

# ACHIEVA and HealthMeet™

## Your Health Matters

Volume 3 Issue 8

August 2014 Edition



### In This Issue

Webinars

Improving Health

Bill Keeps Medicaid Raise

Toolkit for Advocates on Transition

Strategies for Oral Care

Naming a Health Care POA

HealthMeet Calendar of Events

Join Our Mailing List!

Please [click here](#).

Please feel free to forward this newsletter to families, people with disabilities, direct care and healthcare professionals in your area.

### Webinars

#### Key Issues at End of Life and in End of Life Care for Adults with I/DD - AAIDD Online Learning

Thursday, August 28, 2014

[Click here](#) to register.

### Improving Health for People with Disabilities

*From UCP (United Cerebral Palsy)*

The Centers for Disease Control's (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD) released an annual report which shows that there are major health gaps that make it more challenging for a portion of people with disabilities in the United States to live the healthiest life possible.

According to the report, an estimated 4 in 10 people with disabilities are in fair or poor health.

[Click here to read more.](#)

### Bill Keeps Medicaid Raise for Primary Care

*By Medscape Medical News, Robert Lowes*

Recently two senators introduced a bill that would extend a Medicaid raise for primary-care physicians another two years through 2016 and make more clinicians eligible for the extra money. Given that the temporary pay hike [was authorized](#) by the Affordable Care Act (ACA), the bill's prospects are cloudy in the House, controlled by Republicans, who want to junk the healthcare reform law, even if the Senate were to pass it.

The ACA allocated funds to boost historically paltry Medicaid rates to Medicare levels in 2013 and 2014 for evaluation and management (E/M) services and vaccine administration. The Kaiser Family Foundation (KFF) [estimated in 2012](#) that Medicaid rates for those services would increase on average by 73 percent. Physicians eligible for the raise are family physicians, general internists, pediatricians and subspecialists related to these fields, such as pediatric cardiologists.

The drafters of the ACA hoped that the higher rates would entice more physicians to accept Medicaid patients just as millions more individuals and families became eligible for coverage under the law. 27 states and Washington, DC, are participating in Medicaid expansion and the rest have opted out so far, just as the Supreme Court said they could in its landmark 2012 ruling on the ACA. The Medicaid raise applies in all states regardless of expansion status.

The bill introduced by Senator Sherrod Brown (D-OH) and Senator Patty Murray (D-WA) would preserve Medicaid-Medicare parity for primary care physicians across the country through 2015 and 2016. "Doctors treating women, children, and families should receive the same treatment as their peers treating Medicare seniors," said Brown in a joint news release.

Obstetrician-gynecologists, nurse midwives, nurse practitioners, and physician assistants also would become eligible for the higher Medicaid rates under the bill, called the Ensuring Access to Primary Care for Women & Children Act. A bevy of medical societies have endorsed the Brown-Murray bill, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association.

[Click here](#) to read the article.

### Toolkit for Advocates on Healthcare and the Transition to Adulthood

ASAN has prepared [a comprehensive toolkit](#) to empower people with disabilities, their families, and other disability advocates to help youth with disabilities manage their own health care as they transition to adulthood. As ASAN found in its [2013 report](#), youth with intellectual and developmental disabilities face a variety of barriers to accessing and managing their health care when they reach adulthood. Youth may no longer have access to the same source of health coverage that they had before they turned 18. They may have difficulty finding adult-oriented health care providers who understand their health care and communication needs. And they may not get the supports they need in order to understand their health care options and make decisions for themselves. ASAN's toolkit on health care and the transition to adulthood provides resources for advocacy both on an individual and a system-wide basis.

ASAN's policy brief, [The Transition to Adulthood for Youth with ID/DD: A review of research, policy, and next steps](#), discusses the range of challenges facing youth with intellectual and developmental disabilities as they approach adulthood, including potential loss of health care coverage, barriers to obtaining adult-oriented care, and lack of support in making health care decisions. It outlines several policy recommendations to eliminate these barriers, including expanding access to income-based Medicaid coverage, increased education and awareness of the importance of transition and decision-making supports, and increased research on best practices in transition planning.

[Transition to Adulthood: A Health Care Guide for Youth and Families](#) provides people with disabilities and their families with information on how to choose a source of health care coverage, create a health care support network, integrate health care transition goals into their educational plans, and manage their health care. It includes useful guides and worksheets for keeping track of health care records, making doctor's appointment, and talking to doctors about health concerns.

[Click here](#) to read more.

### Strategies for Providing Oral Care to People with DD

*From the National Institute of Dental and Craniofacial Research*

To achieve and maintain good oral health, people with mild or moderate developmental disabilities often require a special approach to dental care. With some adaptation of the skills dental professionals use every day, most people with special needs can be treated successfully in the general practice setting.

The series of publications, Practical Oral Care for People With Developmental Disabilities, equips dental professionals in the community with the basic information they need to deliver quality oral health care to people with special needs. The publications present an overview of physical, mental, and behavioral challenges common in patients with autism, Down syndrome, cerebral palsy, and intellectual disability and offer strategies for providing oral care. Also available are a guide for caregivers that explains home-based oral hygiene for the family member or client with special needs and a publication on safe wheelchair transfer.

[Click here](#) for more information.

## Naming a Health Care Power of Attorney

*From the National Association to Stop Guardian Abuse*

Giving someone the power of attorney for health care gives them the authority to make your health care decisions in case you would ever be in a position where you could not make them for yourself. The decision of who to name as your agent should not be taken lightly, as this could be an important job. It's important to name someone you trust, who would make wise decisions on your behalf.

When choosing an agent, make sure it's someone who will understand your health care priorities and will honor your wishes when the time comes. I suggest having discussions with the person you name as agent about your health care wishes, letting them know what your priorities and wishes are. Then, if the situation arises where the agent needs to make decisions for you, they know what your wishes would be under the circumstances. Before naming someone as an agent, you might want to ask them if they would be willing to take on that role. If so, then it's good they know their role when the time comes. If they are hesitant or not willing to act, then you can omit them and go ahead and name someone else right away.

I suggest only naming one person as an agent at a time, rather than naming two agents to act simultaneously. This opens the door for potential conflict. It is a good idea to name at least one successor agent, in case your first option is unable or unwilling to act when the time comes. After completing your health care power of attorney, give copies to your medical providers, as well as your family. Give a copy to the person you named as your first agent, as well.

If you do a new health care power of attorney, make sure to destroy copies of your old form and inform everyone who may have the old copies that the old copy has been revoked.

Full Article and Source: [Naming Health Care Power of Attorney](#)

## HealthMeet™ Calendar of Events

Please see our HealthMeet® Events page for a full calendar of all upcoming events at: <http://www.thearc.org/healthmeet-events>.

We encourage you to share this publication with other people and have them become a reader and subscriber. [Click here](#) to join.

Sincerely,

Nancy Murray  
President, The Arc of Greater Pittsburgh  
serving Allegheny, Beaver and Westmoreland Counties  
ACHIEVA  
(412) 995-5000 x424  
[nmurray@achieva.info](mailto:nmurray@achieva.info)

