

OPPORTUNITY

to Move into Freedom to Work

By Paul Landry

United Cerebral Palsy of Metropolitan Detroit was honored to receive funding from the Department of Community Health in the form of a Medicaid Infrastructure Grant. This initiative will target consumers from Oakland County's Community Mental Health Authority (OCCMHA) who receive Medicaid AD-Care. The primary focus will be to examine and determine if the consumer would qualify for Medicaid's Freedom To Work program and assist the consumer to move into the Medicaid Freedom to Work program.

The benefits for consumers to move on to Medicaid's Freedom to Work program are:

- No Spend Down / Deductibles
- No limit on income from work
- \$75,000 limit on savings
- No limit on retirement savings

A key objective for the funding is to develop and maintain a working relationship with core providers and with the Oakland County Department of Human Services in supporting eligible Medicaid AD-Care consumers to move into Freedom To Work. Second, we will identify consumers who are in a Medicaid Ad-Care status or who are in a Medicaid Deductible (Spend-Down) due to their employment. UCP/Detroit will examine their eligibility of moving into the Freedom To Work Program by providing a benefit analysis and working directly with the Department of Human Services.

UCP/Detroit will be responsible for facilitating the communication between consumers with their local DHS worker regarding moving individuals from the Medicaid Ad-Care program into the Medicaid Freedom To Work program.

How You Can Support

KidCaressm

Sometimes a child's health depends on receiving medical treatment far from home. For many families in this situation, transportation costs can seem overwhelming.

Northwest Airlines created the KidCares medical travel program as part of its AirCares charitable assistance commitment. KidCares provides air travel to children age 18 and younger (and to one parent or guardian) who are unable to receive treatment near their home.

KidCares travel depends on generous donations by WorldPerks members. Your support of a WorldPerks mileage donation will be matched by NWA.

For more information on the KidCares program, visit Northwest Airlines' Web site at nwa.com and then select the "About Northwest" link at the bottom of the page.

WorldPerks mileage donations to Northwest's AirCares partners are now easier than ever. You may donate at nwa.com by clicking on the "WorldPerks" tab, then "Buy & Gift Miles" and Donate Miles to AirCares," or call 800-327-2881. Have your WorldPerks account number and PIN ready.

UNITED CEREBRAL PALSY OF METROPOLITAN DETROIT

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Southfield, MI 48034-3745

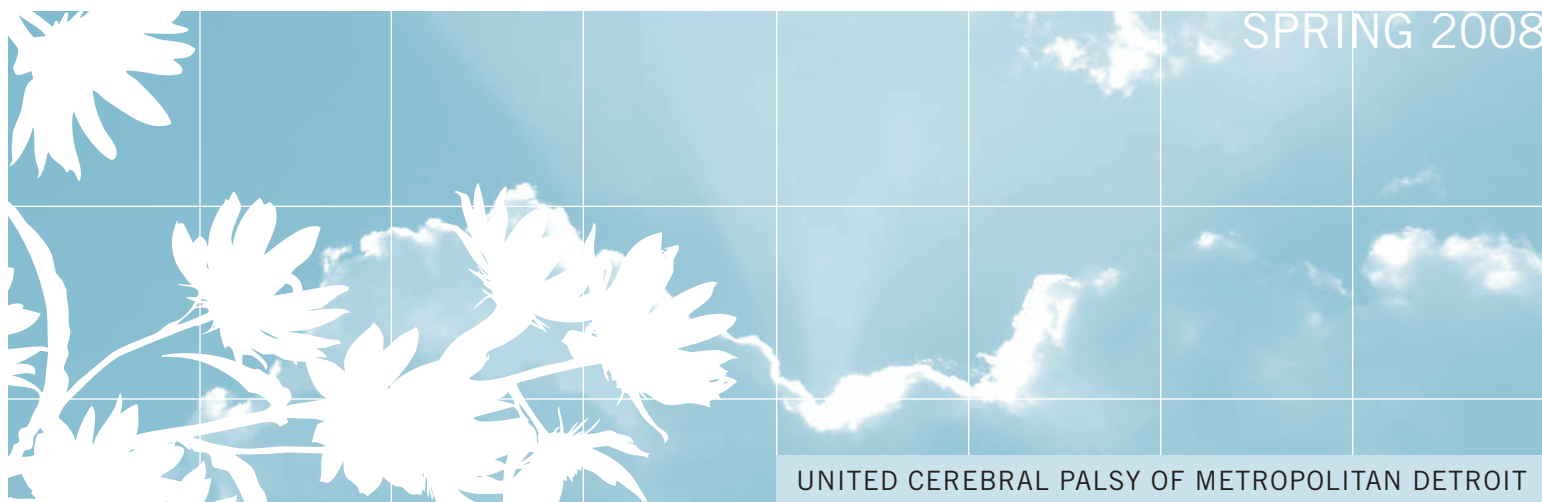
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Life without Limits for People with Disabilities



UNITED CEREBRAL PALSY OF METROPOLITAN DETROIT

LIFE WITHOUT LIMITS

Life without Limits for People with Disabilities

8th ANNUAL UNITED CEREBRAL PALSY HOCKEY FUNDRAISER SATURDAY, MARCH 15, 2008



Special Guests:
MASTER OF CEREMONIES
Ryan Ermanni
from Fox 2 News

Karen Newman
to sing National Anthem

UCP PUCKSTERS VS DETROIT RED WING ALUMNI

Hazel Park Ice Arena
1555 E. Woodward Heights, Hazel Park, MI
Doors Open at 4 p.m.

Tickets start at \$10 per person and can be purchased at the door for game only.
Advance purchase appreciated for Pizza Party and Afterglow.

For more information on purchasing tickets and sponsorship opportunities, please call
248.557.5070
or visit
www.ucpdetroit.org



Leslynn R. Angel
PRESIDENT & CEO

MESSAGE FROM THE PRESIDENT The Season for Change

As we approach spring and the flowers begin to bloom, the season for change is thrust upon us. During the past three years United Way of Southeastern Michigan (UWSEM) has focused on their agenda for change, therefore forcing our region and funded organizations to carefully examine how we support our community. Instead of concentrating on our deficits, United Way has encouraged us to look at our assets and opportunities to collaborate in the areas of Educational Preparedness, Economic Stability and Basic Needs.

As we patiently wait to hear our future with United Way we recognize the need to move forward with "our agenda for change" that includes focusing on the following areas: Cerebral Palsy, Assistive Technology, Employment and Person Centered Advocacy. Our agenda also includes opportunities for partnership, increasing community awareness and enhancing the services that we currently provide. Over the next few months the UCP/Detroit staff will be contacting community organizations to schedule presentations, if you would like more information please don't hesitate to give us a call.

UCP BOARD SPOTLIGHT



JOHN C. BELL

Bell joined the UCP Board in 2007. He brings a wealth of experience to the organization, having worked in the nonprofit sector since 2000 as director of development for Walsh College and currently as director of charitable gift planning for Hospice of Michigan.

After graduating with a BA in Art History and American Studies from Williams College in western Massachusetts, Bell joined the New York National Guard while the Vietnam conflict was in full force and was employed by Citibank. He met his wife, Marilyn Squibb, in New York City and the two were married in 1965. His wife was from Birmingham, Mich., so the couple returned home and eventually had three children.

While working tirelessly in the business world, Bell's first professional nonprofit endeavor came via his mother-in-law who co-founded New Horizons. He has served on the board of directors for New Horizons for more than 30 years. Bell has two family members with special needs and had a keen interest in helping make a difference in the lives of those with physical and mental challenges.

Along with involvement with Williams College as a former chair of the Michigan Chapter Alumni Society, Bell also is on the Community Housing Network Board, an organization assisting those with disabilities find affordable and appropriate housing; and the Life Planning and Memorials and Gifts Committee of Christ Church Cranbrook.

Bell says his greatest joy is being part of the lives of his five grandchildren.

UCP IN THE COMMUNITY

THANK YOU FOR YOUR SUPPORT!



Thank you to the following companies and individuals for their donation to the UCP of Metro Detroit Holiday Food Basket for the Needy. This year we had a record amount of food donated and were able to help over 15 families this holiday season.

- Doner RAW Biz, LLC
- Universal Credit Services, Inc.
- Big Brother Big Sister of Metropolitan Detroit
- Leslynn Angel LaToya Jones
- John C. Bell Marion McDonnell
- Sheila Bonner Taryn Reid
- Mary Ann Greenawalt Judith Summers

8th Annual UCP Hockey Fundraiser
UCP Pucksters vs.
Detroit Red Wings Alumni
March 15, 2008
Tickets still available!

17th Annual UCP Casual Day
June 12-20, 2008

QuickRamps for Kids®



Apply now!

If a child in your family needs assistance purchasing a wheelchair ramp, please call 248.557.5070 and ask for Pat Dwelle.

THE EVOLUTION OF INTENSIVE PHYSICAL THERAPY

FOR THE TREATMENT OF CEREBRAL PALSY

by Anne Mancour, NOMC Euro-Peds

Intensive Pediatric Physical Therapy has become an emerging treatment in North America for children and young adults with Cerebral Palsy and other neuromuscular disorders. While it has its roots in Eastern Europe (primarily Russia and Poland), intensive pediatric physical therapy has been evolving ever since the first U.S.-based clinic opened in 1999 out of North Oakland Medical Centers hospital in Pontiac under the name NOMC Euro-Peds (www.europeds.org).

TIME TO IMPLEMENT NEW SKILLS

Many people often ask what the biggest difference is between traditional PT and the emerging intensive model of PT. The answer can be summed up in one word: TIME. While many of the therapy methods are the same as traditional PT (i.e., NDT, Sensory Integration, etc.), the intense model allows specialized therapists more time to work with patients. For example, in the traditional school therapy model, a therapist might only be allowed 45 minutes once a week to help a child. An intensive PT has 2-4 hours a day, and 2-5 days per week. As a result, the intensive therapists also will be required to learn the use of specialized tools and techniques that can be incorporated into longer sessions.

Research has shown that the primary way we learn new skills is by increased repetition in a condensed period of time (*Trahan J and Malouin F: Intermittent Intensive Physiotherapy in Children with CP: A Pilot Study). "It is not enough to teach a patient how to walk or use their crutches if they aren't strong enough to carry it out," said Anne Mancour, communications coordinator for the NOMC Euro-Peds clinic. "The intensive therapy model allows the extra time and repetition to create the strength that they will need to learn the new skill."

TOOLS OF THE TRADE

Two unique clinical tools most associated with intensive pediatric physical therapy, both in Europe and the now in the U.S., are the "Universal Exercise Unit" (UEU) and the "Therapy Suit." There are now several different manufacturers of therapy suits in the nation, but the primary purpose remains basically the same: to align the child's body, accelerate the strengthening process through more resistance during treatment, and to create compression. While the Euro-Peds clinic uses their own patent-pending therapy suit exclusively within a clinical setting during treatment, other clinics have started selling the tool to parents for at-home use.

A therapy suit is often - but not always - included in an intensive PT program. This was not always the case in Europe when intensive therapy began as early as the 1970s.

"In the beginning, intensive therapy was only done using the therapy suit. Here, it's more individualized for the child and we can work without the suit but still do intensive therapy," explained Katarzyna Szawiela, PT/Associate Director of Euro-Peds, who worked in Poland as a therapist prior to joining Euro-Peds in 2005. "That's a good thing; the suit is not for everyone," she added.

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(*Trahan J and Malouin F: Intermittent Intensive Physiotherapy in Children with CP: A Pilot Study).

The optional use of suit therapy is only one indication of how intensive physical therapy has evolved. "In Russia, where intensive therapy was first used, it was a rigid, strict program which was not negotiable," Szawiela said. "They had certain criteria for the patients to be treated. Here, we can treat children with a wide variety of diagnoses." Additionally, functional improvements and understanding behaviors are more important in the U.S., she added.

IT TAKES A VILLAGE

Intensive PT is not intended to replace traditional PT, according to Michelle Saunders Haney, PT/Director of NOMC Euro-Peds since 2003. "The intense approach is meant to be cyclical and complementary to other therapies. Most often we see parents applying to the program when they sense their child is on the verge of learning something new, but they need extra time and support to learn how to achieve it," Haney said. However, after the sessions are completed, it will be the child's traditional therapists and at-home caregivers that help them to maintain the skills after they leave the program. As the child grows and becomes capable of developing more skills, they come back to work on something else. "Everyone has their role in helping a child with special needs, and we really stress cooperation and coordination of care among all of the child's healthcare providers," Haney emphasized.

One of the tools that the parents are armed with at the end of the session is a Home Exercise Program. Therapists create individualized exercise booklets at the end of each session with the intention of making copies for the child's other caregivers and/or healthcare providers.

Likewise, medical providers often recommend intensive PT following medical procedures such as a Selective Dorsal Rhizotomy, Baclofen Pump placement, or tendon lengthening.

A secondary benefit of spending so much time with the therapy teams during intensive PT is the amount of education the parents or caregivers can receive about treatment options, surgical procedures, mobility equipment, and bracing. Often times, a therapist will try out several different special needs bikes or gait trainers during their therapy sessions. It is often the first time a parent or the child has had a chance to test such a variety of equipment options.

MAKING IT COUNT

Transition and IEP Plans by Pat Dwelle

Developing a good Transition Individual Education Programs (IEP) requires careful planning. Because IEPs should be developed based on specific goals, it is important to first identify outcomes for a student that reflect their interests, preferences and desires for life after high school. These outcomes should be meaningful to the student and be appropriate for his/her age and not be based on limitations. Traditionally, educators, parents and other professionals have made decisions for students regarding what is best for them. Although their decisions were made with good intentions, students gave little or no input into this process.

Whether a student can express their own needs and wants or relies on others to do so, there are many tools available to ensure that Transition IEPs are clearly written for the student and not based on perceptions and opinions of others.

Some useful tools include:

- Functional/vocational assessments
- Interest inventories
- Career plans
- Situational assessments
- Person-centered plans and more

Areas of life to be considered include:

- Post-secondary education
- Work
- Living arrangements
- Community Participation
- Daily living skills
- Recreation

The most important aspects of transition planning are preparing students to be independent and self-sufficient. This requires a collaborative effort with participation of adult service agencies and other community agencies. High school career counselors also play a key role in providing information to students and their parents regarding post-secondary educational options, skills training, on-site job training and support services for employment.

Students and their parents should be informed of all the options available, and not be limited to existing programs. One current practice being used for persons with disabilities is the concept of "self-determination." This means that individuals make their own choices about where they live, work, and have fun. Self-determination ensures control over one's life. This includes learning to be responsible for choices made and coping with consequences of those decisions.

Everyone involved plays an important role in developing a plan for the future that focuses on the desires of the student. This may mean being creative and coming up with ideas and solutions that are new and different. The high school years for students with disabilities should be planning stages that prepare students to live their hopes and dreams. The team should be aware that students have the right to change their minds about any aspect of their lives and be willing to adjust transition plans accordingly. Choice is everything if we're going to "Make It Count."

In our next newsletter, we will use an example and show how to prepare for and develop a good Transition IEP.

Join A Miracle Team PLAY, VOLUNTEER, DONATE THE MIRACLE LEAGUE OF MICHIGAN

League begins play May 2008—Register Online
Volunteers, Coaches, and Buddies are needed—ask for details.

Get In the Game by calling 248.506.4604 or check out our Web site at www.MichiganMiracle.org

Community Housing Network, Inc.
WORKSHOPS
Woodcrest Professional Park
570 Kirts Blvd., Ste. 231
Troy, MI 48084

MARCH 13, 2008
HOW DO I SELECT A ROOMMATE?

The HRC Staff will discuss the advantages of having a roommate, including a group discussion of success stories and suggestions about locating the roommate you require. We will also give ideas on legal matters surrounding having a roommate.

APRIL 10, 2008
THE FACE OF HOMELESSNESS IN OAKLAND COUNTY

Join our Peer Advocate, Jamie Christofel, in her presentation regarding the problem of homelessness in Oakland County. Attendees are encouraged to bring their stories of homelessness and information in locating homeless persons for the Warm Weather Count, May 29, 2008.

Please, join us at the Community Housing Network, between the hours of 10 a.m. and 12 p.m. on each of the above dates. We appreciate it if you would R.S.V.P. by contacting the Housing Resource Center, at 248.928.0111.

2008 UCP Day

Attention all Metro Detroiters—United Cerebral Palsy of Metropolitan Detroit will host their 17th Annual UCP Day June 12-20, 2008. For more information on how your company can participate, please contact Taryn Reid at 248.910.9242 or treid@ucpdetroit.org

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SOCIAL SECURITY ADMINISTRATION

2008 COST OF LIVING ALLOWANCES | By Paul Landry

SUPPLEMENTAL SECURITY INCOME (SSI):

Individuals	\$ 637.00 / month
Couples	\$ 956.00 / month

SOCIAL SECURITY DISABILITY INSURANCE (SSDI):

Trial Work Period - Threshold	\$ 670.00 / month
Substantial Gainful Activity (SGA)	\$ 940.00 / month
For Individuals who are Blind	\$ 1,570.00 / month
Medicare Premium Part B.....	\$ 96.40 / month

Yes! You Can WORK While Keeping Your Benefits

No matter if you are receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) you can work and receive your benefits. Many individuals have the misconception that if you receive benefits from the state or federal governments that you lose your benefits when you return to work. This is simply not true.

State assistance such as Food Assistance Program (formerly called Food Stamps), Medicaid, Chore Services and federal programs such as Housing Urban Department (HUD) and Medicare are supportive programs that provide assistance to individuals while transitioning into becoming self-supportive. With many of the benefits, there are work incentives that will allow you to offset your countable earned income. This will allow you to gradually transition from receiving benefits to becoming self-supportive.

UCP/Detroit offers Benefits Counseling to individuals who are currently receiving benefits from Social Security and who are interested in working either part-time or full-time. This service will help individuals learn and understand how benefits would be affected by going back to work, by increasing work hours or by receiving a raise. We will be able to work with you in using work incentives and also to ensure that you are reporting your wage earning to the right representatives in each agency.

For more information call UCP/Detroit's Work Incentives Planning and Assistance Project 248.557.5070.