin, NH
Family Resources Center
123 Main Street
Gorham, NH 03581
603-466-9027 or
1-800-640-6486, x 406

REGION 2

Developmental Services of Sullivan County
654 Main Street
Claremont, NH 03743
603-542-8706

REGION 3

Community Health & Hospice
780 N. Main St.
Laconia, NH 03246
603-524-8444

REGION 4

Community Bridges
525 Clinton St.
Bow, NH 03304
603-226-3212

REGION 5

Monadnock Developmental Services
121 Railroad St.
Keene, NH 03431
603-352-1304

REGION 6

Gateways Community Services
144 Canal Street
Nashua, NH 03064
603-459-2744

REGION 7

VNA Home Health & Hospice Services, Inc.
1850 Elm St.
Manchester, NH 03104
603-622-3781

REGION 8

Families First of the Greater Seacoast
100 Campus Drive, Ste 12
Portsmouth, NH 03801
603-422-8202 ext. 146

REGION 9

Behavioral Health and Developmental Services of Strafford County
Forum Court,
113 Crosby Road, Suite 1
Dover, NH 03820
603-749-4015

REGION 10

Gateways Community Services
144 Canal Street
Nashua, NH 03064
603-459-2763

REGION 11

Center of Hope, Inc.
626 Eastman Road
Center Conway, NH 03813
603-356-6921

REGION 12

Upper Valley Support Group
12 Flynn St.
Lebanon, NH 03766
603-448-6311

REGION 13

Ammonoosuc Community Health Services
25 Mt. Eustis Road
Littleton, NH 03561
603-444-5962

Additional information about PIH can be found on the CCACHC website: www.ccachc.org

NH Community Mental Health Centers

Region I

Northern NH Mental Health and Developmental Services

Main Office: 447-3347
Conway: 447-2111
Berlin: 752-7404
Groveton: 636-6193
Wolfeboro: 569-1885
Colebrook: 636-6193
Littleton: 444-5358

Region II

West Central Community Mental Health Services

Main Office: 448-0126
Claremont: 542-2578, also 542-5449
Lebanon: 448-1101
Newport: 863-1951

Region III

Genesis Behavioral Health
Main Office: 524-1100

Plymouth: 536-1118

Region IV

Riverbend Community Mental Health Center

Main Office: 228-1551
Franklin: 934-3400

Region V

Monadnock Family Services

Main Office: 357-4400
Peterborough: 924-7236
Jaffrey: 532-4291
Winchester: 239-4376

Region VI

Greater Nashua Mental Health Center at Community Council

Main Office: 889-6147

Region VII

Mental Health Center of Greater Manchester

Main Office: 668-4111

Region VIII

Seacoast Mental Health Center

Main Office: 431-6703
Exeter: 772-2710

Region IX

Community Partners

Dover: 742-0630

Region X

Center for Life Management

Main Office (Derry): 434-1577
Salem: 893-3548
Windham: 434-9937

Area Agencies for Developmental Services

Region 1 — North Country

Northern Human Services
www.northernhs.org
87 Washington Street
Conway, NH 03818
(603) 447-3347

Chief Executive Officer:
Dennis MacKay, MSW
dmackay@northernhs.org

Family Support Council Chair:
Willie Cintron, 449-2949
akw91@ncia.net

Family Support Coordinators:
Stacey Bilodeau, 752-1005 or
636-2555 (Coos)
sbilodeau@northernhs.org
Shannon Smith, 837-9547 (Upper Grafton)
ssmith@northernhs.org
Karen Nelson, 356-6921 (Carroll County)
knelson@northernhs.org

Family Centered Early Supports and Services:
Rochelle Hickmott-Mulkern, 662-2233
rmulkern@northernhs.org

Region 2 — Lower Grafton and Sullivan County

Pathways of the River Valley
www.pathwaysnh.org
Administrative Office:
654 Main Street
Claremont, NH 03743
542-8706 or 448-2077

Executive Director:
Mark Mills, 504-1517
mmills@pathwaysnh.org
Allyn Girard
lgirard@pathwaysnh.org

Family Support Council Chair:
Jack McClay, 863-3043

Family Support Coordinator:
Cory Shompe, 443-4107
cshomphe@pathwaysnh.org

Family Centered Early Supports and Services:
Kathy Marshall, 433-4132 (Lower Grafton)
kmarshall@pathwaysnh.org
Kathie Sarles, 504-1540 (Sullivan)
ksarles@pathwaysnh.org

Respite Coordinator:
Kristin Walker, 504-1538
kwalker@pathwaysnh.org

Region 3 — Lakes Region

Lakes Region Community Services
www.lrcs.org
67 Communications Drive
Laconia, NH 03246
(603) 524-8811

Executive Director:
Christine Santaniello, 524-8811
chriss@lrcs.org

Family Support Council Chair:
Susan Michaelis Gunther, 293-7371
smgunther@metrocast.net

Director of Family Support:
Karen Welford, 524-1741
karenw@lrcsc.org

Director of the Family Resource Center of Central NH:
Karen Welford, 524-1741
karenw@lrcsc.org

Family Centered Early Supports and Services:
Jennifer Doris, 524-1741

Family-to-Family Coordinator:
Lisa DiMartino, 524-1741 ext. 17

Benefits Technician:
Lisa Richardson, 524-8811 ext. 136,
524-1741 ext. 17, lisad@lrcs.org

Respite Coordinator:
Karen Welford, 524-1741
karenw@lrcsc.org

Legislative Liaison:
Lisa DiMartino, 524-1741 ext. 17

Region 4 — Capitol District

Community Bridges
www.communitybridges.org
2 Whitney Road
Concord, NH 03301
(603) 225-4153

Executive Director:
Roy Gerstenburger, 225-4153
rgerstenburger@communitybridges.org

Family Support Council Chair:
Annette Kowalczyk, 224-1524
akowalczyk@comcast.net

Director of Family Support:
Jo Edwards, 225-4153
jedwards@communitybridgesnh.org

Family Centered Early Supports and Services:
225-4153

Respite Coordinator:
Jo Edwards, 225-4153
jedwards@communitybridgesnh.org

Region 5 — Monadnock Region

Monadnock Developmental Services
www.mds-nh.com
121 Railroad Street
Keene, NH 03431
(603) 352-1304

Executive Director:
Alan Greene, 352-1304, alan@mds-nh.org

Family Support Council Chair:
Dick Cornelius, 357-4905
dick.c@myfairpoint.net

Family Support Coordinator:
Lynn Yeiter, 352-1304, lynny@mds-nh.org

Benefits Technician:
Lois Hopkins, 352-1304, lois@mds-nh.org

Coordinator:
Carol Brown, 352-1304
carolb@mds-nh.org

Region 6 — Nashua

Gateways Community Services
www.gatewayscs.org
144 Canal St
Nashua, NH 03064
(603) 882-6333

President/CEO:
Sandra Pelletier, 882-6333

Family Support Council Chair:
Eric Shaffer, 881-7120
the4shaffers@gmail.com

Family Support Coordinator:
Nzenalu Obinelo, 459-2749
noblinelo@gatewayscs.org

Family Centered Early Supports and Services:
Intake Coordinator, 882-6333

Respite Care Coordinator:
Carole Poulin, 459-2705
cpoulin@gatewayscs.org

Region 7 — Manchester

Moore Center Services, Inc.
195 McGregor St, unit 400
Manchester, New Hampshire 03102
Paul Boynton, CEO
paul.boynton@moorecenter.org
(603) 668-5423
www.moorecenter.org

Vice President for Individual & Family Support:
Maureen Rose-Julian, 206-2726
maureen.rose-julian@moorecenter.org

Director of Early Supports & Services:
Paula Roberts, 206-2782
Paula.roberts@moorecenter.org

Family Centered Early Supports and Services:
Elizabeth Warner (Intake Coordinator),
206-2732,
elizabeth.wamer@moorecenter.org

Respite Coordinator:
Vicki Pepper, 206-2879
Vicki.pepper@moorecenter.org

Family Support Council Chair:
Pam McDonald, 471-0552
pmacdonald0@comcast.net

Region 8 — Seacoast

One Sky Community Services
www.oneskyservices.org
755 Banfield Road Suite #3
Portsmouth, NH 03801
(603) 436-6111

Executive Director:
Bob James, ext. 103

Director of Service Coordination:
Karen McLaughlin, ext. 135

Family Support Coordinator:
Lenore Sciuto, ext. 107

Respite Coordinator:
Tony Herrera, ext. 142

Director of Community Services
Leslie Hanson, ext. 143

Intake Coordinator
Eliza Hobson, ext. 115

Region 9 — Strafford County

Community Partners
www.communitypartnersnh.org
Forum Court
113 Crosby Road
Dover, NH 03820
(603) 516-9300

Executive Director:
Brian Collins, 516-9300
bcollins@communitypartnersnh.org

Family Advisory Council Chair:
Karen Salter, 692-2088

Family Centered Early Supports and Services:
Suzanne Iverson, 516-9300

Director of Family Support:
Deirdre Watson, 516-9300
dwatson@communitypartnersnh.org

Parent to Parent:
Betsy Carroll, 516-9300

Benefits Technician:
Juanita Elliott, 516-9200

Legislative Liaison:
Hugh Philbrick, 516-9300

Respite Coordinator:
Jena Brown, 516-9300

Region 10 — Atkinson/Salem

Region 10 Community Support Services, Inc.
www.region10nh.org
8 Commerce Drive
Atkinson, NH 03811

Executive Director:
Jane Dichard, 893-1299

Family Support Council Chair:
Robin Knight, 893-1299

Director of Adult Community Services:
Gina Consentino, 893-1299

Family Support Services Director and Family Support Coordinator:
Kelly Judson, 893-1299

Respite Coordinator:
Anita Trudel, 893-1299

Family Centered Early Supports and Services:
Tammy Dudal (Intake Coordinator),
893-1299

Benefits Coordinator:
Deanna Johnson, 893-1299

Legislative Liaison
Theresa Cadorette, 893-1299, ext.321
tcadorette@region10nh.com

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Please email Sue Morrison with your new information at smorrison@communitypartnersnh.org