



Speaking out for people
with intellectual disabilities

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VOR Weekly News Update

News and views for VOR advocates

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Register for VOR's Conference by April 1 to benefit from "Early Bird" rates. If your "check is in the mail" by April 1, we'll honor the lower rate, or register online! *See you in D.C.!*

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VOR and You

1. VOR Members Speak Out Against the Justice Department (DOJ); Receive Inconsistent Responses; Renewed Call to Action

VOR members have been speaking out against DOJ abuses with regard to "Olmstead implementation" and disregard for resident and family choice. Responses from the Office of Inspector General for DOJ are alarming inconsistent.

One VOR member received a response indicating that her complaint about the activities of DOJ's Civil Rights Division was being referred to the DOJ's Civil Right Division. *Huh?* Another VOR member received a response indicating that OIG doesn't investigate matters of involving actions by DOJ attorneys, when in fact OIG investigates complaints about "Department of Justice employees, contractors, and grantees." Still another VOR member received a more encouraging response indicating the complaint had been received and was

being considered by OIG.

If you have experienced DOJ in your state, consider submitting a written complaint. The more complaints received by OIG, the more likely they will respond effectively and consistently:

Office of the Inspector General

U.S. Department of Justice

Investigations Division

950 Pennsylvania Avenue, N.W.

Room 4706

Washington, DC 20530

oig.hotline@usdoj.gov

(202) 616-9881 fax

There is also an [Online Reporting Form](#) that can be used.

Additional information concerning the OIG's jurisdiction, the confidentiality of complaints, and how to report allegations of retaliation is available on the [OIG/DOJ website](#).

For VOR's first Alert on this topic, including examples of DOJ abuses and links to VOR's testimony regarding DOJ appropriations and abuses, see the [VOR Weekly New Update from March 23, 2012](#).

Your letters are needed to get OIG's attention. Inconsistent responses to complaints that are raising essentially the same concerns regarding the anti-choice, anti-Olmstead actions by Civil Rights Division attorneys are concerning, especially when lives are literally in their hands.

Focus on Health Care Access and People with Intellectual Disabilities

2. Designating People with Intellectual Disabilities as a "Medically Underserved Population: Call to Action by the American Medical Association

At the American Medical Association's (AMA) 2010 Interim Meeting, the House of Delegates referred Resolution 805-I-10, which was introduced by the International Medical Graduates Section and calls for the AMA to "lobby Congress to work with the appropriate federal agencies, such as the Department of Health and Human Services, to classify intellectually disabled persons as a medically underserved population." The Board of Trustees referred Resolution 805-I-10 to the Council on Medical Service for study.

The Council on Medical Service recently released its [report](#) which provides background on intellectual disabilities, discusses how the federal government currently designates a group as a medically underserved population, highlights Patient Protection

and Affordable Care Act provisions, and presents policy recommendations.

There are federal benefits and grant opportunities for facilities serving populations designated as "medically underserved." For example, if people with intellectual disabilities were designated as "medically underserved," an ICF/MR may then be eligible for grants for training physicians in the care of this population.

AMA's involvement in this critical issue is welcome. Advocates for people with intellectual disabilities agree that the lack of access to health care services in the "community," is lacking. "People with disabilities experience more problems accessing health care than other groups, and these difficulties increase for those with the most significant disabilities and who are in the poorest health." (Disability Rights Education and Defense Fund, March 2012; see also, "Compared with other populations, adults, adolescents, and children with mental retardation experience poorer health and more difficulty in finding, getting to, and paying for appropriate health care." (Satcher, David (former U.S. Surgeon General), "Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation, Report of the Surgeon General's Conference on Health Disparities and Mental Retardation" (February 2002)).

3. Special Needs Dentists are like Pirates: Featuring Dr. Steve Perlman

Eastman Institute for Oral Health * March 13, 2012

Those struggling through the jungle of special needs dentistry have a chance to make a real difference, Special Olympics Global Clinical Advisor Dr. Steven Perlman told 75 people at the first Community Planning Workshop at Eastman Dental. "I've taken that chance," he said, "and while I may not have changed the world, for some people I changed their day, I changed their pain and their appearance, and changed their belief that finding someone who cared enough to try was not impossible."

Perlman likened dentists who serve those with special needs with pirates, sharing a quote from the late Steve Jobs that "it's more fun to be a pirate than to join the navy."

Being a dentist in the rough waters of caring for people with unique distractions, unique behaviors and unique orientations is more like being a pirate than being a naval officer," he said.

"We're pirates, we're rogues and renegades," he added. "We didn't initially sign up for that role but the profession forced it upon us. Being a pirate works best when the rules and

regulations don't permit you to navigate uncharted waters without the support of a fleet you had hoped would be behind you. But when it comes to dealing with arrogance, indifference, injustice and neglect in caring for people with complex dental needs being a pirate is the perfect persona.

"Dental education has ignored this population. Many of our colleagues have never experienced the joy and the rewards of treating patients with disabilities. Many of our colleagues will never see the expression of thanks on the eyes of someone who cannot say it any other way, or not feel the scintilla of knowing that they and they alone stopped to flow of psychotropic drugs erroneously prescribed to stop the sudden onset of self-abuse when all it took to stop it was to curtail a brewing or sinister oral problem that no one thought to find.

"Many of them may never see the joy on the face of parents when you smile and say, 'Of course I'll treat your child,'" he added.

"Go forth and save their smiles...perhaps beginning with a commitment to save one."

Read More

4. Iowa Direct-Care Workers May Require License

PHI (Paraprofessional Healthcare Institute) Policy Works Blog * March 8, 2012

Direct-care workers in Iowa will be required to obtain a license to be a caregiver if a bill making its way through the state legislature becomes law.

The bill would affect direct-care workers in nursing homes as well as those in home care, assisted living, and community-based settings, according to McKnight's Long-Term Care News. The bill has already been approved by a state Senate committee, and is awaiting a vote by the full Senate. If approved, it will move to the state House.

At 70,000 strong, direct-care workers comprise Iowa's largest workforce, with an additional 12,000 estimated to be needed to meet the rising demand for care in the next decade.

If passed, the legislation would establish state standards for direct-care worker training and licensing. It would also establish career pathways for specialized and advanced aide positions, reports the Cedar Rapids Gazette.

Many of those changes would be overseen by a newly created Board of Direct Care Professionals, said Di Findley of the Iowa Caregivers Association, which supports the bill.

"We're really talking about a major system change" if the bill passes, Findley told PHI. In the new system, direct-care workers

of all types “would receive more consistent and standardized education that would follow them from one setting to another,” Findley added. Workers, not their employers, would own their own credentials under the terms of the bill.

The legislation would allow direct-care workers to receive their education through a variety of venues, including community colleges, universities, employers, and online training courses. Direct-care workers will also have the option to specialize in areas of interest such as Alzheimer’s, brain injury, mental health, oral health, and end-of-life care.

All of these factors would empower direct-care workers, Findley said, allowing them to “feel better prepared to perform their responsibilities.”

If the bill passes, direct-care workers “will finally receive the professional status they have long deserved,” Findley said.

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