

KEYS TO INDEPENDENCE



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GOVERNMENT REGS KEEP PEOPLE WITH DISABILITIES IN POVERTY

Washington, DC - February 16, 2007 – People with disabilities are getting a truly raw deal from the Social Security Administration, according to Steve Gold, a Philadelphia attorney and nationally-known disability rights advocate, www.stevegoldada.com.

Generally, people with disabilities between the ages of 18 and 64 who have never been able to work or who can no longer work receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI).

Nationally, there are about 10 million people between 18 and 64 who are disabled and receive SSDI and/or SSI. Of these, nearly 6 million receive SSDI only. These 6 million receive an average of \$950 per month in SSDI. This figure is only 10% above the 2007 federal poverty level.

The federal poverty level for a single person is \$10,210 a year or \$851 a month and \$13,690 or \$1,141 a month for a couple. "As with all 'averages' there are many folks below the \$950 a month," said Gold. "Based on the current data, our national government and elected officials seem to have forgotten to address disability and poverty."

Next are the 3 million disabled people between 18 and 64 who received SSI only.

The monthly SSI federal payment averages \$469 per month, which places them at 55% below the 2007 federal poverty level. Some 30 states provide both the SSI federal payment and a state supplementation to the federal SSI payment. However, this only raises the total monthly benefits to about \$623 per month, which is still 27% below the 2007 federal poverty level. ² Another 1 million people receive a combination of SSDI and SSI. This is because their SSDI benefits fall well below their states' SSI payment level.

"Obviously, these are the poor SSDI recipients who have no other source of household income," explains Gold. In 2006 these 1 million poorest of the disabled poor received an average SSI payment of just \$189 per month to supplement their SSDI. According to Gold, these 1 million were low-income workers and/or were sporadically employed before they became disabled. Because of this, they had not earned enough to receive an SSDI benefit that exceeded the minimum SSI

benefits.

Therefore, their SSI benefits when coupled with their SSDI benefits only equaled the minimum SSI level, making their total combined monthly benefits about \$623 a month.

In total, this means that 4 million persons with disabilities between 18 and 64 who receive SSI or a combination of SSI and SSDI are trying to survive on incomes that are 27% or more below the 2007 federal poverty level. If these figures were not alarming enough, there are the resource limitations and exclusions that must be satisfied to qualify for SSI. Countable cash assets may not exceed \$2,000 for an individual and \$3,000 for a couple.

What's more, these figures have not changed since the SSI law was enacted more than 30 years ago.

Of the 6 million people with disabilities receiving SSDI only, there are many who would qualify for an SSI payment because their monthly SSDI benefits are so low. However, they choose not to apply for SSI because of the \$2,000 resource limitation mentioned above. They are reluctant to apply for the scant SSI

monthly income because they have saved more than \$2,000 and won't part with their savings simply to qualify for SSI. Gold and other disability advocates around the country are pushing for national legislation to increase the minimum federal SSI figure and to significantly ease or altogether eliminate the antiquated resource limitations.

"Why should any person with a disability have to survive on less than the poverty level?" asks Steve Gold. "Isn't it time for a campaign to raise SSI levels (at least) to the poverty level?" Cont'd Pg 2. Kansas.

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Are you or someone you know in need of Durable Medical Equipment (DME) or have some you would like to donate?

This may include, but is not limited to, wheelchairs, bath benches, walkers or canes. Tax-deductible receipts are given for individual or business donations. To learn more on how to access or donate to our Durable Medical Equipment loan pool, please call Melvin at 913-321-5140 or 866-201-3829.



Melissa Mortallaro

KANSAS (CON'T FROM PG 1)

As to whether our states provide state supplementation, Kansas has no state supplementation plan at all. 1 Missouri does have a state supplementation plan that dates back to 1974. 2 It provides monthly payments of \$999.99 per individual or \$2,000 per couple.

However, in order to be eligible, the recipient must be institutionalized in a licensed residential care, intermediate care, or skilled nursing facility that is not a Medicaid facility, and must have insufficient cash income to cover the costs of care in the facility.

"Though based on an indi-

vidual's financial eligibility, the requirement that the individual must be in a care facility and have insufficient cash income to cover the costs of care in that facility makes obvious the fact that the Missouri plan is designed solely to ensure that nursing homes get their money," said Clark Byron, Executive Director of the Coalition for Independence. "Individuals with disabilities seeking to live independently in their communities cannot access this state assistance no matter how much they need it, which is further proof that the Missouri plan is entirely designed to benefit nursing homes and

their owners," Byron said.

The one exception is for persons with blindness. Persons with blindness seeking to live independently within the community and outside of institutions are still eligible for supplemental Missouri state aid, unlike their sighted counterparts.

Also, the monthly allocation for a person with blindness is double that of aged persons and persons with disabilities other than blindness (\$2,000 individual and \$4,000 couple), even though blindness is by no means the most expensive disability to live with and manage.

CFI WELCOMES MELISSA MORTALLARO

Coalition For Independence is pleased to announce the addition of Melissa Mortallaro to the staff. Melissa will be working out of our Kansas City, Kansas office as an Inde-

pendent Living Advocate.

Melissa's job includes providing independent living services to consumers across the entire Kansas City Metro Area and Inde-

pendent Living Counseling Services for the Home and Community Based Physical Disability Waiver under Kansas Medicaid. Melissa will also be involved with community activities.

COOPER'S CORNER BY KATHY COOPER, DIRECTOR OF HCBS

Jay asked me to write an update column, ugh, I never know what to write! I agonize over what topic to write about and whether the information is even interesting. So forgive me if this is bedtime reading and you start to snooze!

There are some new things coming for the HCBS PD waiver, the biggest of course is the oral health care coverage that will now be provided by this waiver. SRS has given us an informal

date of April 1st for this to go into effect and they will be sending out letters explaining this to all the HCBS PD consumers. They are in the midst of negotiating contracts with dentists to accept Medicaid and writing all the policies that go with it. Now before anyone even asks, No, dentures are not included in this plan. For whatever reason, dentures are not seen as part of basic oral health care. However, the assistive technology money through the PD waiver can be used with some stipu-

lations to purchase dentures; you can talk with your Independent Living Advocate for more details on this. The addition of oral health care is a huge victory for the consumers and the advocates that have been asking for this type of overall health care. It has shown us that while it might take a while to go through all the bureaucratic red tape, SRS is listening to us.

So there you go! I think I actually went over my 125 words! Enjoy or wake up!!

YET GROUP PARTNERS WITH HARMON HIGH

Youth Empowering Themselves (YET) has partnered with U.S.D. 500 Harmon High School to bring empowerment to youth with disabilities once a week.

According to Mary Carter, Independent Living Assistant, the whole idea started with a single phone call.

"I contacted Chris Leonard at Harmon to see about providing a speaker and after some talk, we decided to partner up to pro-

vide the curriculum of YET to students with disabilities at Harmon."

YET is a leadership and empowerment opportunity for youth with disabilities that focus on disability history and culture, employment, education, and civil rights laws. YET is the brain child of Jay Arnold, Independent Living Advocate about a year ago.

"By providing an atmosphere of encouragement, YET offers peers with

common challenges the opportunity to learn from each other", Carter said. "Participants gain access to vital resources related to assistive technology, community supports, civil rights."

The commitment of YET is to empower youth with disabilities to grow personally, socially and academically, and fulfill their potential in their work or other aspects of their lives.



For more information on the Youth Empowering Themselves Groups please contact Mary Carter at 913-321-5140.

STUDY INDICATES MEDICAID SPENDING GROWTH

Study Indicates Medicaid Spending Growth Can Be Sustained through Expected Government Revenue Increases.

A new study by the Kaiser Family Foundation Commission concludes that expected growth in government revenues is likely to be substantial enough to sustain increases in Medicaid spending over the

next 40 years, while at the same time allowing for significant growth in spending for other public services. The study is available at: <http://www.kaisernetwork.org/healthcast/healthaffairs/23feb07>.

Also, The Centers for Medicare & Medicaid Services wrote a letter to state Medicaid directors recently

outlining a recent legislative change which exempts people who receive Social Security disability insurance benefits from the Medicaid citizenship or nationality documentation requirements. The requirements went into effect in July 2006 as a result of the Tax Relief and Health Care Act of 2006, which was enacted on December 20, 2006.

REVENUES ARE LIKELY TO BE SUBSTANTIAL ENOUGH TO SUSTAIN INCREASES IN MEDICAID

UNIVERSAL DESIGN IN THE NEWS

Lori Steffen, Director of the Universal Design Housing Network a program of the CFI, reports that AARP and the National Home Builders Association have teamed up to create an award to recognize projects which help create more livable communities.

The criteria for this award includes how well the de-

signs adhere to the Universal Design Principles developed by the Center for Universal Design (<http://www.design.ncsu.edu:8120/cud/>).

For more information on the Livable Communities Award, see <http://www.nbnnews.com/NBN/issues/2007-02-26/Design/index.html.Sponsors>

According to the press release, they "are seeking applicants that reflect the full diversity of the home building industry: single- and multifamily builders and remodelers, developers of large and small communities, for-profit and nonprofit, and family-run and corporate entities. Winning projects must have been completed and

opened or eligible for occupancy between Jan. 1, 2005 and June 1, 2007." Applications are due June 1st, 2007.

If any of you are going to apply, please let Lori know, especially if there is anything she can do to help. Contact Lori at 913-596-2966.



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