

HEALTHY Times

A medical newsletter for health care professionals and caregivers of individuals with intellectual and other developmental disabilities



December 10, 2012, The Arc of New Jersey's Annual Awards Dinner. Pictured LtoR: Thomas Baffuto, Executive Director, The Arc of New Jersey; Lucille Esralew, PhD, Healthcare Professional of the Year; Walter Bender, President, The Arc of New Jersey.

Dr. Lucille Esralew named Health Care Professional of the Year

The Arc of New Jersey's 2012 Health Care Professional of the Year Award was presented to Lucy Esralew, Ph.D., an outstanding clinician and administrator who has a special expertise in providing services for persons with I/DD who have a behavioral or mental health disorder. Dr. Esralew has a particular interest in developing services for adults with I/DD who have cognitive decline as they age.

Dr. Esralew is the Clinical Administrator of Trinitas Regional Medical Center's SCCAT (Statewide Clinical Consultation and Training) Program, which provides behavioral health crisis intervention services throughout New Jersey for people with I/DD. She is also the Clinical Administrator for another Trinitas Program, the Statewide Clinical Outreach Program for the Elderly (S-COPE).

Nominated by The Arc of Somerset County, Dr. Lucy Esralew is well-known to many of our local county chapters for her clinical expertise as well as her compassionate presence when caring for people with intellectual and developmental disabilities. In her work with The Arc of Somerset County, Dr. Esralew assisted them in developing plans and activities to support adults who are experiencing cognitive decline. She helped them create a "mini-clinic" specifically for assessing symptoms of dementia, and in that work, she quickly demonstrated a deep respect and caring for the individuals served.

Leone Murphy, MSN, RN, who works for Dr. Esralew as an Advanced Practice Nurse with S-COPE, emphasized that "Dr. Lucy Esralew has

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The Case for Immunization

Leah Z. Ziskin, MD

The most respected public health and medical institutions in the United States have uniformly endorsed immunization. Despite this endorsement, there are some people who do not take advantage of this single most cost effective preventive action in health care. By hesitating or delaying about whether or not to have an infant, a child, an adolescent or oneself (an adult) receive an immunization, infectious diseases have the opportunity to infect an unimmunized or under-immunized individual. Such individuals are not only putting themselves at risk, but they are also putting their children in harm's way and they may even jeopardize a part or whole community. The diseases and their names were "household words" fifty years ago and today they are no longer common. This does not mean these diseases no longer exist.

Influenza is an example of a disease that even today causes much illness and deaths. The influenza season is upon us and the Centers for Disease Control and Prevention (CDC) have once again issued an advisory for everyone 6 months and older to get a flu vaccination. Because the influenza virus mutates frequently, it is necessary to receive a "Flu shot" every year so that the immunization itself is made up of the viral strains currently circulating. The website <http://www.cdc.gov/flu/keyfacts.htm> contains key facts about Influenza and Flu vaccine.

Other diseases, thought to be obsolete but not eliminated, have recurred in schools, daycare settings, nursing homes and even hospitals. In October 2012, several students at Rowan University in Glassboro, NJ were diagnosed with whooping cough (Pertussis). Whooping cough can affect people of all ages, but is most dangerous to infants, very young children and individuals with compromised immune systems. In New Jersey there have been almost 600 confirmed or probable cases in 2012, and there were 312 in 2011.

Polio, a disease which terrified parents in the days before the Salk and

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www.mainstreamingmedicalcare.org

Thomas Baffuto, Executive Director, *The Arc of New Jersey*

Walter Bender, President, *The Arc of NJ*

Beverly Roberts, Director, *Mainstreaming Medical Care*; Editor

Helen Rivera, Administrative Assistant
Assistant Editor and Graphic Design

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Mainstreaming Medical Care
The Arc of New Jersey
985 Livingston Avenue
North Brunswick, NJ 08902
Email: broberts@arcnj.org
Phone: 732-246-2525, ext. 34

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Services for NJ children and Youth with Developmental Disabilities are Now Provided by PerformCare Through the NJ Children's System of Care

Starting on January 1, 2013, children and youth (under the age of 21) with intellectual and developmental disabilities (I/DD), who had been served by the NJ Division of Developmental Disabilities (DDD), were transitioned to the NJ Department of Children and Families (DCF) and are now served through the NJ Division of Children's System of Care (CSOC). The organization that is handling the determination of eligibility and the delivery of services is **PerformCare**. See below for PerformCare's answers to some of the frequently asked questions (FAQs) on access to services for children and youth with intellectual or other developmental disabilities.

Is my child still eligible?

Families do not need to re-apply if your youth has already been determined DD eligible. Families do not need to call PerformCare to register their child if they have already been determined DD eligible. Basic information such as name, address, date of birth, and your youth's DD case number will be transferred to PerformCare including information about your child's eligibility status.

What will happen to the services that I currently receive?

In order to ensure a smooth transition, all current services have been extended beyond January 1st. Please contact your current provider for specific time frames. CSOC is presently reviewing all services to determine how the system may be improved and provide the right care at the right time.

Who is my new care manager?

Families currently receiving DD services do not require a care manager in order to access services through CSOC. Not all youth within the children's system of care have a care manager. If your child has been assigned a care manager, you will be contacted directly by the care manager.

How do I apply for DD eligibility for my child?

Eligibility for developmental disability services for children are now determined by CSOC. Please be advised that CSOC only accepts application for children under age 18. **Applications on behalf of individuals 18 and older must be submitted to the Division of Developmental Disabilities (DDD)**. Information on DDD's application forms and process can be accessed from the DDD website (<http://www.state.nj.us/humanservices/ddd/services/apply/>). CSOC will honor determinations of eligibility for developmental disability services made by DDD for individuals between 18-21.

The application and instructions for applying for CSOC developmental disability services **for children under 18** is available on the PerformCare website at <http://www.performcarenj.org>. If you don't have access to a computer, please contact PerformCare by phone at **1-877-652-7624** and request that an application be mailed to you.

Who is eligible to apply?

A youth must have a developmental disability, be a New Jersey resident and US citizen, and be under the age of 18.

How do I get services for my child?

The Children's System of Care offers a broad array of services for youth and their families that are accessed through PerformCare. An overview of services can be found on the PerformCare website at <http://www.performcarenj.org>. Services may be requested by calling PerformCare 24 hours per day, 7 days per week at 1-877-652-7624.

What services are available for youth with developmental and intellectual disabilities?

There are presently no new services available to youth with developmental disabilities. CSOC is currently assessing service needs and conducting systematic service planning which may result in new services that are developed and phased in over time.

How can I access out of home treatment for my child?

It is CSOC's philosophy that youth are best served at home and in their communities. Out of home treatment is considered as a last resort option and is sought after having exhausted a community plan. If a family believes their youth's needs have escalated and may require an out of home treatment option, the first step would be to call PerformCare about immediate stabilization needs.

Updated information, including all of the currently available FAQs, is posted on the PerformCare website: <http://www.performcarenj.org>

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been a highly respected advocate for people with I/DD for more than 20 years. She has supported families and caregivers as they have dealt with their loved one's most challenging behaviors and mental health disorders. Dr. Esralew is known by experts in the field of I/DD for always keeping the best interest of the consumer at the forefront. She never leaves a stone unturned as she seeks the best treatment plan for the individual."

Dr. Esralew has numerous professional accomplishments, a few of which are as follows: a founding member of the National Task Group (NTG) on Dementia Practices and I/DD; instrumental in developing a screening tool to identify early signs of dementia in people with I/DD; co-organizer of New Jersey's first conference on Dementia and I/DD; and a member of the Advisory Board of The Arc of New Jersey's Mainstreaming Medical Care Program. She has been invited to give many presentations at professional conferences, both in New Jersey and out-of-state. Dr. Esralew received a Ph.D. from Columbia University in 1999, and she has done post-doctoral training in cognitive behavioral therapy and clinical neuropsychology.

Dr. Seth Keller, a neurologist with a private practice in South Jersey, and the Immediate Past President of the American Academy of Developmental Medicine and Dentistry, has worked with Lucy for many years. He told us "Dr. Esralew exudes warmth and kindness in all of her interactions; her many years of dedication and expertise in the field of behavioral health for those with intellectual and other developmental disabilities has shown her to be not only an outstanding leader, but also a team builder."

Donna Icovino, Family Advocate and Co-Chair of the New Jersey Department of Human Services Dual Diagnosis Task Force had this to say about Dr. Esralew: "When it comes to identifying and addressing the highly complex needs of individuals affected by dual diagnosis (DD/MI), Lucy Esralew reigns as the preeminent expert in the field. What makes her professional contributions so extraordinary is her unwavering commitment to improving the overall quality of care for this severely under-served population - not simply from a therapeutic treatment perspective, but also from a compassion-based human rights perspective. Her extensive professional knowledge and tireless, staunch advocacy have enhanced my work as a family advocate immeasurably. Lucy is truly irreplaceable".

Kristen Creed, Director of Health Services at The Arc of Monmouth, praised Lucy as a colleague and mentor: "I was fortunate enough to work under Lucy's supervision when I worked for SCCAT in 2003 & 2004. For a period of time it was just the two of us, covering the entire state of New Jersey. This provided a wonderful learning opportunity, as I was able to closely observe Lucy's clinical expertise. She has a keen ability to assess the complexities of individuals with developmental and intellectual disabilities who also have mental health issues. It is impossible for me to express my gratitude to Lucy for all that she taught me, clinically, and for the personal relationship we have forged over the years. I can't think of a more deserving person to receive The Arc of New Jersey's Healthcare Professional of the Year Award."

Congratulations to Dr. Lucille Esralew, The Arc of New Jersey's 2012 Health Care Professional of the Year!

Helping Consumers Cope with High Profile Violence and Natural Disasters

Lucille Esralew, Ph.D.

We live in overwhelming times. No sooner did we pick our heads up from being pummeled by Superstorm Sandy than we learned of the tragic and violent deaths of children in Newtown, CT. Although we cannot control the occurrence of terrible events, we do have choices in the ways that we respond. We can learn from both natural disasters and violent acts in order to more effectively support those among us who are among our most vulnerable citizens.

Life-Changing events

Although some time has elapsed since Superstorm Sandy and the tragic events of Newtown, we may continue to feel a lingering sense of uneasiness, uncertainty and experience strong emotion. The following are some suggestions for ways to help ourselves and help the individuals with intellectual and developmental disabilities (I/DD) whom we love and support.

- ◆ Caregivers should overcome reluctance to reach out for support and help. Reach out to family, friends and neighbors for emotional and tangible supports. You can still call the NJ Disaster Mental Health helpline: 877-294-HELP in order to obtain crisis counseling. To the extent that you are feeling supported, you will be better able to support the individuals who depend upon you for care and guidance.
- ◆ Re-establish your own and your relative's routine as soon as possible
- ◆ Encourage your loved one to talk about concerns and express his/her feelings. If your relative is not able to express himself watch for signs of emotional or behavioral upset including changes in appetite, sleep or behavior. Make time to listen to your relative and observe for lingering signs of worry or upset which might take the form of increased physical complaints or changes in mood or baseline behavior.
- ◆ Focus on the positive efforts of communities to rebuild which has included local and federal authorities as well as volunteers throughout the country who have come to New Jersey to help us dig out of the ruins and rebuild.
- ◆ Develop or review safety plans. This is a good time to remind your family member of the steps you can all take to remain safe. If you do not have a safety plan, develop one. This would include advance plans for where you could go if you need to leave your residence and the creation of a "go kit" which includes portable essentials such as a list of medications, copies of insurance cards and emergency contacts.

High Profile Violence

Although it is tempting to avoid talking about disturbing events such as the tragedy in Newtown, this is not necessarily the best way to support or protect your relative. It is likely that consumers have overheard other family members, co-workers or friends talk about the event and have seen the coverage on television. You must decide the level at which your relative will benefit from a discussion of the Newtown tragedy, but here are a few suggestions:

- ◆ Find out what your relative knows about the event. This will give you an opportunity to correct any misinformation, confusion or

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misunderstandings that your relative may have including being fearful about still being in danger. Provide information that is developmentally appropriate. Stay calm and matter-of-fact in your conversation with your relative. Emphasize the fact that everyone is sad about what occurred, there were people including children who died but this terrible event is over.

- ◆ Encourage your relative to talk about concerns and fears. For those limited in their ability to verbalize, observe changes in behavior, appetite or sleep that may signal your relative feels worried or unsafe.
- ◆ Consumers with I/DD look to their families and staff to make them feel safe. Emphasize everyone's efforts to stay safe, including activities that the citizens of the Newtown community have undertaken to heal and recover. You can suggest that your relative may want to volunteer in some effort within your community. This conveys that we value working together to create strong, safe communities.
- ◆ Limit access to sensational media coverage. Media coverage should focus on the efforts of victims and surviving family members to rebuild and recover rather than focusing on the perpetrator or horrific aspects of the event. Undue attention to the perpetrator of the crime can glorify the act and is more likely to lead to copycat criminal activity. Repetitive images of violence increase everyone's anxiety and sense of being in immediate danger.
- ◆ We need to get better at identifying young people who are in trouble and get them the help that they need as soon as possible. In several of the instances of extreme violence in other locations, the perpetrator let a family member know he was planning something in advance of the crime. Although it takes courage to reach out for help if your relative is troubled, it is extremely important to get a troubled person the assistance and attention he needs.
- ◆ Individuals with disabilities and mental illness may be more vulnerable to the effects of natural and man-made disasters than the general population. Insofar as they depend upon others, they may be less prepared for disasters than their same age peers within the general population. Your relative may not know how to ask for help and therefore it is important that you are alert to the possibility the he needs assistance from a professional that is outside of the family.
- ◆ It is important that we take care of ourselves and role model effective ways of handling extreme stress. This may include reaching out for more social support, religious support, engaging in enjoyable activity, journaling, exercising, meditating. It certainly includes paying attention to nutrition and getting adequate rest.
- ◆ We need to take every opportunity to promote effective coping skills and teach our relatives that violent or aggressive behavior is never a solution for personal problems or strong emotions such as anger, fear or resentment.
- ◆ We need to support programs in our schools, community programs and workplaces that promote zero tolerance for bullying and increased tolerance of differences. There is a strong suggestion that the perpetrator of the Newtown tragedy was a victim of bullying and had long-standing resentments and feelings of social alienation. Individuals with developmental disabilities, who lack social skills associated with autism spectrum disorder or have mental illness are among those particularly prone to being bullied. Bullying has erosive and corrosive effects on self-esteem and social relatedness.
- ◆ We need to counteract negative and damaging stereotypes that link

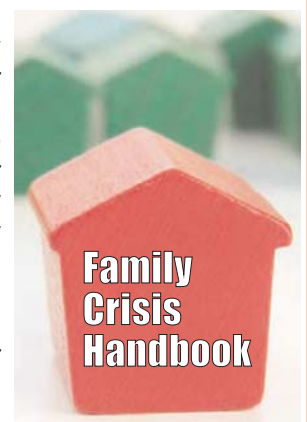
violence with developmental disabilities and mental illness. Individuals with mental illness or developmental disabilities are more likely to be the victims of violent acts than the perpetrators of such acts. There is nothing about mental illness, general developmental disabilities or autism spectrum disorder that explains the terrible events of Newtown.

- ◆ Behavior challenges are not the same as violent crimes. If your relative is highly impulsive, aggressive towards himself or others or property destructive do not attempt to deal with this alone. You need to bring your relative to the attention of a physician, educators and/or behaviorists who can help you develop effective behavior supports.
- ◆ Seek medical attention for your relative if he experiences persistent problems with sleep, appetite or has difficulties with attention, concentration or behavioral control that disrupts daily routine and interferes with usual relationships.
- ◆ If a behavioral crisis occurs:
 - If there is a behavioral crisis (as indicated by dangerous aggression toward oneself or others) and the consumer with I/DD is **under the age of 21**, behavioral health services are accessed through PerformCare (www.performcarenj.org) by calling **1-877-652-7624**.
 - If a behavioral crisis occurs and the consumer with I/DD is **21 or older**, these services are accessed by calling the Statewide Clinical Consultation and Training (SCCAT) program (www.sccatnj.org) – **1-888-393-3007**. See also the Family Crisis Handbook information below.

Lucille Esralew, PhD is the Clinical Administrator of Trinitas Regional Medical Center's SCCAT (Statewide Clinical Consultation and Training) Program and the Statewide Clinical Outreach Program for the Elderly (S-COPE). She is also the recipient of The Arc of New Jersey's Healthcare Professional of the Year Award (see article on page 1).

Family Crisis Handbook

When a loved one with a developmental disability experiences a mental health or behavioral crisis, parents are often at a loss to know how to access the services that their family member so urgently needs. Donna Icovino, a family advocate and Co-chair of the NJ Department of Human Services Dual Diagnosis Task Force, and Lucille Esralew, Ph.D., Director of Statewide Clinical Consultation and Training



(SCCAT) of Trinitas Regional Medical Center, have developed the Family Crisis Handbook, a comprehensive overview of what to expect, where to turn for assistance, and how to navigate the system in New Jersey. The 33-page handbook is free, easy to comprehend and beautifully designed, with a detailed Table of Contents, which facilitates locating the specific type of information that one is seeking. The Handbook is posted on on the SCCAT website:

http://www.sccatnj.org/news_information.htm

Changes in Medicare Part D Coverage of Benzodiazepine and Barbiturate Drugs for Dual Eligibles

Most persons who are dually eligible for both Medicare and Medicaid receive their prescription drugs from a Medicare Part D drug plan. Starting on January 1, 2013, there have been some changes in the way these dual eligibles receive prescription drugs in the **benzodiazepine and barbiturate** medication classes. *If persons who are dual eligibles do not use any medications from these two classes, then this article does not apply to them.* A list of the drugs in the barbiturate and benzodiazepine classes is provided at the end of this article.

Beginning on Jan. 1, 2013, the Medicare Part D drug plans were required to cover medications from the benzodiazepine and barbiturate drug classes. *Previously, for the dual eligibles, these medications were covered by NJ's Medicaid HMOs at \$0 copay.*

It is suggested that a caregiver checks the consumer's Medicare Part D drug plan formulary to find out if the drugs needed in these two categories are covered by the consumer's drug plan. If the drug is not on the formulary, consider switching to another drug plan.

Sometimes these drugs are on the formulary, but may require prior authorization from the Part D plan. If a drug requires "Prior authorization", the prescriber must document -- to the drug plan's satisfaction -- why the patient should be allowed to have a particular drug.

Starting on Jan. 1, 2013, dual eligibles who are enrolled in a Medicare Part D drug plan and who use a drug from the benzodiazepine or barbiturate drug classes will pay the same *Medicare* copay that they do for the other drug categories (usually \$1.15 for each generic and \$3.50 for each brand name drug in 2013), except for dual eligibles on the Community Care Waiver (CCW), who do not have any copay.

Important note about barbiturate drugs: For the calendar year starting Jan. 1, 2013, drugs in the barbiturate class will be covered by Medicare Part D plans only if prescribed to treat these diagnoses: epilepsy, chronic mental health disorders, or certain cancers.

The following is an excerpt from a notice sent by the Centers for Medicare and Medicaid Services (CMS) to the Medicare Part D plans, pertaining to ongoing coverage of phenobarbital: "...given that phenobarbital is a protected class drug primarily used for epilepsy, and that there is significant potential for adverse effects if ongoing therapy is interrupted, we do not believe Part D sponsors should implement point-of-sale edits on phenobarbital to confirm the Part D medically-accepted indication."

If a barbiturate is prescribed for a diagnosis other than epilepsy, chronic mental health disorders, or certain cancers, the Medicare Part D drug plan will not cover it. Instead, barbiturates for other conditions will continue to be covered by the NJ Medicaid HMO. Starting on Jan. 1, 2013, the Part D plans are permitted by CMS to require prior authorization before dispensing a barbiturate drug (with the exception of phenobarbital), to be certain that the patient has one of the aforementioned diagnoses for which barbiturates will be covered.

Medicare drug plan Transition Policy:

For the first 90 days of 2013, CMS expects all Medicare Part D plans to cover one fill for ALL drugs which the member is currently taking (not just Barbiturates or Benzodiazepines) that are either:

- not on the formulary, or
- are on the formulary but require prior authorization or step therapy

The pharmacist should print out a message from the Medicare drug plan at the point of sale, saying that this is a one-time transition fill.

CMS requires the Medicare Part D plans to send written notice to each enrollee who receives a transition fill, within 3 business days.

Since many people may not be aware of a particular medication's drug classification, the list of medications in the barbiturate and benzodiazepine classes is shown below:

Barbiturate drugs

Bellaspas	Fiorinal
Bel-Tabs	Mebaral
Butisol Sodium	Phenobarbital
Eperbel-S	Phenobarbital Sodium
Ergocaff-PB	Seconal Sodium
Fioricet	Spastrin

Benzodiazepine drugs

Alprazolam	Lorazepam
Alprazolam Intensol	Lorazepam Intensol
Ativan	Midazolam HCL
Chlordiazepoxide HCL	Niravam
Clonazepam	Oxazepam
Clorazepate Dipotassium	Prosom
Dalmane	Restoril
Diazepam	Serax
Estazolam	Temazepam
Flurazepam HCL	Tranxene T-Tab
Halcion	Triazolam
Klonopin	Xanax
Librium	Xanax XR

For assistance in answering questions about Medicare, you can call **1-800-Medicare**, or contact the NJ State Health Insurance Assistance Program (SHIP), which provides free help to NJ Medicare beneficiaries who have problems with, or questions about their health insurance. There are SHIP offices in every county in NJ.

The statewide phone number for SHIP is: **1-800-792-8820**, and the website is:

<http://www.state.nj.us/health/senior/ship.shtml>

NEW! In the near future, **Healthy Times** will be transitioning to an **electronic-only format**. If you would like to continue to receive this newsletter via email, please send your email address to Helen Rivera at hrivera@arcnj.org so that you may be added to our distribution list. **Thank you!**

The Case for Immunization, continued from page 1

Sabin vaccines were developed, is rare today in the United States. But, the polio virus still exists in other parts of the world. With worldwide travel so prevalent, and without vigilant use of vaccination, once again, susceptible children and adults could become lame or paralyzed due to this virus.

Measles (Rubella), German measles (Rubeola), Chicken pox (Varicella) and Diphtheria, diseases that are preventable by vaccination, are not unheard of in 2012 in the United States. For example, in May 2011, the Newark Star Ledger reported that since measles was declared "eliminated" in the United States in 2000, there have been a median of 56 annual cases in New Jersey, mostly imported and spread by travelers, according to the CDC. The largest national number of reported cases in the last decade was 140.

With all the legitimate knowledge about the harm caused by infectious diseases and the benefits of immunization, why is there still resistance to becoming vaccinated? Surveys provide insight into some of the thinking that fosters this attitude, including:

- ◆ Articles which give misinformation about the adverse effects and efficacy of vaccines.
- ◆ A lack of appreciation for the severity of the disease and its complications if one is infected by diseases that are now infrequently seen.
- ◆ Anti-government/anti-authority groups who tell others to mistrust information coming from "official" institutions or sources.
- ◆ The chance that if others are immunized, the unimmunized individuals will themselves be protected, and therefore need not be immunized.
- ◆ The mistaken belief that too many vaccines, especially if given simultaneously, will overwhelm the immune system.

An article appearing in the British medical journal Lancet in February 1998 has been described as "the most damaging medical hoax of the last 100 years" by the Annals of Pharmacotherapy. The author of this article was Andrew Wakefield who, upon investigation, was found to have totally falsified information about a study he performed on eight children who had developed autism within a month of receiving the measles, mumps and rubella (MMR) vaccine. Before the Lancet retracted the article in 2010, this article did immeasurable harm by causing parents to become frightened about immunizations in general, not only the MMR vaccine. The rise in cases of vaccine preventable diseases documented this effect.

Being immunized for vaccine preventable diseases is important for persons who have developmental disabilities. The need for appropriate vaccines, depending on past immunization status and on the age of the individual, should be shared with the individual, the caregiver and the primary care physician to ensure that the best protection is provided.

To learn more about vaccination, the New Jersey Department of Health, Vaccine Preventable Disease Program offers information in a question and answer format about the immunization requirements for children attending schools/higher education at this website: http://www.state.nj.us/health/cd/documents/vaccine_qa.pdf. The CDC is another reference with readily available information about vaccinations and can be accessed at <http://www.cdc.gov>.

This article was written by Leah Z. Ziskin, MD based on the presentations of Lawrence D. Frenkel, MD and Peter Wenger, MD at The Arc of NJ-23rd Annual Conference on June 1, 2012.

New Policy on Medicaid-Covered Transportation More Than 20 Miles from Home

LogistiCare has recently implemented a new policy for Medicaid beneficiaries who need non-emergency transportation to access healthcare services located more than 20 miles from their home.

LogistiCare's new policy is applicable when an equivalent provider or service is available within a distance of 20 miles from home. However, there are some exceptions to this new policy:

- ◆ if the consumer is seeing a unique specialist for an unusual condition;
- ◆ if an equivalent provider is not available within 20 miles; or
- ◆ if the consumer is currently in the middle of a treatment course (e.g., chemotherapy or surgical evaluation and treatment).

When the circumstances listed above are applicable, then a form titled the "Closest Provider Certification" must be filled in by the healthcare provider or by the Medicaid HMO care manager, and forwarded to LogistiCare prior to the day of the medical appointment, to ensure that medical transportation is provided beyond the 20 mile limit. There are a few ways to obtain this form. It should be available from the consumer's Medicaid HMO care manager, and that is the best way to access it. The operator at LogistiCare should also be able to forward the form to the physician's office. The form is also posted on The Arc of New Jersey's website, or you can contact hrivera@arcnj.org to request it.

LogistiCare is the company that NJ Medicaid has contracted with to provide transportation for people with disabilities who require regular physician visits for chronic illnesses. LogistiCare is responsible for arranging (through its provider network): upper-mode non-emergent Mobility Assistance Vehicles (MAVs), Ambulance service and lower-mode, livery service for Medicaid recipients in all counties.

Staff at NJ Medicaid understand the critical role of transportation for its clients that require regular physician visits for chronic illnesses. Therefore, LogistiCare's transport schedules are monitored by NJ Medicaid staff to ensure that the needs of clients are properly managed.

It is important that LogistiCare be made aware if clients or physicians are encountering problems with LogistiCare services. This will allow their quality assurance staff to resolve the situation. If a LogistiCare provider consistently does not meet the requirements of safe and reliable transportation services, NJ Medicaid will work with LogistiCare to find an appropriate alternative. **If you have a medical transportation problem that LogistiCare is not able to resolve, you may call NJ Medicaid at 609-631-4641.**

For medical transportation reservations, call: 1-866-527-9933

If your ride is late or doesn't show, call: 'Where's my Ride?' at 1-866-527-9934

To file a complaint about your transportation provider with LogistiCare, call: 1-866-333-1735.

If you are calling LogistiCare about a transportation problem, it is a good idea to keep a log of the date and time of your call, the name of the LogistiCare employee you speak to, the specific transportation problem(s) that you are calling about, and their response to your complaint.

Mom 2 Mom: Resolutions and Resilience

By Cherie Castellano LPC

In December every year I plan ahead with the hopes of preserving the holiday season as a gift to share with my family, to simplify my hostess efforts, gift lists, and charitable deeds. But somehow my intentions fall short of my reality. Eventually I feel overwhelmed, exhausted, or stressed in my attempt to spread joy and holiday spirit while balancing the “working Mom” juggling act. How ironic, right? Somehow, my effort to enjoy the holiday season can often complicate everyone’s experience.

According to the American Psychological Association, 91 percent of children are aware when their parents are stressed. That statistic means that we moms must first and foremost be mindful of our own stress—if not for ourselves and our health, but for our children. If we feel stressed, we will hinder our entire family from connecting to the true “reason for the season.” Many of the parent tips shared during the holidays reflect some themes worth sharing for the New Year as a resolution. Simplify whatever and whenever you can to reduce your stress for you and your family. Play and laugh, enlisting the child within you to rekindle your spirit and joy. Be present in the moments rather than anticipating events or having expectations that may fall short of your reality. Practice rituals and family traditions that highlight your faith, whatever they may be, to reconnect with your spirituality as a gift to your loved ones. The “reason for the season” may vary for many moms in our recipes and religions but one reason remains the same. Our families are the reason for our season. Sometimes it feels like things fall apart despite my plans. In the book *Conversations with God*, author Neale Donald Walsch said it best during an interview at Carolyn Craft’s Inner Wisdom program, available at www.wisdommedia.com. He stated, “When your life feels as if it’s falling apart, it may just be falling together for the first time.”

At the Mom 2 Mom program we “fall together” as moms of special needs children, and in 2013 hope to support you! Here are some of the free services Mom2Mom offers:

- ◆ A 24/7 helpline (**877-914-MOM2**) - If you call between the hours of 8am to 8pm, you will speak directly to a Mom; overnight and weekends, the line is staffed by a mental health professional with a mom on call
- ◆ An online chat forum (www.mom2mom.us.com)
- ◆ Community outreach and support groups (see website or call helpline for details) for mothers of children with special needs who are trained as peer counselors.

The philosophy is this: We see hope in the reflection of ourselves in each other. The mothers who answer the helplines are walking the same path as those who call. They have been there. They know what it’s like to fall apart. And they know how often falling apart presents an opportunity to pull everything back together—better, stronger, more resilient than it was in the past. But we need help with navigating the juggling act of meeting the needs of our children and our spouses, and caring for ourselves. As the primary caregivers, mothers try to “fix” everything for their child. Some challenges can’t be “fixed”; rather, we must find a way to adapt to them. Our Mom2Mom peer counselors walk alongside these moms through their journeys, a path that, in turn, helps the counselors with their own challenges.

One of our peer counselors expressed this camaraderie between caller and counselor best when she said, “Talking to somebody who is living this journey—although it may be a different walk—is therapeutic for the families that contact the program and for me. Together, we can get through anything. We can support each other.”

Caring for our families. Caring for our fellow moms walking the same path. Caring for ourselves. That truly is the “reason for the season.”

HELPFUL RESOURCES



National Task Group on Intellectual Disabilities and Dementia Practices

The National Task Group on Intellectual Disabilities and Dementia Practices

has produced a tool that can be used by both families and agencies/organizations to record information about persons with Down syndrome and other intellectual disabilities who may be showing early signs of functional change or cognitive decline. While not a clinical assessment for determining MCI or dementia, the NTG- Early Detection Screen for Dementia (NTG-EDSD) was developed in response from multiple requests by family caregivers and agencies for a tool useful to record observations of changes in function. It is hoped that the NTG-EDSD will be helpful in starting that critical conversation with (and among) clinical personnel as whether their observations merit more explicit assessment for MCI or dementia or -- alternatively -- signal something that is amenable to intervention and remediation.

The NTG-EDSD is now posted on the NTG website (www.aadmd.org/ntg/screening) and with its accompanying manual (currently in development) will be available for use by any interested persons and agencies/organizations.

The Arc of New Jersey’s Educational Materials on Diabetes & Cancer Prevention

This is a reminder about the availability of our booklets and diabetes education DVD, which provide important information for individuals with developmental disabilities and their caregivers regarding health screenings and lifestyle choices for the prevention and early detection of diabetes, as well as cancers of the breast, colon and prostate.



The Horizon Foundation for New Jersey



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of the booklets was made possible through a generous grant from The Horizon Foundation for New Jersey. The Horizon Foundation for New Jersey promotes health and improved quality of life across our state by supporting charitable community organizations. For more information about the Foundation, visit www.HorizonBlue.com/foundation.

To request copies of these booklets, please use the order forms which can be found on our website at www.mainstreamingmedicalcare.org. If you have any questions about the booklets, please feel free to contact Helen Rivera, by e-mail, hrivera@arcnj.org, or by phone, 732-246-2525 xt. 35. **Please note:** Individual copies of the booklets and DVD will be available at no charge. If multiple copies are requested, please contact Helen Rivera for postage charges.



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Mainstreaming Medical Care is a special program of The Arc of New Jersey
Advocating for quality health care for individuals with intellectual and developmental disabilities

SAVE THE DATE!

Friday, May 31, 2013

24th Annual Conference on Medical Care for
Persons with Developmental Disabilities

Important Facts about Influenza (Flu) & Flu Vaccine from the CDC

The flu season has started, and indications are that this year's flu outbreak will be more severe than in the recent past. The CDC recommends that **everyone 6 months and older should get the flu vaccine each year**. People should also practice good hygiene by **washing hands frequently** and **covering your mouth** with a tissue or your elbow when coughing/sneezing. **Stay home if you are sick** to avoid infecting others.

Signs & Symptoms of the Flu:

- ♦Fever* or feeling feverish/chills
- ♦Cough
- ♦Sore throat
- ♦Runny or stuffy nose
- ♦Muscle or body aches
- ♦Headaches
- ♦Fatigue (very tired)
- ♦Some people may have vomiting and diarrhea, though this is more common in children than adults.

**not everyone with flu will have a fever.*

Who is at high risk for developing flu-related complications?

The CDC identifies as high risk people with "neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as **cerebral palsy, epilepsy** (seizure disorders), stroke, **intellectual disability, moderate to severe developmental delay**, muscular dystrophy, or spinal cord injury]"

In addition to the high risk groups, the CDC recommends that all people who live with or care for those at high risk for complications from the flu should get a flu vaccine.

If you -- or the people you care for -- have not yet received the flu vaccine, it is not too late to get it!

Additional information, including where to get a flu shot in your local area, can be found at the U.S. Department of Health & Human Services website about the Flu:

www.flu.gov