

The Source of information for providers of community-based services for people with differing abilities.
A member service of NYSRA.

DEFICIT REDUCTION ACT: WHAT THIS MEANS FOR HUMAN SERVICE PROVIDERS

By Jeff Wise, NYSRA President & CEO

As is already the case, and will be the case in the coming months, the acronym "DRA" is on the lips of many. The attention it gets is deserved.

DRA is the Deficit Reduction Act, passed by Congress and signed by the president in mid-February. Much like the Balanced Budget Act (BBA) in 1997 became a reference point for many federal spending programs, the DRA is worthy of study and analysis.



The DRA is a comprehensive budget reconciliation that covers virtually all facets of federal spending programs. But for our purposes, the key element of the Act is this: The Congressional Budget Office estimates that the DRA reduces federal Medicaid spending by \$7 billion through 2010; and by perhaps as much as \$28 billion from now through 2015. Those figures, of course, assume that the budget reconciliation agreement is never changed in coming years. That is unlikely, of course, but the trend toward cuts is of some concern.

Still, in the larger scheme of things, more troubling aspects of the DRA lie in the areas of federal Medicaid policy. To put it simply, the DRA once again reaffirms the notion that Washington is delegating more and more policy to state governments when it comes to Medicaid.

An analysis of the DRA shows that this devolution to the states, and some federal policies themselves, will have an impact on the Medicaid services as we have come to know them. A look at some of the issues:

Eligibility: Effective July 1, 2006, the DRA requires states to document that program recipients are U.S. citizens. The Act outlines the various ways that individuals must document this. Although the legislation requires Health & Human Services to start an outreach program to inform individuals of this requirement, the July 1 date is approaching and, thus far, no such program has been conceived. Some advocates in Washington believe HHS will devolve this responsibility to the states. For those individuals who fail to properly document citizenship, states will not receive federal Medicaid match funds. More discussion of this provision is expected - there are

conflicting existing provisions in federal law. But, for now, it appears HHS will follow through on this requirement.

Cost-Sharing: The DRA makes changes to existing cost-sharing or premium requirements that states may impose on beneficiaries. Previously, for example, states could impose co-payments for many services of up to \$3. That is now changed. Enrollment fees ("premiums") and cost-sharing ("co-payments") are now permitted according to a more liberal schedule. A beneficiary whose income is between 100 percent and 150 percent of the Federal Poverty Level may now be required to share up to 10 percent of service costs annually, capped at 5 percent of family income. Above 150 percent of FPL, a beneficiary may be required to pay up to 20 percent of the service costs, again, capped at 5 percent of family income. The Act does include a list of persons who are exempt from these charges, such as those in facilities who receive only a personal needs allowance, and for true emergency services. States may disenroll beneficiaries from Medicaid for failure to pay these costs. And they can allow providers to deny services.

Benefits: The DRA allows states to require enrollment of various categories of individuals in pre-existing plans, including managed care plans. This has been by waiver under prior law for many categories of New Yorkers. Key to this change, however, is that the DRA takes away prior rules regarding required coverage, choice, comparability, etc. As is the case in New York under its 1115 Waiver, certain categories are still exempt from this enrollment requirement, including those who are eligible for Medicaid because they are blind or disabled. However, since some beneficiaries are eligible for assistance based on other factors, they must be aware that the eligibility category they elect may dictate if they are forced to enroll in a plan.

Case management: The DRA changes terms regarding Medicaid case management and targeted case management. Most notable is a new provision that allows case management reimbursement only if there are no other third parties liable for such services, such as another health care or social program. States are required to allocate the cost of services to Medicaid only after any other relevant federal program has been tapped for its share. And the third-party rule is not yet clear: theoretically, Medicaid may not pay for the services where any other funding stream may apply, without regard to whether that funding stream actually has funds available to pay for the

services. Regulatory action is expected in these areas for clarity, but the timetable for such action is not known.

Family Opportunity Act: This element of the DRA gives states the option to allow families to purchase Medicaid coverage for children with disabilities. States may do so for children under age 19 who meet SSI disability criteria and whose income are less than 300 percent of FPL. However, states can require families to pay premiums to a group health plan and use Medicaid dollars only to cover services that Medicaid may cover but the group plan does not. States are allowed to pay the premiums for families, should they so choose, and receive federal matching dollars for such payments.

Home and Community Based Care: The Act contains provisions regarding long-term care and is intended to expand coverage for persons with disabilities. Options available to states may include alternatives to psychiatric residential treatment for children (demonstration programs will be set up in up to 10 states; grants to be awarded will cover 2007-2011). Also, these provisions direct that a "Money Follows The Person" demonstration program be implemented, thus allowing expansion of home and community-based services under a state's waiver. The program is designed to give choices to people with disabilities as to where they receive services. The MFP option is effective January 1, 2007. States that favor multiple target groups for the program, and also encourage self-directed service plans, will be given preference for approvals.

Obviously, legislation as broad and far-ranging as the DRA deserves and requires ample study. Much more analysis is necessary. And practical experience in the field will undoubtedly uncover more issues as all of the DRA provisions are implemented.

NEWS FROM STATE AGENCIES/NYSRA ADVOCACY

TDI COMMENDS FCC ON VRS INTEROPERABILITY RULING

FCC Is Also Applauded for Inquiries on VRS Directory and IP-Relay Scams and Urged to Maintain Current VRS Reimbursement Rate

Silver Spring, Md. – Telecommunications for the Deaf and Hard of Hearing, Inc. (TDI) today issues a statement commending the Federal Communications Commission for addressing interoperability issues for videophone users who are deaf and hard of hearing.

Claude Stout, TDI Executive Director, said, "This is an important milestone for people who use videophones. In addition to the obvious convenience factor, public safety issues come into play. During an emergency, it is imperative

that the deaf or hard of hearing person be able to make video calls with minimal delays resulting from the availability of video interpreters at the relay call center of their choice."

TDI also commends the FCC for taking further steps toward achieving functional equivalency by inviting comments on developing a database directory that will eventually allow hearing people to call deaf and hard of hearing parties by using an easy-to-remember number. Many deaf and hard of hearing people subscribe to Internet services that use dynamic IP addresses, which means the IP number changes each time that person connects to the Internet.

Another FCC action that TDI is watching involves a separate proceeding to address Internet Relay fraud and Video Relay fraud. Most fraudulent calls on IP Relay originate with scammers in other countries placing calls to merchants with bogus orders for merchandise with falsified credit card information. Other types of callers misusing relay services include pranksters and people seeking to circumvent regulations in order to obtain "free" interpreting services for two parties in the same room. "These illegitimate calls are in contrary to the intent of the ADA, which ensures the equivalent of experiencing voice-to-voice phone conversation for people with hearing and speech disabilities and their contacts." says Stout.

Along with other consumer organizations and some industry leaders, TDI calls on the FCC to not reduce the current reimbursement rate of \$6.64 per minute to \$6.14 for video relay services as proposed by the National Exchange Carriers Association (NECA). What NECA is proposing will undo all the strides we have made so far. The proposal will also make it more difficult for VRS providers to comply with other regulations such as the Average Speed of Answer that will soon require 85% of all VRS calls to be answered within 20 seconds. We urge the FCC to consider factoring in this rate to cover costs for research and development, and outreach efforts in order for all Americans and the business community to realize the full potential of relay services.

NYS ACTION ALERT ON CAPTIONED TELEPHONE SERVICE

The New York State Public Service Commission (NYSPSC) is officially asking for comments on whether to have captioned telephone as part of the New York State Relay service.

To provide feedback send 5 copies of your letter of comment to:

Jaclyn A Brillling
Secretary, New York State Department of Public Service
Three Empire State Plaza
Albany, NY 12223-1350

A sample letter of comment is available at:
www.deaftimes.com/newsletter/download.php?id=8869

PROJECT FFFS BLOCK GRANT: ARE YOU IN? OR ARE YOU OUT?

MEDICAID PREFERRED DRUG PROGRAM COMING THIS SUMMER

Many providers were left scratching their heads after Governor Pataki's announcement that he would implement the Flexible Fund for Family Services (FFFS) block grant over the objections of the legislature by using \$1.041 billion in previously-unspent TANF monies. Which TANF-funded programs were in the FFFS block grant? Which were out? And, was any funding actually appropriated for programs left outside the FFFS block grant?

It now clear that the Governor also will be using re-appropriated TANF monies to support several programs which he had originally proposed funding outside the FFFS block grant, despite the fact that the Legislature zeroed out his original budget proposals in an effort to force further negotiations on the FFFS block grant as a whole. The programs for which separate TANF funding will be available are:

Advantage After-Schools - \$27.5 million
Home Visiting - \$18.6 million
Food Pantries - \$12.0 million
Pregnancy Prevention - \$10.0 million
APPS - \$7.3 million
WIC - \$4.9 million
Alternatives to Incarceration - \$3.8 million

These were the original dollar amounts which the Governor had proposed.

While this resolves concerns over program stability for these seven funding streams, a wide range of other programs previously funded through TANF under legislative initiatives are still hanging in limbo. For example, 28 providers of SHIP Homeless Assistance programs which had received \$4 million during FY2005-2006 currently have no specific funding appropriation in the new budget. Providers are continuing to operate using any unspent funds which may be available on their contracts which have already expired. While situations vary by individual contract, Lauren Bholai-Paretti of the Council of Homeless Policies and Services expects most SHIP providers to exhaust their remaining funds within the next few weeks. Similarly, 26 providers of Supportive Housing for Families (SHF) will see their contracts, which total \$5 million, run out on August 31st.

Among the other programs facing similar uncertainty are the TANF-funded aftercare and prevention contracts which were proposed for \$20.5 million, BRIDGE at \$9.6 million, displaced homemaker services at \$2.3 million, Language Emersion/ESL at \$2 million and Adult and Family Literacy at \$1 million.

In the meantime, providers are hoping that broader negotiations between the Governor and legislative leaders on a range of unsettled budget items will also lead to funding solutions for the balance of these TANF-funded programs.

On April 1, 2005, legislation was passed which requires that the Medicaid program implement a Preferred Drug Program. This new program promotes the prescribing of less expensive, equally effective prescription drugs when medically appropriate. The legislation provides a number of protections for consumers and prescribers to assure that all medically necessary drugs are available. Non-preferred drugs in those drug classes where a preferred drug has been identified will require prior authorization.

Implementation

Implementation will occur in phases, with groups of drugs being added to the preferred drug list as therapeutic classes or drugs are reviewed. The initial set of categories of drugs will be implemented during late June 2006.

All providers will be given detailed information and guidelines on the new program prior to its implementation. The NYS Medicaid Preferred Drug List will be widely distributed, and available on the Department's web site, prior to implementation.

Identification of Preferred Drugs

The development of the Preferred Drug List is based on recommendations made to the Commissioner of Health by the Medicaid Pharmacy and Therapeutics (P&T) Committee. The P&T Committee consists of actively practicing medical professionals as well as consumer advocates.

The P&T Committee reviews the clinical effectiveness and safety of drugs using the latest peer reviewed research and studies from a variety of clinical sources. The Committee meets in a public forum where interested parties are given an opportunity to comment on agenda items.

Recommendations of the Committee are forwarded to the Commissioner of Health, who makes a final determination as to what drugs will be identified as preferred. Some drugs in a class will be identified as preferred because of their unique characteristics. Other drugs will be identified as preferred because they are considered equally effective and are less expensive. Non-preferred drugs will require prior authorization.

Not all classes of drugs are chosen for inclusion within the Preferred Drug Program. Those classes not chosen will be treated in the same manner as they are currently handled by the New York Medicaid program. There will be no change in policy for drug classes which have not been reviewed for the Preferred Drug Program. Please note that all medications covered under the Medicaid program will continue to be available to Medicaid recipients.

Information on when the P&T Committee will meet and which drug classes will be reviewed can be found at:

http://www.health.state.ny.us/health_care/medicaid/program/ptcommittee/

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Exempted Drug Classes

The following drug classes are exempt from the Preferred Drug Program:

- o Atypical anti-psychotics
- o Anti-depressants
- o Anti-retrovirals used in the treatment of HIV/AIDS
- o Anti-rejection drugs used for the treatment of organ and tissue transplants
- o Any other therapeutic class for the treatment of mental illness or HIV/AIDS recommended by the Medicaid P&T Committee and approved by the Commissioner of Health.

Prior Authorization (PA)

In situations where a prescriber determines that a non-preferred drug is the most appropriate choice for their patient, the prescriber can request a prior-authorization for Medicaid coverage of their patients' drug. First Health Services Corporation has been contracted to assist New York's Medicaid program in implementing the Preferred Drug Program. A phone and fax process will be established, with the assistance of First Health Services, which will provide timely access, and a high quality of operations, related to the prior authorization process. The prescriber will be asked standardized questions to receive approval of prior authorization. When a prior authorization is approved, the PA number will need to be written on the prescription in order to assure payment by Medicaid.

More Information

Additional information about this new program will be provided in upcoming Medicaid Update articles, provider mailings and can also be accessed through the Department website at www.health.state.ny.us, or through First Health Services Corporation at <http://newyork.fhsc.com>.

Questions? Please call Pharmacy Policy and Operations staff at: (518) 486-3209.

TROY JUSTESEN NOMINATED - ASSISTANT SECRETARY - VOCATIONAL & ADULT EDUCATION

The President intends to nominate Troy R. Justesen, of Utah, to be Assistant Secretary for Vocational and Adult Education at the Department of Education. Mr. Justesen currently serves as Deputy Assistant Secretary for Special Education and Rehabilitative Services. Prior to this, he served as Deputy Commissioner for the Rehabilitation Services Administration in the Office of Special Education and Rehabilitative Services. Earlier in his career, he served as Associate Director for the Domestic Policy Council at the White House. Mr. Justesen received his bachelor's and master's degrees from Utah State University. He went on to receive a doctoral degree from Vanderbilt University.

CENSUS BUREAU LOOKS AT EMPLOYMENT FOR DISABLED AMERICANS

Courtesy The Associated Press

More than half the nation's disabled people hold jobs, but they often have lower incomes and less education and are less likely to have health insurance than people without disabilities, the government said Friday. Nearly one in five Americans, about 51 million people, had physical or mental disabilities in 2002, according to the Census Bureau. About 33 million of them had severe disabilities.

The likelihood of disabilities, not surprisingly, increased with age: Fewer than one in 10 people 15 and younger had a disability, while more than half of those 65 and older, and 72 percent of those 80 and older, had them.

"The primary obstacle that people with intellectual disabilities face is the attitudes of people around them," said Chris Privett, a spokesman for The Arc, a service and advocacy group for people with disabilities. "Once people understand that someone with an intellectual disability is not as different from anyone else as they would assume, things get simpler." The Census Bureau surveyed 26,800 households for the report, asking people about their health and if they had difficulty performing various tasks, said Sharon Stern, chief of the bureau's poverty and health statistics branch.

People were classified as disabled if they had difficulty performing tasks such as seeing, hearing, bathing or doing light housework, or if they had conditions such as Alzheimer's disease or autism. They were considered to have severe disabilities if they were unable to perform any of those tasks, or if they had severe cases of specific conditions. About 56 percent of disabled adults, ages 21 to 64, had jobs in 2002. Among those with severe disabilities, 43 percent had jobs.

"People are starting to look more at people's abilities instead of their disability," Privett said. "But in the advocacy community, our work is far from finished."

The first President Bush signed the Americans with Disabilities Act in 1990, outlawing discrimination against people with disabilities and promising them access to buildings, services and transportation. Since then, schools have added elevators, private companies have erected Braille signs and employers have been prohibited from denying jobs to disabled workers. Karen Wolffe, director of professional development at the American Foundation for the Blind, credits the law with raising awareness of people with disabilities.

"I can remember when I was a kid. We didn't have cutouts in the sidewalk for people with wheelchairs," Wolffe said. "Now, people are accustomed to Braille in the elevators and they are accustomed to ramps."

Wolffe, however, said many employers still are wary of hiring disabled workers because they are worried about getting sued if they later discipline them or deny them a promotion. Among working age adults who were blind or had limited vision, 55 percent had jobs in 2002, according to the census report. Among all working age adults, 83 percent had jobs. Among the report's other findings:

- The median income, the point at which half make more and half make less, was \$12,800 for people with severe disabilities, \$22,000 for those with milder disabilities and \$25,000 for those with no disabilities.
- 22 percent of adults ages 25 to 64 with severe disabilities had college degrees, while 33 percent of those with milder disabilities had degrees and 43 percent of those with no disabilities had degrees.
- 19 percent of adults ages 25 to 64 with severe disabilities had no health insurance. About 17 percent of those with milder disabilities had no insurance, while 16 percent of adults with no disabilities were without health insurance.

OVER 51M AMERICANS HAD DISABILITIES IN '02

More than 51 million Americans had a disability in 2002, about 18 percent of the population, according to a report by the Census Bureau. Here is additional information from the report:

- About 56 percent of disabled Americans, ages 21 to 64, had jobs.
- About 32.5 million Americans, or 12 percent of the population, had a severe disability.
- About 43 percent of adults with severe disabilities had jobs.
- More than half of Americans 65 and older had a disability.
- About 7.9 million Americans 15 and older had difficulty seeing words in a newspaper, including 1.8 million who were blind.
- About 7.8 million Americans 15 and older had difficulty hearing a normal conversation, including 1 million who were deaf.
- About 2.7 million Americans 15 and older used wheelchairs, while 9.1 million used canes, crutches or walkers.
- More than a quarter of people with severe disabilities lived in poverty. The poverty rate for people with milder disabilities was 11 percent, and it was 8 percent for people with no disabilities.

NATIONAL PROVIDER IDENTIFIER INFORMATION AVAILABLE FROM CMS

Beginning May 1, 2006, the Centers for Medicare & Medicaid Services (CMS) announces the capability for health industry organizations to submit health care providers' applications for National Provider Identifiers (NPIs) to the National Plan and Provider Enumeration System (NPPES) via Electronic File Interchange (EFI). With EFI, a CMS-approved health industry organization can submit a health care provider's NPI application data, along with the application data of many other health care providers, in a single electronic file in a CMS-specified format.

EFI is an alternative to health care providers having to apply for their NPIs via the web-based or paper application process. After the NPPES processes a file, it makes available to the organization a downloadable file containing the NPIs of the enumerated health care providers. Interested health industry organizations should avail themselves of the EFI materials available from the CMS NPI page (www.cms.hhs.gov/NationalProvIdentStand/) and from the NPPES page (<https://nppes.cms.hhs.gov>) before downloading and completing the Certification Statement (available at <https://nppes.cms.hhs.gov>) and registering as EFI Organizations. A completed Certification Statement must be approved by CMS before an interested health industry organization can participate in EFI.

CMS has also released three new educational products on the National Provider Identifier (NPI):

"Guidance for Organization Health Care Providers Who Apply for National Provider Identifiers (NPIs) for Their Health Care Provider Employees" Tip Sheet— contains helpful information for organization health care providers who wish to apply for NPIs, or submit updates using the NPPES web-based process, on behalf of their employed health care providers. This is NOT the EFI process.

"Tips for Health Care Professionals - Preparing Your Office Staff for NPI Tip Sheet" - provides basic steps to prepare your office staff, and your business, for NPI implementation.

"NPI Overview" PowerPoint Presentation - this presentation was presented by a CMS staff member at a recent WEDI meeting and contains basic information on the NPI that is suitable for self education, as well as training purposes.

Also, be sure to visit the Educational Resources page on CMS' NPI website at: http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp to view these new products.

FLAME TO PERFORM AT SPECIAL OLYMPICS OPENING CEREMONIES

An 11-member band made up of musicians and dancers with disabilities will perform at the Special Olympics New York 2006 Summer Games in June.



Throughout the world, Special Olympics Opening Ceremonies have developed a reputation for inspirational Olympic-style pageantry. Flame, based at the Lexington Center in Fulton County, will no doubt add to it as the featured act.

Flame was founded in 2003, not long after Lexington Center employees heard one of their consumers, Michele King, sing in a center talent show.

"She just blew us away," said Tim Fiori, a center employee who manages the band. "Shortly after, a blind drummer/singer named David LaGrange joined in informally. One thing led to another and we had a band."

A very good band.

Flame has wowed audiences with their selection of more than 100 songs, ranging from Pink Floyd to Gershwin. They've performed at weddings, corporate gatherings, colleges and at other ARCs throughout New York, New Jersey and in Washington, D.C. Perhaps their largest performance of all is coming up at 8 p.m., June 15, in front of 4,000 athletes, coaches and spectators at the Special Olympics New York Opening Ceremonies.

The Summer Games, presented by Price Chopper supermarkets, will be held June 15 to 18 at the University at Albany.

Flame and Special Olympics are a perfect match. Special Olympics, which provides year-round sports training and athletic competition in Olympic-style sports for children and adults with intellectual disabilities, believes sports can be a vehicle for success in life. In Flame's case, music has been that vehicle.

Opening Ceremonies will feature the traditional Parade of Athletes, fireworks, skydivers, and the conclusion of the statewide Law Enforcement Torch Run leading to the lighting of the Special Olympics Cauldron. And, of course, it will feature Flame.

All Special Olympics events are free and open to the public. For more information, visit www.specialolympicsny.org. For information about Flame, visit www.flamesoftrock.com.

ANDERSON SCHOOL BREAKS GROUND ON CAMPUS MAKEOVER

Courtesy The Not For Profit Press

Anderson School hosted the Ground Breaking Ceremony last week for Phase One of a \$28.4 million initiative to reshape its 80-year old campus. Anderson School is a residential education center for children and adults with autism and related developmental disabilities in Staatsburg, NY. The project, which is expected to be fully completed in 2010, will replace several existing dormitories with free-standing homes, create new recreation facilities, renovate current structures and upgrade the campus infrastructure.

"This event is the culmination of our greatest vision, a new campus allowing Anderson School to become a Center for Autism," said Neil Pollack, Executive Director and CEO, at the May 4th event. "We are incredibly excited to get our shovels in the ground."

Joining Pollack were state and local dignitaries including State Senator Steven Saland, Assemblyman Joel Miller and Pompey Delafield - Supervisor, Town of Hyde Park.

The first phase of the project, expected to be completed later this year, will see the construction of four new homes replacing two existing dormitories, the remodeling of Spruce House and the building of a new playground.

Celebrating 50 Years
in the Community

NYSRA
Salutes

Capabilities Inc.

Elmira, New York

SSA MEETINGS

SSA has announced a series of seminars to assist in the application for the Work Incentives Planning and Assistance Program. For a listing of seminars go to: <http://www.socialsecurity.gov/work/WIPAseminars.html>

WALK 4 HEARING

For almost 31 million Americans, the practice of hearing is not taken for granted. While many of us are simply used to the idea of communicating with friends, colleagues, or family, for many others, hearing is not so effortless. Additionally, people with difficulty hearing may not always know where to turn to find information that may help them overcome many of the obstacles presented by hearing loss.

It is for this reason that the Hearing Loss Association of America supports the Walk4Hearing, a nationally coordinated effort which aims to increase awareness about the causes – and consequences of – hearing loss for people of all ages. The Hearing Loss Association of America depends on the support of generous volunteers to raise funds (used to help provide information and support for people with hearing loss) and awareness at each of our Walk4Hearing sites.

To see a list of the currently available walk sites, as well as walk dates and donation goals, visit <http://www.hearingloss.org/walk4hearing/allsites.asp>. Here, you can also find contact information for the different representatives at the different sites, which locally include both a Rochester walk and a Downstate walk. Teams in all areas still have space available.

BRIDGES 4 KIDS

The organization Bridges4Kids provides a comprehensive system of information and referral for parents and professionals working with children from their birth through their transition to adult life.

Bridges4Kids also supports non-profits that share our mission with web design, data collection, telephone referral services and technical assistance. Some of their goals include:

- To provide parents with the knowledge and supports they need as their children's most important teachers and caregivers.
- To respect the diversity of all families with regard to race, ethnicity, religious beliefs, philosophy, disabilities, and income.
- To promote high expectations for all children from birth to adult life.
- To form meaningful and effective partnerships between families, schools and communities because we know that positive inter-relationships are key to success for children.
- To utilize and contribute to best practice models.
- To love, care for, and cherish all children by remembering that what is right for each of them is the primary focus.

Bridges4Kids has put together an online brochure called Being Prepared for an Emergency, which offers detailed steps on what parents can do in the event of a child-related emergency. This includes a printable information form that can be filled out by parents of children with special needs, as well as advice on who should receive copies of the completed form and where extras should be kept. You can visit Bridges4Kids on the web at <http://www.bridges4kids.org/> and download their emergency preparedness brochure at <http://www.bridges4kids.org/PreparedforEmergency.pdf>.

CQCAPD SEEKS SUCCESS STORY SUBMISSIONS

The Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) is looking for parents, individuals with disabilities and others to share successful school to post-school transition success stories. CQCAPD is in the early stages of developing a video (see below) that will highlight individuals who have successfully transition out of high school and into competitive employment. The focus of the individual stories will be on what made the transition successful, and who assisted in the plan's development and implementation. Anyone interested in learning more about the video should contact Marcel Chaine, Director, Division of Protection and Advocacy Program Administration at (518) 388-2891, or via email at marcel.chaine@cqcapd.state.ny.us

NYAIL 2006 CONFERENCE CALL FOR PROPOSALS

New York Association on Independent Living

*2006 Conference
Taking Action for Independence:
Changing Systems, Changing Lives!*

October 30-November 1, 2006
The Desmond Hotel and Conference Center, Albany, NY

**Call for Proposals
Deadline: June 2, 2006**

Proposals may be submitted to:

info@ilny.org - email
(518) 465-4625 - fax

NYAIL
One Commerce Plaza
99 Washington Avenue, Suite 806A
Albany, NY 12210

EMPLOYMENT OPPORTUNITIES

Vision Rehabilitation Teacher, Part-Time: Provides vision Rehabilitation teaching for both adults and children in home setting, refers and networks with related agencies. Responsible for developing individualized treatment plan, case management and presentations in the community. Requires Bachelor's Degree in related field, training including Braille I leading to professional R.T. certification. ACVREP certification desirable. Agency will provide on the job training toward cert. Salary commensurate with experience. Send resume/refs. to E.D., Association for the Blind and Visually Impaired of Jefferson Co., 321 Prospect St., Watertown, NY 13601 or for more information call (315) 782-2451.

Director of Vocational Services: Ulster-Greene ARC, a not-for-profit agency located in upstate NY, has an immediate opening for Director of Vocational Services, Pilot Industries. This position is responsible for effective operation and growth of a full complement of Vocational Services for developmentally disabled individuals. We are seeking a committed, action-oriented person to lead a diverse array of departments around a shared mission. The successful candidate will possess a relevant Master's Degree. Managerial/administrative experience with the OMR/DD and VESID regulations is preferred. Experience in providing services to persons with MR/DD is a plus. Our agency serves over 1,200 people who have developmental disabilities throughout the Mid-Hudson and Catskill Mountains region. We offer a competitive salary and excellent benefits package. For immediate consideration, please forward resume, with cover letter including salary requirements, to:

Ulster-Greene ARC
471 Albany Avenue
Kingston, NY 12401
Attn: Tammy Paquette, Recruitment Manager
FAX (845) 340-0463
E-mail: tammyp@uarc.org

Direct Care: Work with individuals with traumatic brain injury. Part-time, days, evenings, weekends. Buffalo, surrounding areas including Southtowns. HS Diploma and car required. PCA/HHA preferred but will train. EOE. Call 716-332-5008 x275
Phoenix Frontier, Inc.
100 Leroy Avenue
Buffalo, New York 14214

Scheduler/Clerk: Some direct care required. Part-time includes weekend hours. High School Diploma and car required. EOE.

Call 716-332-5008 x275
Phoenix Frontier, Inc.
100 Leroy Avenue
Buffalo, New York 14214

Human Services - Senior Driver/Direct Care: Schedule maintenance for small vehicle fleet and maintain logs of use. Provide transportation for adults with disabilities. Clean, valid CDL and High School diploma required. EOE. Resume to:

Phoenix Frontier, Inc.
100 Leroy Avenue
Buffalo, New York 14214

NYSRA AND RRTI CALENDAR

June 2006

June 6-7

NYSRA's Executive Team Management Institute, Gideon Putnam Hotel, Saratoga Springs

June 6

RRTI Board of Directors Meeting, Gideon Putnam Hotel, 4PM

June 7

NYSRA Board of Directors Meeting, Gideon Putnam Hotel, 12:30PM

June 8

Clinic Coordination Committee (DD Division), Albany

June 9

Partnerships for Youth in Transition Committee (Voc. Division), Albany

June 16

RRTI Seminar: Marketing & Funding Transition Services, Albany

June 21

NYSRA OPTS Conference Call 3PM

June 22

NYSRA New York City Regional Meeting

