



INCITEMENT INCITEMENT INCITEMENT

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Fall 2002

Ten Worst States Survey 2002/2003

Louisiana - The Worst in the Nation

Periodically ADAPT ranks how the states are doing in providing options for people with disabilities and older Americans to live and receive support services in the community.

Looking at the states provision of long term services and supports, our analysis for this ranking weighed various long term care factors based both on published data and on the evaluation of people with disabilities (old and young).

ADAPT used three sources of information to rank the states:

* The MEDSTAT Group Inc data on Medicaid long term care expenditure in Federal Fiscal Year 2001; (May,2002)

* The State of the States in Developmental Disabilities: 2002 Study Summary; (June 2002)

* Advocate's assessment of the states services.(September 2002)

The rankings at right are ADAPT's analysis of the above information:

TEN WORST RANKING

- 1. Louisiana (worst nationally)
- 2. Mississippi
- 3. Washington, DC
- 4. Illinois
- 5. Indiana
- 6. Tennessee
- 7. Nevada
- 8. New Jersey
- 9. Ohio
- 10. Georgia

The next ten worst states:
Alabama, Florida, Pennsylvania,
Texas, Kentucky, Delaware,
Virginia, Maryland, Arkansas and
Missouri.

US News Blows Apart Nursing Home Industry's Sympathy Pitches, While GAO Report Questions Wether More Money Leads to Better Care.

US News and World Report magazine is not a bastion of liberal propaganda, and yet, through good research and reporting, they have found the nursing home industry might be less than trust worthy. Their 9/30/02 issue Health & Medicine section, contains an amazing article by Christopher H. Schmitt entitled The New Math of Old Age: Why the nursing home industry's cries of poverty don't add up

This extensively researched and well written article, explains why many of the industry's claims are unreal. To quote a short summary of the findings from the article itself:

US News conducted a home-by-home examination of the industry's finances. The magazine analyzed hundreds of thousands of pages of nursing home financial statements and shared the results with current and former regulators, patient advocates, congressional staffers, and others knowledgeable about the industry. The findings:

❑ *The nursing home industry is profitable and growing, with operators spinning a far brighter tale for Wall Street than for Capitol Hill. Many nursing homes are earning exceptionally healthy profit margins, often 20 and 30 percent.*

❑ *There is no strong evidence, as the industry claims, that inadequate federal payments for care of the elderly poor are dragging down profits. Likewise, there is no evidence that patients are markedly sicker today.*

❑ *Even as they report tough financial times in their official government filings, many nursing home operators steer big chunks of their revenues to themselves or related busi-*

nesses before they calculate the bottom line.

❑ *The government funding cuts the nursing home industry has described as catastrophic actually amount to about 1 percent of current revenue.*

More details and fascinating explanations of the tricks of the trade reveal

...continued on page 9...



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Louisiana - FY 2001 The Worst in the Country

Background Information

Louisiana spends 90.3% of Medicaid Long Term Care (LTC) dollars on nursing homes and ICF-MR facilities;

This funding bias exists:

- 30 years after the passage of Section 504
- 12 years after the passage of the ADA
- 2 years after the Supreme Court's Olmstead decision

The Numbers:

- Nursing Homes: 69% on facilities for people with disabilities, old and young
- ICF-MR: 21.3% on facilities for people with developmental disabilities
- Community spending: 9.7% (Medicaid waivers, Home Health)

Total Louisiana Medicaid LTC spending:	\$1.68 billion
Louisiana Medicaid spending on nursing homes:	\$1.16 billion
Louisiana Medicaid spending on ICF-MR:	\$ 355.27 million
Louisiana Medicaid total spending on Community:	\$ 163.43 million

State's ratio of nursing home beds per capita exceeds national average by more than 50%. This means Louisiana has more beds than it needs (20% are empty).

States ratio of ICF-MR beds is three times the national average.

Louisiana Medicaid per capita spending nursing homes: \$259.43
(over 70% higher than national average)

National Medicaid per capita spending nursing homes: \$150.04

Louisiana Medicaid per capita spending on ICF-MR: \$79.57
(over 115% higher than national average)

National Medicaid per capita spending on ICF-MR: \$36.35

Louisiana Medicaid per capita spending on Community: \$36.60
(Less than 1/2 the national average)

National Medicaid per capita spending on Community: \$77.99

Access to Long Term Care is uncoordinated across programs.

Louisiana's system is fragmented and difficult for people to access.

Attendant wages average \$5.56 - only 7% have health benefits.

ADAPT'S Ten Worst States

Summary Background

LOUISIANA:



90.3% of long term care spending goes for nursing homes and other institutions. Spends less than 1/2 the national average per capita on community services. 5th highest spending per capita on nursing home services. 3rd highest spending per capita for ICF-MR facilities for people with developmental disabilities.

MISSISSIPPI:



90.7% of long term care spending goes for nursing homes and other institutions. 47th in community fiscal effort for persons with developmental disabilities. 23rd in per capita spending on nursing homes.

WASHINGTON DC:



94% of long term care spending goes for nursing homes and other institutions. 5th lowest spending per capita on community services. 4th highest spending per capita on nursing homes. The highest per capita spending on ICF-MR facilities.

ILLINOIS:



85.6% of long term care spending goes for nursing homes and other institutions. 6th lowest spending per capita on community spending. 42nd in community fiscal effort for persons with developmental disabilities.

INDIANA:



85.3% of long term care spending goes for nursing homes and other institutions. 7th lowest spending per capita on community services. 34th in community fiscal effort for person with developmental disabilities.

TENNESSEE:



84.6% of long term care spending goes for nursing homes and other institutions. 8th lowest spending per capita on community services. 39th in community fiscal effort for persons with developmental disabilities.

NEVADA:



74.7% of long term care spending goes for nursing homes and other institutions. 2nd lowest spending per capita on community services. Lowest in the nation community fiscal effort for persons with developmental disabilities.

NEW JERSEY:



81.9% of long term care spending goes for nursing homes and other institutions. 6th highest spending per capita on nursing homes. 41st in community fiscal effort for persons with developmental disabilities.

OHIO:



85.1% of long term care spending goes for nursing homes and other institutions. 6th highest spending per capita on ICF-MR facilities. 12th highest spending per capita on nursing homes.

GEORGIA:



79.4% of long term care spending goes for nursing homes and other institutions. 4th lowest spending per capita on community services. 50th in community effort for persons with developmental disabilities.

Dear Advocates for Home and Community Services:

These are the "Ten Worst States."

Use this information to reform the long term service and support system. Hold a press conference to highlight the poor job these states are doing, and issue a challenge to state officials to improve the community service system. **COMMUNITY FIRST!**

Though being in the worst category is nothing to be proud of, it gives your state the opportunity to commit to using 2002/2003 as a year to improve community services.

If you have any question please contact us at 512/442-0252.

For an Institution Free America,

The ADAPT Collective

This is the message Representative Danny Davis delivered on the Floor of the House September 17, 2002, and which was on C-SPAN.

Support H.R. 3612, The Medicaid Community-based Attendant Services and Supports Act

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. Davis) is recognized for 5 minutes. Mr. DAVIS of Illinois. Mr. Speaker, I rise to request support for H.R. 3612, the Medicaid Community-based Attendant Services and Supports Act, also known as MiCASSA. This bill will enable our older Americans and citizens with disabilities who qualify for long-term care services under the Medicaid program to receive the noninstitutional community support service options they are entitled to under the Americans With Disabilities Act.

The Americans With Disabilities Act, signed into law by President Bush in 1990, ushered in a new era of promise for a segment of our population whose talents and rights as American citizens have been too long ignored. It promised a new social compact to end the paternalistic patterns of the past that took away our rights if we become disabled. It says that people with disabilities have the right to be active participants integrated into the everyday life of society. This promise, however, cannot become a reality until we roll up our sleeves and do the work necessary to eliminate the barriers that still hinder its full implementation.

In its 1999 Olmstead ruling, the Supreme Court said that States violate the Americans With Disabilities Act when they unnecessarily put people with disabilities in institutions. The problem is that our Federal-State Medicaid program has not been updated and has a built-in bias that

results in the unnecessary isolation and segregation of many of our senior citizens and younger adults in institutions.

Too often, decisions relating to the provision of long-term services and supports are influenced by what is reimbursable under Federal and State Medicaid policy rather than by what individuals need and deserve. Research has revealed a significant bias in the Medicaid program towards reimbursing services provided in institutions over services provided in home and community settings. The only option currently guaranteed by Federal law in every State is nursing home care. Other options have existed for decades, but their spread has been fiscally choked off by the fact that 75 percent of our long-term care dollars go into institutional settings, in spite of the fact that studies show that many people do better in home and community settings.

Only 27 States have adopted the benefit option of providing Personal Care services under the Medicaid program. Although every State has chosen to provide certain services under home and community-based waivers, these services are unevenly distributed, have long waiting lists, and reach just a small percentage of eligible individuals.

Governor Howard Dean is a physician and Vermont's Chief Executive. He recently testified on Capitol Hill on behalf of the National Governors Association and asked Congress to give the States the tools they need to grow home and community-

based service. In his testimony he said, "We can provide a higher quality of life by avoiding institutional services whenever possible. Some people insist we will need more nursing homes. They are wrong. Baby boomers today are looking for alternatives for their parents. We can't afford to protect the status quo. We need to listen to people and act boldly to develop those services they want and are, in fact, afford-

able."

So I ask, Mr. Speaker, all Members of this honorable body to be in support of services for individuals in home-based settings so that they too can realize the assurance of living as they choose and as they see fit. Support MiCASSA.
[Congressional Record: (House)]
[Page H6289]

MiCASSA Recognized Again

Below is an excerpt from a speech Representative Davis gave in Congress recently in which he again gave supporting MiCASSA.

Honorable Danny K. Davis of Illinois in the House of Representatives • October 16, 2002

Mr. DAVIS of Illinois. Mr. Speaker, each October we observe National Disability Employment Awareness Month, and I rise to ask that all Americans consider what they can do to reduce the unacceptably high level of unemployment that exists among people with disabilities. No other minority group in this nation faces the level of joblessness experienced by such individuals.

Much of the problem is based on outdated myths and stereotypes, and each of us must consider what he or she can do to learn more about people with disabilities and how we can more fully integrate such individuals into the American work force....

As we observe National Disability Employment Awareness month, I also want to recognize three initiatives in my district that are making unique contribu-

tions to both local and national efforts promoting greater independence and economic opportunity for people with disabilities. As the sponsor of H.R. 3612, the Medicaid Community-Based Attendant Services and Supports Act, a bill that will enable people with disabilities to participate more fully in the workplace and community life by eliminating the institutional bias in our long term care system, I have learned much and benefited greatly from the support of Chicago ADAPT and its national affiliate, Americans Disabled for Attendant Programs Today. Their efforts to reform our long term support system and change our concept of disability from one of tragedy and dependence to one that recognizes disability as a natural part of the continuum of a life that can be fully enjoyed, is deeply appreciated....

MiCASSA UPDATE: Like a Phoenix Rising from the Fiery Ashes of the Election

The later part of 2002 brought a new surge of energy for MiCASSA. This was especially true in the House where we grew up to 87 co-sponsors, in bursts, as MiCASSA Supporters -- groups and individuals -- turned up the energy for promoting the bills with their Representatives and Senators. The idea of giving people choice in long term services and supports, of fighting the institutional bias is gaining ground.

MiCASSA - as S 1298 and HR 3612 - will end at the end of this legislative session; it won't have time to move in the lame duck session. However, the momentum built at the end of this year can get the ball rolling again with its reintroduction in the new session in January.

We had fairly good luck with MiCASSA Co-sponsors getting reelected. We did better in the House than in the Senate where, after the tragic death of Senator Wellstone of Minnesota, we lost Senator Carnahan of Missouri. Luckily, Senator Landrieu of Louisiana won a tough run off race on December 7, 2002. In addition all our main sponsors were reelected. Senator Harkin despite a tough race is back! (Senator Specter was not up for election this year.) Representative Davis, who has done so much in the House, is back too, as is Representative Shimkus. Also on the House side, of the 87 co-sponsors everyone will be returning except Rep. Underwood of Guam; Reps. Mascara and Coyne of Pennsylvania; Rep Hall of Ohio; Rep Clement of Tennessee; Rep. Rivers of Michigan; Rep LaFalce of New York; Rep. McKinney of Georgia; Rep Clayton of North Carolina and Rep Phelps of Illinois.

Of course when the bill is reintroduced in January we will need to reenlist the current co-sponsors but they will be

familiar with the bill and it should be an easier job.

Over the years ADAPT has found creative ways to contact politicians about this issue. In addition to the regular office visit, here are some ideas (and you may have better ones of your own!):

1) Invite your Representative to visit -- with you -- a friend of yours in a nursing home who wants to get out. Ask him/her if this is what they dream of for now and for their future. Discuss MiCASSA and ask her/him to co-sponsor.

2) Invite your Rep to the home of someone who is living in their own home with attendant services and while munching on cookies and what all make it real clear why this is a vast improvement over institutional living. Ask them if they've given thanks for the fact that they get to live in their own home and then ask them to co-sponsor MiCASSA.

3) Invite the Senator/Reps from your area to your local CIL or local advocacy group for a disability forum or open house. Again, ask them to co-sponsor MiCASSA.

What do you say when you make a visit? Tell the Congressperson about the bill and what it could mean for folks in your area. Here are some questions you might want to answer for him/her: Are there waiting lists for attendant services programs? How long is the wait? How many people are waiting? Do you have to have a certain kind of disability to get services? Who gets left out?

We need each of the Representatives and Senators to hear from you. Without

grassroots folks from their districts contacting them, MiCASSA will be too easy to sweep under the rug!

WHAT ELSE CAN YOU DO?

Get someone else to visit his or her Congressperson!

WHAT ELSE?

Town Hall meetings. Lots of these folks have town hall meetings when they go back home. They are open to the public. This is a perfect place for you to go and ask her/him to support MiCASSA and let your community know a little more about the issue! Go to more than one. Hand out information to the audience too.

WHAT ELSE?

Meet with aging groups, self advocacy groups (like People First) and ask them to join us as MiCASSA supporters. We can always use more MiCASSA Supporter Groups!

DON'T KNOW WHO YOUR CONGRESSPERSON IS?

Call us: 512/442-0252 e-mail us: adapt@adapt.org
Or call your local Democratic or Republi-

can Party headquarters (listed in the phone book). Don't forget to ask for the local address and phone for the Congressperson.

FEEL INTIMIDATED TO CONTACT THE REP?

Some of you are old hands at this stuff, but some may feel a bit shy. Don't let it stop you.

These people work for you. That's their job.

And trust us, you know WAY more about attendant services than any one of them! You may not know it, but you really are an expert on what this is all about. You may not know all the program numbers and alphabet soup names but that's really good, because your Congressperson doesn't know them either and therefore they can understand you better when you talk without that stuff.

Don't go alone. Go visit with a group of folks.

WHAT CAN YOU BRING?

A MiCASSA packet includes: the 1 page Summary of MiCASSA, Questions and Answers on MiCASSA, List of groups supporting MiCASSA

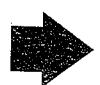
...continued from page 2...

what many of us have suspected or known all along. If you don't have this article, get it and send it to your legislators! (<http://www.usnews.com/usnews/nycu/health/articles/020930/30homes.htm>).

More fuel against the Nursing Home industry's corporate welfare comes from a June GAO report entitled: Nursing Homes: Quality of Care More Related to Staffing than Spending (13-JUN-02, GAO-02-431R). According to this report, costs for nursing home care have almost doubled since 1990, from \$53 billion to \$92 billion in 2000. Much of that spending has been financed with public monies. Under the Medicare and Medicaid programs, the federal gov-

ernment financed 39 percent of the nation's nursing home spending in 2000, up from 28 percent in 1990. As federal outlays have grown, Congress has focused attention on the quality of care delivered and the level of staffing in nursing homes. Nursing home expenditures per resident day varied considerably across Ohio, Mississippi, and Washington -- the three states covered in GAO's survey. Although the total level of spending varied, the average share devoted to resident-care activities such as nursing care and medical supplies was relatively stable. However, GAO found no clear relationship between a nursing home's spending per resident day and the number of serious quality problems.

REGIONAL ACTIONS AT THE OFFICES FOR CIVIL RIGHTS



HHS Backs Segregation of People with Disabilities

Health and Human Services' bias towards institutional services continues. The nursing home industry has a monopoly on the federally-funded Medicaid and Medicare long term service delivery system. There is no "Real Choice" for community services although people with disabilities overwhelmingly want services in their own homes instead of nursing homes. This is not free market economics. This is "corporate welfare." Why is government allowing the nursing home industry to tell people where and how they may live and receive needed support services?

Using "improving quality" as a smokescreen, the nursing home industry is trying to buttress a case for increasing Medicaid reimbursement. The nursing home industry has gotten a 42.7 billion dollar increase in Medicaid payments from 1989 to 2001 while the nursing home population has stayed constant. Compare this to Medicaid spending for home and community services from 1989 to 2001 which increased by \$18.9 billion dollars. The industry made bad investment decisions. Now they are looking for a public bailout.

The only information in the HHS nursing home "quality initiative" is aimed at recommending nursing home placements. Do you think it is "fair" that people have to leave their families, friends and familiar surroundings to go into nursing homes? Do you think it is "fair" that mothers who took care of their families and homes are sent to institutions where they will be part of an assembly line, waiting to die? Do you think it is "fair" that people who put their lives on the line to defend the very blanket of freedom under which

you sleep are being sent to a building where they will probably be stripped of their dignity, their assets and their will to live? All the options available not only to those over 60 but to people with disabilities under 60 years of age should include information that MEDICARE pays for some services in the home. Why not let people know they have a choice about where to live out the rest of their lives? On August 12, 2002, Secretary Tommy Thompson wrote "We believe there is a tremendous opportunity to serve people ... in their own homes or other community residential settings without increasing costs." The America people are waiting for community services. The Quality Initiative Advertisement Campaign is unacceptable and flies in the face of services in "the most integrated setting."

Tell HHS you want Community First and that HHS must:

- provide federal money that will follow individuals to allow for services in the community
- develop a national marketing campaign to promote home and community-based service options
- investigate complaints against states that violate the ADA's integration mandate.

HHS Secretary Tommy Thompson's office 202/690-7000 ph • 202/690-7203 fax
CMS Administrator Tom Scully 202/690-6726 ph • 202/690-6262 fax
HHS OCR Richard Campanelli 202/619-0403 ph • 202/619-3437 fax



November 21, ADAPT Held Actions Across the US to Send HHS a Message

Around the Nation



GEORGIA

About 20 ADAPTers met with Roosevelt Freeman, the Regional Manager, for 1 1/2 hours.

He updated us on mediation efforts regarding Georgia's complaints. He talked about the next steps in the mediation process and about a 2 PM conference call. It turns out Richard Campanelli holds regular calls. He agreed to update us regularly.

ADAPT asked Freeman to share the ADAPT demands with the appropriate people and pressed him for a deadline on the mediation. ADAPT reminded him that June 22nd is the 4th anniversary of the Olmstead decision. They also reminded him they'd be monitoring him and the regional office closely.

KANSAS

About 100 members of Kansas ADAPT demonstrated outside the Bolling Federal Office Building in Kansas City Missouri on Thursday November 21, 2002 to demand an immediate investigation by the Department of Health and Human Services Office of Civil Rights (OCR) into the failure of the State of Kansas to comply with the provisions of the Supreme Court's Olmstead decision.

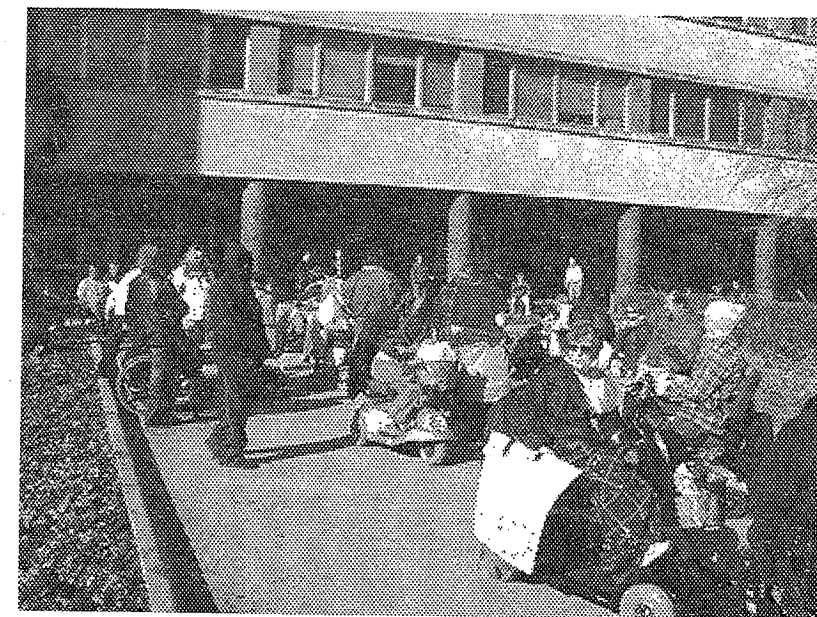
In spite of the blustery November weather ADAPT took their complaint directly to the Office of Civil Rights, OCR, because previous complaints filed with OCR soon after the Olmstead decision two years ago have not been investigated!

ADAPT argued that

Kansas does not comply with the law because the state has: no ADA transition plan or self-evaluation covering long-term care services, supports and programs, a State long-term care budget that does not distribute resources with an "even hand," waiting lists for HCBS do not move at a "reasonable pace," and no modifications of programs and services to meet the needs of individuals with disabilities as required by the ADA!

Soon after ADAPT's arrival, Samuel Borin, OCR Chief Counsel came down to hear ADAPT's demands. Following some brief negotiations Borin went back to his office to get approval from his boss; J. Fred Laing, OCR Acting Regional Manager for Region 7; to set up a meeting within one week between Laing and ADAPT "to discuss ADAPT's concerns about the State of Kansas' compliance with disability discrimination laws." He soon reappeared with the letter agreeing to meet with ADAPT to initiate an investigation.

ADAPT marched away victorious,



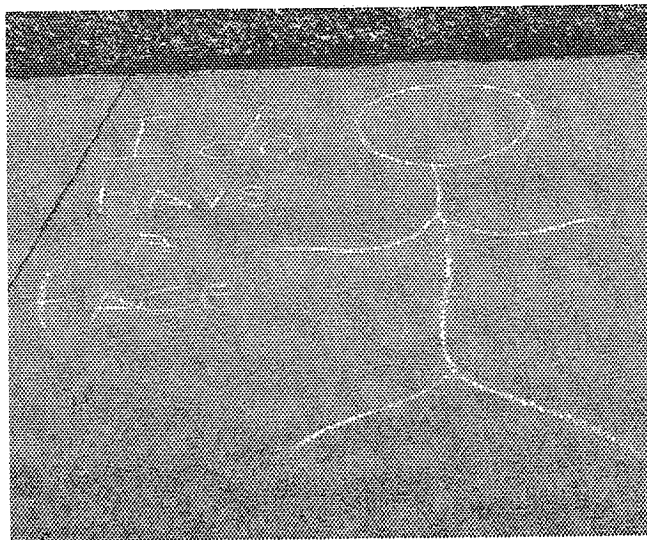
Incitement



but vowed to continue the struggle for disability rights at the state and local levels as well.

Following the action the previous day at OCR, nearly 100 activists converged on the office of Janet Schalansky, Secretary of the Kansas Department of Social and Rehabilitation Services (SRS) to demand that SRS develop both an Olmstead and an Americans with Disabilities Act (ADA) Plan to bring the state into compliance with federal civil rights laws.

At the same time other members of ADAPT leafleted curious passersby who were intrigued by the over 200 stick figures the group had drawn on the sidewalks surrounding the building. Each stick figure represented over 11 people on waiting lists



for the State's Home and Community Based Services (HCBS) Waivers. Right now the average wait for services is about 6 months. This means many people are being forced into nursing homes or are actually dying because of their lack of access to appropriate long-term care services.

Secretary Schalansky agreed to meet with ADAPT on December 3, and also signed a resolution stating her commitment to "Strongly advocate for the needs of

Kansans with disabilities and clearly educate the Governor and Legislature of the impacts of any proposed budget cuts to the HCBS Programs that would adversely affect people with disabilities of all ages."

NEW YORK

In NY over 51 people got up to the 35th floor of their Federal Building in NYC and met with their Regional Manager. This office had been one of the most obstructionist in the nation, but after a face off with NY ADAPTERs the Regional person wound up agreeing to: get rid of extra paper work requirements (they had previously added) for filing complaints, investigate housing issues in complaints, write to Pataki regarding Budget cuts, and hold quarterly meetings with ADAPT!

WASHINGTON DC

A group of 6 Capital Area ADAPTERs attended the Disability Wing dog & pony show at HHS headquarters in DC.

ADAPT demanded that HHS enforce Olmstead in the states. Dr. Margaret Giannini, director of the new Office of Disability Policy, pledged to look at the reasons why 31 states do not have Olmstead plans. She has a meeting scheduled to continue this discussion. ADAPT questioned the lack of people served as a result of 2 rounds of Systems Change funding in the states. The first annual report on these grants was promised in the near future. HHS claimed a "sea change" is necessary to enforce a "money follows the individual" policy.

ADAPT raised the failure of OCR to promptly or comprehensively investigate complaints of people seeking community-based services to allow them out of nursing homes and other institutions; including:



Laguna Honda and NY. OCR representatives presented info on the mediation program they're doing with DOJ. They also said they are preparing a report on 100 successful resolutions by OCR regional offices of "most integrated setting" complaints. Yet of the 570 complaints received to present, 250 still remain open.

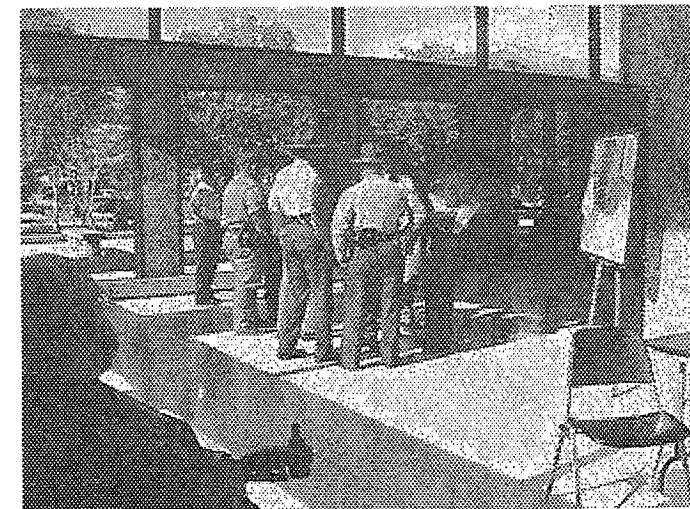
DENVER COLORADO

Forty-one Colorado ADAPT activists stormed into the Byron G. Rogers Federal Office Building and demanded that officials of the Regional office of the US HHS send a list of their demands to Washington DC.

"Colorado ADAPT joined a national effort to send a message that HHS is not doing its job," said Dawn Russell of Boulder. "More than three years ago the Supreme Court upheld our right to live in the community, but today all across the country people with disabilities are still herded into institutions and nursing homes."

TEXAS

20 Desert and Austin Texas ADAPTERs meet with their Regional OCR Director



State Police remove ADAPT from the DJ Hill State Office Building, Site of ADAPT's 1998 National Heist.- photo by Robert Morris

Ralph Rouse for over an hour to discuss the demands and their regional impact. LA - The worst state in the nation is in this Region. In OK they are cutting prescriptions in community based waivers to only 5, even though prescriptions are unlimited in the institutions. NM is cutting the hours in their main attendant services program to 100 per month (they just had a big action there). Rouse agreed to fax the demands, write his own report on the Olmstead implications of the issues raised, work with ADAPT on PR regarding community based services, and in addition work on promoting a project regarding Protection and Advocacy agencies working with advocates to go into nursing homes and other institutions to find folks who want out.

MEMPHIS

Several members of ADAPT of Memphis attempted to meet with Linda Williams, the administrative director of the Tennessee Department of Human Services, to raise awareness of the State's failure to comply with the Olmstead Act and to present a list of ADAPT's demands.

The members were not allowed to proceed to the administrative offices and the doors were immediately locked to prevent other ADAPT members from entering the building. Several ADAPT members waited in the lobby area to meet with Ms. Williams while others surrounded the building. A television news team interviewed several members of the group while others spoke to head of security for the building. He insisted that Ms. Williams was not in the building, and that there was no one else available to speak to ADAPT. He also demanded that everyone with ADAPT leave, because of a past ADAPT action in the same building two years ago (i.e., the



1998 National ADAPT Action in Memphis). Any attempt to converse with the man resulted in his walking away.

Before long, State of Tennessee law enforcement officials spoke with the security official and then with the ADAPT members to see if anyone could speak with Ms. Williams as they tried to work with all parties involved. Eventually they told ADAPT that they would have to leave or risk arrest. When informed that the ADAPT party was willing to be arrested, the officers made no arrests, but rather, carried the ADAPT people out and deposited them on the grounds outside, and the doors were relocked.

After several more interviews were conducted by the television crew, and numerous flyers were handed out, the ADAPT contingent disbanded and left. The following day, personal letters and copies of ADAPT demands were faxed to Ms. Williams, as well as to HHS Secretary Tommy Thompson, CMS Administrator Tom Scully and HHS OCR Richard Campanelli.

CHICAGO

On Nov 21st, ADAPT chapters from Ohio, Michigan, Wisconsin, Indiana, Illinois and other disability activists rallied 75 strong in front of the Office of Civil Rights (OCR) for the Department of Health and Human Services in Chicago. This demonstration was part of a national call to get OCR to enforce the Supreme Court's Olmstead Decision. Tens of thousands of people in nursing homes in this region want to live in their own homes but are not able to because the system is stacked against them.

At noon, despite the rain and the cold, the demonstration kicked off with the protesters chanting, "Our Homes, Not Nursing Homes," and "Living in Our

Homes is Our Civil Right." Many people had signs and circled in front of the high rise office tower, nearly blocking the building and giving out hundreds of leaflets. During this time people had a chance to talk to media, a cameraman from ABC Channel 7 interviewed a spokesperson and the Medill News Service interviewed many participants. Some media coverage reached the papers the next day.

At 12:45 a delegation or negotiating team representing all the states attending and all the groups in Illinois that were there such as Progress Center, Will Grundy CIL, SEIU Local 880 and Access Living went up with the group's demands.

After an hour and a half meeting, the negotiating team came back to announce that they had a heated but productive discussion with the Regional Director, Lisa Simeone, and her staff. While OCR had tried to state many times that "their hands were tied" the delegation insisted that they do their job and enforce the civil rights laws on the books. Olmstead was decided 3 1/2 years ago and this long delay is unacceptable as people are needlessly dying and suffering from being abused and neglected in nursing homes and institutions. ADAPT demanded real enforcement not phony settlements. The OCR office agreed to fax the demands to the national officials, and agreed to a regional meeting to be held on December 19th.

Because of the cold and rain, the protest ended with most the protesters hearing the announcement of the successful meeting in the lobby of the OCR office building from the regional delegation. People agreed that it had been powerful to work together as a region and that we looked forward to the regional meeting in December to start pushing the OCR into doing their job.



MARYLAND

By a quirk of scheduling, Maryland ADAPT held two actions in two days. On Wednesday, some state directors hosted a Medicaid Waiver "stakeholders meeting." About 35 agencies and providers were invited.

These people were really "stockholders." People with a STAKE in the waivers were nursing home captives who were waiting for the vanishing slots mired in Maryland's soul-sucking bureaucracy.

The thing was held at a campus outside the paratransit's jurisdiction. We got there anyway, with a rented bus and Gayle's mega-van.

ADAPT's late and loud entrance caused some commotion and put the state officials on the defensive. ADAPT was not invited and not expected. ADAPT's questions brought out more participation by audience members still intimidated by the state agency directors.

But the state had heard the demands, so as one bureaucrat put it, in ADAPT's words, "the money will follow the person." Although the nursing home waiver will be officially closed to new applicants on Dec. 2, it is still open to nursing home prisoners.

On the 21st, eight ADAPTers, including two newbies, attended a state budget hearing in Annapolis where city officials, union reps and program heads pleaded for their fiscal lives. With a Gingrich-era governor coming in, good luck.

But ADAPT's Gayle Hafner got the commission's attention with a different message: Free 2,000 people from nursing facilities, and you'll save Maryland \$40 million in one year. She chewed them out and got a great ovation from the attendees,

including, ironically, a huge contingency of AFSCME activists.

As quoted in the Baltimore Sun, she implored the commissioners: "Maybe, finally, you'll listen. You need the money, we need the freedom; it's a great deal."

Some members came to speak with ADAPTers while they rallied outside. One said, "We heard you loud and clear."

In response to ADAPT's demand, Richard Campanelli, head of OCR, promised to meet with ADAPT. Lance Leggett, deputy to Tommy Thompson, also agreed to meet with ADAPT. Also, Dr. Giannini suggested that Campanelli would participate on the call with ADAPT previously scheduled for Nov. 22nd.

SPRING ACTION SET

ADAPT is headed for the nation's Capitol May 10 -15, 2003 to heat up the call for Real Choice. MiCASSA will be reintroduced and sponsors and supporters alike are determined to move this essential legislation forward. In addition, it seems Olmstead efforts for services in the most integrated setting are getting bogged down in red tape again. So ADAPT will be there to call for Real Services, Not Lip Service!

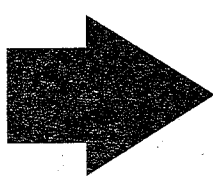
We need you there with us, to lend your voice to our call, your shoulder to our push, your story to our cry to free our people! Our homes, not nursing homes!

For room reservations call ADAPT in Denver (ask for Tisha) 303/733-9324 or email her at mcunningham53@attbi.com



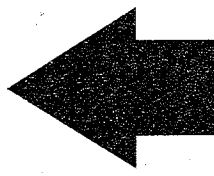
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Spring Action Set!

ADAPT is headed for the nation's Capitol
May 10-15, 2003! See page 15 for details.



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