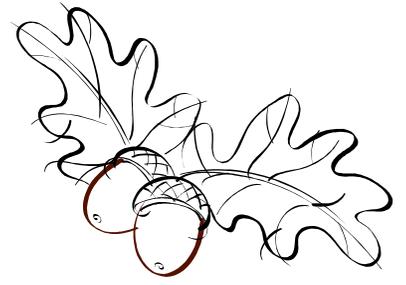


**PARENTS ASSOCIATION
BELLEFONTAINE HABILITATION CENTER
10695 BELLEFONTAINE ROAD
ST. LOUIS, MO 63137**

PHONE 314-340-6002
WEBSITE www.ParentsAssociationBHC.com

NEWSLETTER NOVEMBER 2014



PARENTS ASSOCIATION MEETING
SUNDAY, NOVEMBER 9, 2014 2:00 p.m.
GYM IN THE MULTIPURPOSE BUILDING, BHC

ELECTION OF OFFICERS AND DIRECTORS
FOR 2015 PARENTS ASSOCIATION

All Parent Association members, friends and staff are invited. Keep up with the latest news about Bellefontaine Habilitation Center. Bring your talents and expertise for our advocacy efforts. With everyone's involvement, the lives of the residents at BHC will be the best possible. All are encouraged to stay informed and take some action. Attend a parents meeting, talk with other families, share your concerns and ideas, write a letter, or make a phone call to help provide a safe, healthy, and supportive environment for the residents of BHC and others. They have no voice but ours, so we must continually speak up for them. Refreshments served.

UPCOMING PARENT MEETING: NOVEMBER 9, 2014 2:00 P.M. in the gym

2015 PARENT ASSOCIATION MEETING DATES: MARK YOUR CALENDARS!!

FEBRUARY 8

MAY 17

AUGUST 9

NOVEMBER 8

The switchboard phone for Bellefontaine Habilitation Center is 314-264-9100 or 314-264-9101.

Our Parent Newsletter is online at www.ParentsAssociationBHC.com!! Pass it along to friends, family, and political leaders.

Happy 90th anniversary for Bellefontaine Habilitation Center!!

The November elections could bring many new state representatives and senators to the Missouri legislature in 2015. There will be a need to educate new legislators about the needs of our family members residing in habilitation centers.

Stay in contact with your legislators, and invite them to visit a habilitation center home. To find your legislators, call the Missouri Capitol Switchboard at 1-573-751-2000 or go to www.mo.gov.

Remember, the Olmstead Supreme Court decision of 1999 states: "This Court emphasizes that **nothing in the ADA or its implementing regulations condones termination of institutional settings** for persons unable to handle or benefit from community settings. Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it." And the opinion also states: "Each disabled person is entitled to treatment in the most integrated setting possible for that person--recognizing that, on a case-by-case basis, **that setting may be an institution.**"

The freeze on long term admissions to Missouri habilitation centers is denying families this choice as required by federal and state law. Habilitation centers do get inquiries about services but are referred to the regional offices to be guided into community placements only.

TRIBUTE FUND

Celebrate a birthday or anniversary, offer get well wishes or congratulations, remember a loved one by sending in a tribute - support the residents at Bellefontaine Habilitation Center. A few examples of the use of funds are: annual picnic, Christmas gifts and decorations, birthday cakes and presents, holiday decorations, treats and dances, household items, and special programs. The tribute form is on the last page of the newsletter.

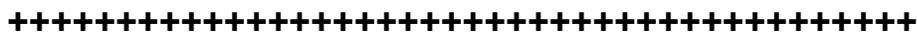
DONOR

RECIPIENT

OCCASION

William Piper		in memory of Stephen Gleich
Ralph & Joyce Grote		in memory of Stephen Gleich
Sharon & Gene Facchin		in memory of Stephen Gleich
Don & Joanne Sextro		in memory of Stephen Gleich
Dave & Kelly Sextro		in memory of Stephen Gleich
Dennis & Joan Breite		in memory of Stephen Gleich
Mike & Francine Jacezko		in memory of Stephen Gleich
Carla Hart		Eddie Schwartz
Steve & Mary Vitale		in memory of Paula Haravitch
Norma Lingle		in memory of Paula Haravitch
Norma Lingle	Sarah Jane May	in memory of Bill May
Friends of Lafayette Industries North		

Sincere condolences to the family of Dee Baldetti upon her death this month. Dee was dedicated to all the residents at BHC as she spent much time and energy, over many years, advocating for their benefit. She will be greatly missed by her BHC family.



FUNDS APPROVED BY PARENTS ASSOCIATION BOARD

- \$ 850.00 Halloween candy, decorations, pumpkins
- \$ 250.00 Household goods, Apt. B



Celebrate St. Louis

BHC PICNIC-SEPTEMBER 2014

FUN! FUN! FUN!

The annual Bellefontaine Habilitation Center Picnic for the residents was held on Wednesday September 10 for Unit 1 and Thursday September 11 for Unit 3. The residents had a fun-filled, CELEBRATE ST. LOUIS day at this annual picnic sponsored by the Parents Association. Clowns, music, games, caricature artist, mime, belly dancers, food and drink filled the day with fun activities.

Thanks goes to: BHC Staff Picnic Committee BHC Parent's Association

Absopure, Casino Queen, 7-Up Bottling Company, Sports Energizers, Dairy Queen, D&T Funnel Cakes, NAEIR



Hampel Clowns, City Mime, Caricature Artists, Belly Dancers, Face Painters

Sparked by the area wide 250th celebration of the founding of St. Louis, and the 250 birthday cakes placed at different St. Louis sites, Karen Miller and staff excelled at bringing the 250 St. Louis celebration to BHC residents. Each home decorated an artificial cake placed on tables during the picnic. Booths and games were set up as popular sites of St. Louis: St. Louis Zoo, Souldard Market, Missouri Botanical Gardens, Museum of Transportation, St. Louis Art Hill, Fox Theatre, Cardinals baseball, Rams football, Blues hockey, and St. Louis Lambert Airport.

THANKS TO THE PICNIC COMMITTEE, ALL BHC STAFF MEMBERS, THE SPONSORS, AND THE PERFORMERS FOR THE PICNIC DAYS THAT GAVE THE RESIDENTS SO MUCH FUN!

NOVEMBER 2014 PAGE 3



HAPPY 90TH ANNIVERSARY TO BELLEFONTAINE HABILITATION CENTER!!

Below is a very short timeline of the 90 years of service to individuals diagnosed with an intellectual disability at the current Bellefontaine Habilitation Center. Thanks to Bill Huevelman for his knowledge of the history of BHC.

1920: Voters of St. Louis city passed a bond issue for the purpose of relocating children out of adult mental health facilities.

1922: The St. Louis city board of alderman passed an ordinance establishing the St. Louis Training School for Subnormal Children.

1924: The new facility on Bellefontaine Road opened on June 5. The first resident homes were the Bliss and Kline buildings, soon followed by the Fernald, Wallace, and Jordan buildings. The Jordan building was torn down when highway 270 was built.

In these early years, staff and residents grew and canned their own produce, raised dairy cattle for milk, and raised hogs for meat. Excess production was sent to other St. Louis institutions, including the city jail.

Since most of the residents were children, Special School #14 was established, and religious instruction in several denominations was provided.

1930's: The Kiel, Pinchhitters, and Administration buildings were added to the campus. Classrooms were set up in the Kiel Building. The bell in front of the current Administration Building is the original school bell used on the grounds

1948: The facility was sold to the state of Missouri. The name was shortened to the St. Louis Training School.

1950's: Donnelly building opened in 1955. This was the first single story building for resident homes. 1959 saw the construction of more one story homes named Cardinal, Redbud, Maples, and the Elliott building. The Elliott building served persons with the highest degree of mental and physical impairments. Also in 1959, the name was changed to the St. Louis State School and Hospital.

1960's: In 1965 the Parents Association was formed and became very active in educating the legislature about the needs of residents, and began to raise funds through the Hidden Treasures Thrift Shop to be used to better the lives of the residents. Apartments were built to provide employee housing, particularly for the nurses.

1970's: Title 19 Medicaid federal funds became available, reimbursing states \$.60 for each \$1.00 spent on qualified long term care for residents. Strict guidelines of treatment, services, and oversight had to be developed to receive this new funding. As the result of the Parents Association efforts with the Missouri legislators, the construction of several group homes began.

1980's: Parent Association efforts continued to lobby for the construction of the multipurpose building, pool, and gym. Bliss and Kline buildings were demolished for these new buildings. The name was changed to Bellefontaine Habilitation Center.

1990's: Parent Association continued to keep legislators informed about the need for habilitation centers. Employee apartments were renovated for BHC resident housing, and renamed the Mulvaney Apartments A and B, after Jim Mulvaney.

2000's to 2014: Campus homes were remodeled, 4 new 8 bedroom homes for Elliott residents were opened in July 2012. The administration building moved to the renovated Donnelly building. Most of the original buildings are being demolished.

Note: North County Industries (NCI) has provided meaningful employment for BHC residents for many years.

BELLEFONTAINE HABILITATION CENTER HAS BEEN A GOOD HOME TO MANY RESIDENTS OVER THE YEARS. IT HAS BEEN SUCCESSFUL, STABLE, AND SUSTAINABLE, GIVING COMPREHENSIVE, CONSISTENT, AND COST-EFFECTIVE CARE TO THE RESIDENTS.

WE MUST CONTINUE TO WORK TO KEEP BHC A REAL CHOICE FOR FAMILIES.

NOVEMBER 2014 PAGE 4

COMPREHENSIVE BACKGROUND CHECKS FOR BHC STAFF

Did you know how extensive the background checks are for those hired at BHC? Included are:

Pre-Employment Drug Screening – 10 panel

Department of Mental Health – Employee Disqualification Registry
<http://dmh.mo.gov/hr/disqualify.htm>

The Employee Disqualification Registry (EDR) is a list of individuals disqualified from working with consumers receiving services from the department. Specific rules governing the placement on the EDR can be found in Department Operating Regulations and Title 9 Code of State Regulations 10-5.200. The list contains the names of individuals with disqualifying charges of abuse, neglect, and/or misuse of funds who have exhausted their appeal process.

Division of Health and Senior Services – Employee Disqualification List
<http://health.mo.gov/safety/edl/index.php>

The Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have: abused or neglected a resident, patient, client, or consumer; misappropriated funds or property belonging to a resident, patient, client, or consumer; or falsified documentation verifying delivery of services to an in-home services client or consumer.

Family Care Safety Registry
<http://health.mo.gov/safety/fcsr>

Family Care Safety Registry (FCSR) was established by law to promote family and community safety. The registry helps to protect children, seniors, and the disabled by providing background information. Families and employers can call the registry's toll-free line to request background information on registered child care, elder care, and personal care workers or to request licensure status information on licensed child care and elder care providers. This service is intended to provide information to help families and employers make informed decisions when hiring employees to work with children, the elderly, and the disabled.

Sex Offender Registry – Missouri Highway Patrol
<http://www.mshp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/SOR/SORPage.html>

Criminal Background, Fingerprinting – Missouri Highway Patrol and FBI

Tax Compliance for state of Missouri is confirmed.

MESH (Missouri Employee Service History) is reviewed. This report shows the history of a person who does or has worked in Missouri state agencies.

Licensure is checked, if a licensed position.

Driver's license history is checked.

SINCERE THANKS TO ALL BHC STAFF FOR YOUR DEDICATION AND QUALITY CARE PROVIDED TO THE RESIDENTS OF BHC.





HAPPY THANKSGIVING TO ALL

NOVEMBER 2014 PAGE 5

FEDERAL REIMBURSEMENT FUNDS TO THE STATE OF MISSOURI 2014

HABILITATION CENTER	FY 2014 ICF/MR COLLECTIONS
Bellefontaine	\$16,659,433.92
Higginsville	6,393,928.30
Marshall	7,849,456.20
Nevada (closed in 2013)	24,955.64
Southeast Missouri Residential Services	5,566,645.15
St. Louis DDTC (St. Charles, S. County)	16,418,161.18
TOTAL	\$52,912,580.39

Habilitation centers continue to earn millions of dollars in federal Medicaid reimbursement funds for the state of Missouri at the rate of approximately \$60.00 for each \$100.00 of expenditure for habilitation center services!!!

COMMENTS ON WORKFORCE INNOVATION AND OPPORTUNITY ACT - WORKSHOPS THREATENED

(Signed by President Obama in July 2014, this law prohibits individuals age 24 and younger from working jobs that pay less than the federal minimum of \$7.25 per hour unless they first try vocational rehabilitation services. There are exceptions for those deemed ineligible for vocational rehabilitation and to allow individuals already earning so-called subminimum wage to continue to do so.)

Comments from the Missouri Association of Sheltered Workshop Managers follows:

Kansas City Star August 25, 2014 <http://www.kansascity.com/news/government-politics/article1297132.html>

“...the Missouri Association of Sheltered Workshop Managers says “workshop veterans and their family members realize that placing all workshop employees in private, competitive businesses is unrealistic. Not everyone with a disability can hold down a job in the open market.”

And a mother of a daughter with Down’s syndrome who works at a sheltered workshop states:

“If people were able to have community employment, they would be community employed,” said Barb Winkler. “It’s a little disturbing that we build programs for people with developmental disabilities and then we come along and dismantle them and try something else for a while.”

COTTONWOOD RESIDENTIAL TREATMENT CENTER TO REMAIN OPEN, BUT PRIVATIZED

St. Louis Post-Dispatch September 26, 2014

The Department of Mental Health will keep Cottonwood Residential Treatment Center open, but is privatizing the youth psychiatric center. It will now be run by Community Counseling Center, a state contracted agency in the Cape Girardeau, Mo. area. The plan will cut the center’s capacity in half from 32 to 16 treatment beds. The state will further contract with individuals to run 6 home based care facilities. Some will be “professional parent homes” where individuals are paid to care for one child while receiving intensive outpatient therapies. The others will be called “treatment family homes,” where up to three children can be placed. Current staff will lose their jobs. They will be given

priority to fill jobs at other state facilities, can apply for jobs at the private facility, or apply to become “professional parent homes” or “treatment family homes.”

BHC PARENT ASSOCIATION COMMENT: This new plan should be watched closely. There are many concerns about providing adequate services to those youth with severe behavioral issues.

NOVEMBER 2014 PAGE 6

NEW FEDERAL RULE ABOUT HOME AND COMMUNITY BASED (HCBS) WAIVER SERVICES
Medicaid Home and Community-Based Services Final Rule
CMS-2249-F/CMS-2296-F, 42 CFR Part 430, 431 et al.

The rule and related CMS fact sheets are available at www.medicaid.gov/HCBS

This ruling does NOT affect habilitation centers directly, but could force some provider options in the community to close – FURTHER LIMITING CHOICES FOR FAMILIES IN NEED OF SERVICES.

On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) released a final rule about home and community- based services provided by Medicaid’s 1915(c) HCBS waiver program, 1915(i) HCBS State Plan Option, and 1915(k) Community First Choice.

The ruling declared what CMS defines as “community” living to qualify for HCBS waiver funding from Medicaid, and what is not considered “community” living.

The federal ruling requires that States submit a “transition” plan which describes for CMS why current programs are, or will become, aligned with the new regulation. SOME PROVIDERS MAY NOT BE ABLE TO ALIGN WITH THE NEW REGULATION, FORCING THEM TO CLOSE SOME HOMES.

Some of the requirements to be deemed “community” are:

--The setting is integrated in and supports full access to the greater community.

--The setting is selected by the individual from among setting options.

--The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.

--The setting optimizes autonomy and independence in making life choices and facilitates choice regarding services and who provides them.

The rule also identifies settings that are presumed to have institutional qualities and NOT “community” qualities: (CMS would consider habilitation centers as NOT being “community”.)

--Settings that provide inpatient care.

--Settings on the grounds of, or immediately adjacent to, a public institution.

--Settings that "have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS."

COMMENT FROM VOR, vor.net

The rule continues to demonstrate an ideological bias against disabled people who find friendships and benefits from living together and accessing services and amenities "under one roof." CMS states that “one of the essential purposes of the person-centered service plan is to ensure community integration” and “full access to the greater community.” Per this rule, CMS sees any congregate care as institutional and not community.

FAMILY CHOICES FOR GOOD HOMES FOR THEIR FAMILY MEMBERS
CONTINUE TO BE FURTHER LIMITED BY THIS NEW CMS RULING.

HELP TO HAVE YOUR VOICE HEARD AT THE NATIONAL LEVEL. JOIN VOR TO BE A PART OF OUR NATIONAL VOICE. EVERYDAY VOR WORKS AS OUR NATIONAL VOICE. TOGETHER WE CAN MAKE A DIFFERENCE.

[GO TO VOR.NET TO JOIN.](http://VOR.NET)



NOVEMBER 2014 PAGE 7

HABILITATION CENTERS – STILL NEEDED AS A CONTINUUM OF CARE

Beginning in 1971, Medicaid Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), later renamed as ICFs for Individuals with Intellectual Disabilities (ICFs/IID) were developed. These facilities are called habilitation centers in Missouri.

Below are excerpts from the article “People as Pendulums: Institutions and People with Intellectual and Developmental Disabilities” by Tamie Hopp, published in the Non Profit Quarterly. It gives a brief history of the development of habilitation centers, home and community based waivers, and the state of care for persons with intellectual disabilities at the present time.

“...as the ICF/IID program grew, so did calls for housing alternatives. Critics emerged, claiming that the ICF/IID federal standards of care promoted a non-individualized, inefficient model of care, and, due to federal financing incentives, discouraged states from developing alternate service options.^[iv] In 1981, Congress responded by providing for small (4-15 person) ICFs/IID and a Medicaid Home and Community-Based Services (HCBS) waiver, to allow states to “waive” certain ICF/IID requirements.

These early reforms were quite properly motivated by the need for a system of care and supports that responded to the very individualized and diverse needs of the entire population of people with I/DD. These reforms, however, also set the stage for decades of ongoing deinstitutionalization, resulting in the elimination of specialized housing, employment and education options for people with I/DD, leaving some to question the price of “progress.”

...According to Samuel Bagenstos, former Principal Deputy Assistant Attorney General in the Obama Justice Department’s Civil Rights Division and a key litigator in deinstitutionalization cases, the population of state institutions for I/DD now stands at approximately 16 percent of its peak.^[vi]

It should not be surprising,” Bagenstos wrote, “that the coalition of deinstitutionalization advocates and fiscal conservatives largely achieved their goal of closing and downsizing institutions and that deinstitutionalization advocates were less successful in achieving their goal of developing community services.”^[x] State officials were not keen on investing in the development of adequate community services after being told closing ICFs/IID would save them money, resulting in inadequate funding and compromised care. Bagenstos acknowledges adequate investment in community services, especially due to the cost of quality staffing, will meet or exceed the cost of ICF/IID care

Conclusion: Why does this continue?

The original goal of deinstitutionalization, to provide opportunity to individuals not appropriately institutionalized and “rebalance” the system, was shared by advocates.

We have passed the 50 percent mark in most states—that point of “balance” when half the Medicaid funding for people with I/DD was spent on HCBS options and half on facility-based (“institutional”) options. In fact, the United Cerebral Palsy reported that “38 states now meet the 80/80 Community standard, which means that at least 80 percent of all individuals with ID/DD are served in the community and 80 percent of all resources spent on those with ID/DD are for community support.”^[xix]

As advocates marched toward “balance,” and in most states exceed it, tragedies followed and seem to be more widespread. These tragedies, which should have been a wakeup call, have done nothing to stem aggressive deinstitutionalization. State-level fiscal conservatives still loathe spending money, yet safely serving people with complex needs requires adequate funding. Proponents for “community integration for everyone”—advocates, nonprofit organizations, federal agencies and providers—have a lot at stake, past and present. To change paths now is to admit failure and risk future funding.

Lost in this debate is concern for the individual. Person-centered planning, which is held up as the ideal by advocates, nonprofit organizations, and government alike, is short-changed by system-change advocacy to eliminate specialized care options for those who need it. Instead, we must figure out ways to meet individual needs versus wholesale approaches to providing care that end up being as bad as or worse than having an institution as the only option.

The legal framework is in place to support *individualized* care and choice. Advocates must set aside efforts to eliminate options of care and work together to expand options. This begins with a commitment to serving each individual: true person-centered planning.

Tamie Hopp is the Director of Government Relations & Advocacy with VOR, a national nonprofit organization advocating for high quality care and human rights for people with intellectual and developmental disabilities. For more information, visit www.vor.net.

NOVEMBER 2014 PAGE 8

TRIBUTE FUND FORM (please print)

ENCLOSED CONTRIBUTION _____

IN MEMORY OF _____

ON THE OCCASION OF _____

PLEASE SEND TO (name) _____

(address) _____

FROM (name) _____

(address) _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO "Bellefontaine Habilitation Parents Association"

MAIL TO: BHC PARENTS ASSOCIATION 10695 BELLEFONTAINE ROAD ST LOUIS MO 63137

THE HIDDEN TREASURE SHOP
SHOP TILL YOU DROP!! BEST THRIFT SHOP PRICES!!
NOW IN BLDG #1901 FIRST BUILDING ON THE LEFT AS YOU ENTER BHC CAMPUS.



SPECIAL CHRISTMAS SALE IN DECEMBER

WEDNESDAYS, 9 A.M. TO 3 P.M. AT BHC

Please leave donated items at the Parents Association shed near the Thrift Shop.



HAPPY HOLIDAYS!

PARENTS ASSOCIATION, INC. SLSSH
BELLEFONTAINE HABILITATION CENTER
10695 BELLEFONTAINE ROAD
ST. LOUIS MO 63137

FORWARDING AND ADDRESS
CORRECTION REQUESTED

