

## Dare to Dream and RevUp - Collaboration at its Best

### MAJOR STORIES:

VA Provides Service Dog Benefits...

Michigan Launches MiABLE...

DOC to pay...

Into the Light...

Ticket to Work and Healthcare...

Board Elects....

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The "Dare to Dream Conference" began as a result of several organizations from the disability world recognizing the value of hosting a conference that would involve people with disabilities of all ages, people with various disabilities and their families. Over the years it rotated to several locations statewide. In October of this year, after almost two decades, it wrapped up with a final successful one-day event in Rapid City.

"RevUp" is a statewide (and nationwide) effort to "get out the vote" of the disability community, which was initiated this year. In South Dakota, it has involved SD Advocacy Services, SD Coalition of Citizens with Disabilities, SD Council on Developmental Disabilities and the University of South Dakota Center for Disabilities. It has produced various publications, used social media, public events and more to support people registering to vote and exercising their right and responsibility to vote!

These days we often hear talk of groups working against one another, yet both of these efforts are examples of what can happen when organizations talk with one another, identify common goals and commit to collaborate. They took the next step - they identified resources e.g., staff time, dollars that they could bring to the effort in order to have a larger impact than what they might have had on an individual basis. Both "Dare to Dream" and "RevUp" traveled this path!

One of these efforts has drawn to a natural conclusion due to the changing world and needs of those served. The other has just begun. What stands out about both is the value of "collaboration" in today's world.

Collaboration is defined as "working jointly with others." It is not "signing a piece of paper that says" we will work together. It is not "talking about" working together and then returning to our separate organizations and doing what we planned on doing all along. It is "working jointly with others."

Collaboration is not always easy. At times, it's messy. Yet, ask anyone who has been involved with "Dare to Dream" or "RevUp", and you'll hear how the result of "working jointly with others" has created something no one envisioned when they started... We thank those with whom we've had the opportunity to "work jointly together" on these efforts!

We look forward to more opportunities to collaborate on new efforts in the days ahead!

## **VA Provides Service Dog Benefits to Veterans with Mental Health Disorders**

PVA North Central Chapter  
October/November 2016 Newsletter

WASHINGTON - The Department of Veterans Affairs (VA) announced today that it is piloting a protocol to implement veterinary health benefits for mobility service dogs approved for Veterans with a chronic impairment that substantially limits mobility associated with mental health disorders.

"We take our responsibility for the care and safety of Veterans very seriously," said VA Under Secretary for Health, Dr. David J. Shulkin. The Department of Veterans Affairs (VA) is committed to providing appropriate, safe and effective, compassionate care to all Veterans. Implementing the veterinary health benefits for mobility service dogs approved for Veterans with a chronic impairment that substantially limits mobility associated with mental health disorders may prove to be significantly beneficial for some Veterans. The Service Dog Benefits Pilot will evaluate this premise."

VA has been providing veterinary benefits to Veterans diagnosed as having visual, hearing or substantial mobility impairments and whose rehabilitation and restorative care is clinically determined to be optimized through the assistance of a guide dog or service dog. With this pilot, this benefit is being provided to Veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder for whom the service dog has been identified as the optimal way for the Veteran to manage the mobility impairment and live independently.

Service dogs are distinguished from pets and comfort animals because they are specially trained to perform tasks or work for a specific individual with a disability who cannot perform the task or accomplish the work independently.

To be eligible for the veterinary health benefit, the service dog must be trained by an organization accredited by Assistance Dogs International in accordance with VA regulations.

Currently, 652 Veterans with approved guide or service dogs receive the veterinary service benefit. This Pilot is anticipated to provide the veterinary service benefit to up to 100 additional Veterans with a chronic impairment that substantially limits mobility associated with a mental health disorder.

The VA veterinary service benefits includes comprehensive wellness and sick care (annual visits for preventive care, maintenance care, immunizations, dental cleanings, screenings, etc.), urgent/emergent care, prescription medications, and care for illnesses or disorders when treatment enables the dog to perform its duties in service to the Veteran.

Additional information about VA's service dog Program can be found at <http://www.prosthetics.va.gov/ServiceandGuideDogs.asp>

## **2017 Social Security Changes**

(Source: SSA Press Office, 10/18/16)

Based on the increase in the Consumer Price Index (CPI-W) from the third quarter of 2014 through the third quarter of 2016, Social Security and Supplemental Security income (SSI) beneficiaries will receive a 0.3 percent COLA (Cost-of-Living Adjustment) for 2017.

The SSI Federal Payment Standard for an individual will go from \$733/month in 2016 to \$735/month in 2017; for a couple from 1,100/month to \$1,103/month. SSI Resource Limits remain unchanged. Estimated average monthly Social Security Benefits payable to all disabled workers will go from \$1,167 in 2016 to \$1,171 in 2017.

Go to [www.ssa.gov](http://www.ssa.gov) for more information.

# Executive Director Notes...

What comes to mind for you when you hear the word - trauma? The sudden death of a child - the experience of some type of unimaginable event like a hurricane - a senseless act of violence like the ambush of police officers, murder-suicide of a family... I'm sure we can all come up with a list of examples.

These are pretty dark images to start out my column. You're probably wondering where they're coming from, especially as we head into the holiday season. Come on, Shelly, what's going on with you?

At the final "Dare to Dream" event in Rapid City, we co-presented on the work being done through Bridging South Dakota - a collaboration between the SD Network Against Family Violence and Sexual Assault, CSD and us. The is working to strengthen the work done at the intersection of the disability and sexual assault/ domestic violence worlds as we respond to victims with disabilities and victims who are deaf.

During our presentation of a little over an hour, four individuals disclosed their experience, or a grandchild's experience, of having been sexually assaulted... That has caused me to step back and do some reflecting.

And something else occurred during our presentation that has challenged me to think "outside the box" of 30+ years of experience in serving people with disabilities. An individual asked me, "Why isn't 'trauma' a part of the rehabilitation world?" Why don't we hear the word? Other disciplines use it! Other disciplines talk about it. I didn't have a very good response...

I said that it has become more present in recent years. We hear it when speaking of people who have experienced a traumatic brain injury. We

talk about it when working with a veteran returning with post traumatic stress disorder... But what about when working with someone who is involved in a traffic accident and experiences a spinal cord injury? What about when working with someone who is losing their sight and must give up driving? What about someone who loses a limb in a farming accident? Haven't they experienced "trauma?" What would happen if "trauma" became a part of the rehabilitation language?

"Trauma" is defined as a deeply distressing or disturbing experience; emotional shock following a stressful event or physical injury. Trauma has neurological, biological, psychological and social effects on a person's life - whatever the cause.

Trauma informed care (I prefer service) is a concept that is very present in the mental health, substance abuse, domestic and sexual abuse worlds. When I started to search for resources or articles on trauma informed services in the rehabilitation world - it's been difficult to locate them.

Upon returning from "Dare to Dream", I've made a commitment to learning more about "trauma" and its role in our lives. Why?

For years I've wondered how often we are working to address people's behaviors because we've never addressed the root of those behaviors.

At a time when empathy for others seems to be waning, I believe it needs to be growing. One way it grows is by being able to journey with another or "walk in their shoes" - I need to work at understanding what I haven't even recognized in the past, much less understood.

So I'm heading into the holidays and new year knowing I have more to learn as I seek to better serve all with whom I share this journey. As Einstein said, "Once you stop learning, you start dying." Here's to learning and living!

*Shelly*

## Michigan Launches MiABLE Program

November 1, 2016

The ABLE National Resource Center, managed by the National Disability Institute (NDI) (<http://www.realeconomicimpact.org/>), is excited to congratulate the State of Michigan on the launch of its "MiABLE" program. MiABLE is a national program, offering enrollment to qualified individuals with disabilities both in Michigan and throughout the country.

MiABLE allows qualified individuals with disabilities to save up to \$14,000 a year in an ABLE account without jeopardizing their eligibility for federally-funded means tested benefits, such as Supplemental Security Income (SSI) and Medicaid. The funds in the account can be used for disability-related expenses that assist the beneficiary in increasing and/or maintaining his or her health, independence or quality of life.

Millions of individuals with disabilities and their families are often relegated to a life of poverty as a result of not being allowed to build even the most modest levels of resources. Individuals receiving supports through Social Security, Medicaid and other publically-funded programs are often disqualified from those supports if they have more than \$2,000 worth of resources or assets. Now, with the launch of nationwide ABLE programs, individuals with disabilities and their families will be able to take a step to better secure their financial futures and to help offset the often significant financial challenges that can accompany living with a disability.

MiABLE focuses on efforts to ensure minimal costs associated with establishing and maintaining an ABLE account (which can be done all online). An Annual Account fee of \$45 will be assessed on a quarterly basis in the amount of \$11.25 against the then-current account balance. Total annual asset-based fees range from 0.5 percent to 0.78 percent, depending on the investment selections held within an account. It is important to note that

if the contributor is a resident of Michigan, contributions made into a MiABLE program account are eligible to receive a state income tax deduction of up to \$5,000 and \$10,000 for individual filing jointly.

MiABLE, ENABLE, ABLE TN, Ohio STABLE Account, and ABLE United programs are currently the only programs enrolling beneficiaries in the country, and they are doing so primarily via their online portals. We are also expecting at least a couple more states, including Virginia and Oregon, to be launching their ABLE account programs by the end of the year.

For more information on MiABLE and how to enroll, please visit <https://www.miable.org/>.

**For more information related to ABLE programs and accounts in general, and for the latest news regarding other state programs, please visit the ABLE National Resource Center at [www.ablenrc.org](http://www.ablenrc.org).**

## DOC to pay \$41,250 in Disability Discrimination Case

John Hult, [jhult@argusleader.com](mailto:jhult@argusleader.com)  
September 27, 2016

The South Dakota Department of Corrections will pay more than \$41,000 in legal fees and upgrade its facilities and procedures to settle a lawsuit filed by a disabled inmate.

The inmate, James Murphy, alleged in a lawsuit filed in 2013 that he'd been unjustly removed from a list of disabled inmates, that the South Dakota State Penitentiary's facilities were out of sync with the Americans with Disabilities Act and that the DOC's protections for disabled inmates with grievances were inadequate.

Murphy, who contacted Argus Leader Media about the impending settlement in August,  
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## INTO THE LIGHT

### Keep Disempowering Your Disability

By Peter S. Kahrmann

I am not defined by my disability - I have a relationship with it. Like any relationship, it can be healthy or unhealthy. My responsibility for keeping it healthy between me and my disability means accepting the reality of the latter's presence and relieving it of decision-making power every chance I get.

My disability is a brain injury received when I was held up and shot in the head at point-blank range in 1984. The bullet remains lodged in the frontal lobe of my brain and as you might expect, I manage a generous helping of PTSD (post-traumatic stress disorder) daily.

Someone I know once said that managing the relationship between you and your brain injury was like landing a plane on an aircraft carrier. Both are in motion, and both are your responsibility because they are a part of you, your experience of living with brain damage, a reality that is never, to my knowledge, a static thing.

Landing the plane for me is most often getting myself to go outside. To do so invariably means dealing with a body that turns ice cold with fear at the very idea of going out. I am frightened in the moments before going out as well as, to varying degrees, once I'm out and in the community. Once I am out and involved in whatever task is at hand - be it shopping, going to a meeting, visiting the library - the anxiety-fear is still there, but is far more manageable. And I'm happy that I'm out in the world. I miss it.

I start my day about 4 to 4:30 every morning. Charley, my 9-year-old black Lab mix, an emotional support dog I could not function without, fancies early morning walks and, truth be told, so do I. It's just me and him, and no one is around. Charley's got a big mouth, and if anything or anyone moves nearby, he barks at

it. He once gave a crumpled-up paper bag all kinds of lip as the day's early breeze skipped the bag across the pavement.

Once we're back home, I feel safer, but the overall anxiety-fear, the inner trembling it seems to produce, often takes hours to subside. I know what's happening and I know who the culprits are: the brain injury and PTSD. The brain withdraws blood from the frontal lobe when anxiety-fear strikes, which is not a good thing because the frontal lobe is essentially the conductor for the orchestra that is your brain.

When functioning well, the frontal lobe can help calm or prevent anxiety-fear. When you occupy yourself, you force blood back into the frontal lobe and, although my anxiety-fear may not go away entirely when I do this, it levels off and becomes more bearable.

For some, landing the plane safely may mean completing a task while managing the oppressive presence of noise, movement, colors and lighting in a place like Walmart - or as I like to call it, Overstimulation City. If there are three things I need from the store, the moment I walk into the store's environment, my brain is lucky if it can hold on to one of the three. I write the three things down before I go in. I'll be damned if I'll give my disability so much control that it stops me from keeping my home well supplied. My home is my sanctuary.

I realize these experiences are like weather patterns. They have to run their course. The challenge is to treat myself and the world around me in a healthy way while they're doing so. An even bigger challenge at times is avoiding the pattern of self-blame. Don't, I repeat, don't blame yourself for the role your disability plays in your life. Those moments when it has the upper hand, so to speak, are not indicative of you failing in any way, but rather is proof positive that disabilities are often tough opponents.

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## ACL BLOG

(Administration for Community Living)

### **Ticket to Work and Healthcare: Incentivizing Employment with Medicaid and Medicare**

10/28/16 by Annette Shea, ACL Program Specialist

In 1999 Congress passed groundbreaking legislation which broke down barriers to employment for people with disabilities. In addition to providing Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries with a range of new and improved options related to employment, the **Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999** offered states an unprecedented opportunity to eliminate barriers to employment for individuals with disabilities who received SSI and SSDI and those who met the Social Security Administration definition of disability, were working, and needed access to services only offered by Medicaid. It also added a provision extending Medicare coverage for disability benefit recipients.

Section 201 of the TWWIIA provided states with the authority to implement Medicaid coverage to working beneficiaries with disabilities age 16 through 64. In addition, Section 202 extended Medicare coverage for disability benefit recipients.

Advocates were the driving force in ensuring the legislation would give states the authority to create opportunities in which individuals with disabilities wouldn't need to choose between healthcare and work.

"The National Council on Independent Living's Social Security Subcommittee, Centers for Independent Living (CILs) and State Independent Living Councils were some predominate forces working on drafting the law. They played an important role in advocating, lobbying and collecting data to substantiate its passage with members of Congress. Advocates and policy

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## INTO THE LIGHT

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Getting as free as possible from your disability's influence in your life is a challenge well worth taking. After all, it is you, not your disability, that deserves to be at the helm.

Peter S. Kahrman writes a blog on disability issues. He resides in Massachusetts. This column was printed in

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[www.itodaynews.com](http://www.itodaynews.com)

### **Upcoming Happenings**

#### November

15th - Regional Transition Forum in Pierre

15th & 16th - Person Center Training at Black Hills Works in Rapid City

22nd Regional Transition Forum in Aberdeen

24th & 25th - Coalition Office Closed  
Thanksgiving Holiday

30th - Regional Transition Forum in Madison

#### December

2nd - Board of Vocational Rehabilitation via video conference

6th - Governor's Budget Address

8th - Statewide Independent Living Council via video conference

16th - Regional Transition Forum in Rapid City

23rd (pm) & 26th - Coalition Office Closed  
Christmas Holiday

# 92nd South Dakota Legislative Session Calendar

2017 <> 38 Legislative Days

## Key Dates

January 10th	Session Opens - State of the State
January 11th	State of the Judiciary
January 12th	State of the Tribes
January 17th	Executive orders filed
January 19th	Joint Memorial Service
January 26th	Last day for unlimited bill & joint resolution introduction
January 31st	All bill drafts with sponsors due back to LRC
February 2nd	Last day for introduction of individuals bills and joint resolutions
February 3rd	Last day for introduction of committee bills and joint resolutions
February 8th	Last day for Joint Committee on Appropriations selection of general fund revenue targets
February 22nd	Last day to move required delivery of bills or resolutions by a committee to the house of origin
February 23rd	Last day to pass bills or joint resolutions by the house of origin; last day for introduction of concurrent resolutions
February 28th	Last day for an appropriations committee to move required delivery of special appropriation bills to house of origin
March 1st	Last day for house of origin to pass special appropriation bills delivered by an appropriations committee
March 6th	Last day to move required delivery of bills or resolutions by a committee to the second house
March 7th	Last day for a bill or joint resolution to pass both houses.
March 8th & 9th	Reserved for concurrences or conference committees
March 27th	Reserved for consideration of gubernatorial vetoes



This publication is the official publication of the Coalition (South Dakota Coalition of Citizens with Disabilities). We welcome letters, manuscripts, news items, articles and other items of interest, which will be considered for possible publication within future editions. This publication is mailed, electronically or in hard copy, to all Coalition members and other interested parties, as well as located on our website at [www.sd-ccd.org](http://www.sd-ccd.org).

Many of the articles in this publication are reprinted from other sources, as a way to share with our readers an example of the information being presented to leaders and other members of the general public locally and nationwide. The opinions expressed in these articles do not necessarily represent the opinion of the Coalition - its membership, board or staff. Its appearance in this publication does not constitute the Coalition's position in regard to any issue or item, unless expressly stated as such.

The Coalition is a strong supporter of "People First" language and supports its use in written and spoken communication. Some of the articles used in this publication may contain language that is not consistent with the "People First" concept. The language used by authors of articles that are not consistent with "People First" language is not a reflection of the Coalition's preference.

**ACL BLOG...**  
(Continued from Page 6)

makers knew we needed to include different provisions. We also knew people were concerned about healthcare and that people were not going to work if that meant jeopardizing their health and well-being," according to Dr. Thomas Golden, a member of the TWWIIA Advisory panel, and Executive Director of the K. Lisa Yang and Hock E. Tan Institute on Employment and Disability at Cornell University. Golden added that CILs and other advocates sought to answer a key question, "what were the challenges that SSI and SSDI beneficiaries experience in realizing their full work potential?"

The healthcare provisions became a prominent feature of the law. Golden added, "It is a critical piece - affording SSI and SSDI beneficiaries a pathway to work with healthcare. Prior to the Medicaid Buy-In there wasn't enough of a safety net to allow them to work to their full potential and many lived in fear of working in excess of certain thresholds. In addition, Congress extended Medicare under the TWWIIA because prior to its passage extended Medicare coverage didn't provide an adequate safety net."

Today, there are 46 Medicaid Buy-In programs throughout the country. Enrollment has grown from 28,700 beneficiaries in 2001 to approximately 200,000 beneficiaries in 2011 with more than \$1.15 billion in earnings. States have the option of amending their programs to align with employment goals and incentive earnings, creating more equitable opportunities. Some states implemented their programs with income and earning thresholds at the onset and later changed their policies to promote financial well-being and independence. Currently, four states have no income limit for their Medicaid Buy-In and five have no asset limit.

The impact of the Medicaid Buy-In has been good for beneficiaries and Medicaid programs. "People on the Medicaid Buy-In had greatly

Reduced Medicaid expenditures and costs," Golden said referencing a **Cornell study** on the New York Medicaid Buy-In.

NOTE: This piece is only a portion of the blog. To read it in its entirety, go to: <http://www.acl.gov>

MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (MAWD) in South Dakota is one of the 46 state Medicaid Buy-In programs, which came about as a result of the TWWIIA, as referenced in this blog.

To learn more about MAWD, contact any local Department of Social Services Office or Division of Rehabilitation Services Office.

**Board Elects Officers  
For 2016-2017**

The Coalition Board of Directors met in Oacoma on October 26th, and during that meeting they held the election of officers for the current year. Following are the results of that process:

- President: Tom Kober  
Vermillion
- Vice President: Jack Mortenson  
Sioux Falls
- Secretary/Treasurer: Colleen Moran  
Hartford
- Past President: Margot Burton  
Rapid City

Board members at large for 2016-2017 are:

- Dave Scherer  
Lead
- John Baxter  
Sioux Falls
- Lorri Bohm  
Crooks
- Matt Cain  
Hartford
- Keven Moulton  
Rapid City

You are invited to contact any of them, or our staff, about the work of the Coalition.



SOUTH DAKOTA  
**COALITION**  
OF CITIZENS WITH DISABILITIES

**Join with others to work towards equal  
opportunity for all!**

**Name/Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **New**

\_\_\_\_\_ **Renewal**

\_\_\_\_\_ **Individual**

**Annual Membership - \$20**

\_\_\_\_\_ **Organizational**

**Annual Membership - \$100**

\_\_\_\_\_ **Donation - \$** \_\_\_\_\_

**Physical presence  
does NOT equal  
inclusion!**

**2017  
Membership Renewals  
DUE!**

## **DOC to pay \$41,250...**

(Continued from Page 4)

said the prison can be a difficult place to have limited mobility. Murphy uses a cane, walker or a wheelchair to get around.

"We had no access to the rec yard. We had no access to the gym, we had no access to the second floor, we had no access to the legal library," Murphy said. "If you use a wheelchair in this place, you were just stuck."

The DOC did not admit fault in the settlement, which was filed on the record this month, but it did agree to pay Murphy's \$40,000 legal bill and pay him \$1,250 - in addition to facility upgrades.

The prison initially moved to dismiss Murphy's case. U.S. District Judge Lawrence Piersol dismissed some of Murphy's claims, but not those related to the ADA. Pierson assigned him a lawyer in mid-2015.

After working through Murphy's claims, Sioux Falls lawyer Alex Hagen said, "It became clear that the prison was out of compliance with what the law required." Instead of proceeding to trial, the DOC moved into settlement talks. Hagen called the resulting agreement a win for disabled inmates at the penitentiary, originally built 109 years before the passage of the ADA. "To the credit of the responsible officials, they eventually realized that and agreed to make changes," Hagen said. "Now we expect that they will live up to the promises they've made." The DOC declined to comment on the settlement.

Murphy's initial complaints involved what he called retaliation for making too many complaints. He was told his new medication scheme made it possible for him to get by without a wheelchair. Since 2015, he said, the situation has improved, though he still believes it "has a long way to go." "The prison has done a lot," Murphy said. "They still are not doing everything that I think they should, but they've done enough that I can live with it."

Along with upgrading the medical showers and adding hand rails to the recreation yard, the DOC agreed that it would:

- Assign an ADA coordinator to each DOC facility and an overall coordinator
- Keep a list of disabled inmates and document reasons for the addition or deletion of names
- Incorporate ADA grievance procedure into DOC policy for those denied accommodations
- Require ADA training for employees at least once every three years
- Give Murphy a 30-day notice before removing access privileges and allow him to be considered for employment opportunities within the facility
- Murphy's parole date is in November. He said he hopes to move to Nebraska.

(John Hult is the Reader's Watchdog reporter for Argus Leader Media)

**From our Board and Staff to You**

