

# Patricia E. Kefalas Dudek & Associates

## ADVOCACY NEWSLETTER

Protecting and Inspiring Dignity and Respect — Summer 2009 Edition



### We're Moving In!

We're happy to announce that in July we'll be moving our offices to the same building of the firm that I serve as **Of-Counsel** ([Mall, Malisow & Cooney, PC](#)):

#### Our new address:

**30445 Northwestern Highway, Suite 250  
Farmington Hills, MI 48334  
Phone: (to be announced)  
Fax: 248-928-9233**

Please change our contact info - we look forward to serving you from our new office!

### Wartime Veterans and Income Benefits

Speaking of Mall, Malisow & Cooney, check out this informative article from Sandy Mall shared on "[Ask the Attorney](#)." Click link for entire article.

#### **Question:**

"Is it true that I need to buy an annuity to protect my assets before I can qualify?"

#### **Answer:**

"No."

#### **Question:**

"Is it true that if my income is over \$3,000 per month I will not qualify?"

#### **Answer:**

"You may still qualify depending on your health care expenses."

#### **Question:**

"Is it true that if the VA told me I do not

qualify then I should give up?"

#### **Answer:**

"No. Our experts have helped hundreds of veterans and families receive benefits, many times even after someone at the VA told them they do not qualify."

For more information about Veterans Benefits, see:

[Oakland County Veterans' Services](#)

PEKD & Associates' website:  
[Veterans' Issues](#)

### Patricia E. Kefalas Dudek Honored by National Academy of Elder Law Attorneys

We are proud to announce that Patricia E. Kefalas Dudek was recently honored at the National Academy of Elder Law Attorneys ([NAELA](#)) Annual Conference, which took place April 1-5, 2009, in Washington D.C.

Ms. Dudek was one of four attorneys bestowed the organization's highest honor of becoming a NAELA Fellow.

An NAELA Fellow is an attorney who concentrates his or her practice in the field of Elder Law, has been a member of NAELA for at least three years, and has made a significant contribution to the field of Elder Law. Ms. Dudek is proud to be included in the limited elite group of 76 attorneys who hold this title throughout the United States.

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## “A Roller Coaster to Acceptance of Son’s Autism”

This is a wonderful piece written by Annie Lubliner Lehmann that was recently [published in the New York Times](#). Annie is also the author of a book titled "The Accidental Teacher: Life Lessons from My Silent Son."

"Jonah Lehmann is an accidental teacher of others, including his family and friends. This personal and touching account of Jonah's life is enlightening, especially to those coming to terms with similar challenges with autism and other cognitive disabilities. It was written with love to support research on autism, and I recommend it to anyone and everyone touched by those of us who are different."

-Patricia E. Kefalas Dudek,  
Legal Advocate for People with Disabilities

Visit Annie's website, [Autism Mama.com](http://AutismMama.com) for more information or to order a copy of her book.

## Adult Children With Disabilities Can Qualify for Benefits on Parents’ Work Records

Although the typical Social Security Disability Insurance (SSDI) recipient has worked for a fairly long time before the onset of his disabling condition, an adult who became disabled before turning 22 can also qualify for SSDI if she has a parent who meets certain qualifications.

SSDI is a federal program primarily designed to aid people who have become disabled after having worked for a certain amount of time. Unlike Supplemental Security Income (SSI), SSDI is not a needs-based program, which means that there are no income and asset restrictions. Instead, a beneficiary typically has to have paid into the Social Security system for at least 10 years prior to his disability. An SSDI benefit depends on the beneficiary's income before he became disabled, the size of his family, and the amount he paid into the Social Security system. Finally, SSDI recipients can receive Medicare two years after qualifying for SSDI.

Most people who have a serious disability before turning 22 are not able to assemble the necessary work record to qualify for SSDI on their own. But people in this situation may instead be able to qualify for SSDI on *their parents' work record*, in certain situations.

First, the "adult disabled child" (the Social Security Administration's (SSA) term for a person with a disability that manifested itself before age 22) must be completely disabled according to the SSA's adult disability standards. Second, the disability must have occurred before the potential beneficiary turned 22. Third, the potential beneficiary's parent must have paid into the Social Security system for the required number of quarters. Finally, and most importantly, the potential beneficiary's parent must be either dead, permanently disabled, or receiving Social Security retirement benefits.

If an adult disabled child and her parent meets all of these qualifications, then the "child" should be able to receive a substantial benefit, often greater than an SSI award. On top of the monetary gain, the child does not have to worry about her own unearned income or assets, since SSDI does not take these into account. However, if a child earns enough income through employment, the SSA may determine that she is no longer disabled and cancel her SSDI benefits. The parent's own retirement benefits are not affected by their child's receipt of SSDI, and the child can still qualify for SSI benefits if her SSDI payments, which count as unearned income for SSI purposes, do not disqualify her.

Parents who have not begun to receive their own Social Security income but who think that their child may qualify for SSDI in the future may want to have their child screened by the Social Security system for his disability before he reaches age 22. If this is not possible, it pays to have the child's physician clearly document all of the information surrounding the child's disability from as early an age as possible. This way, when the parent does retire, the child has a long record showing the presence of the disabling condition before he turned 22, making the SSDI application easier.

A qualified special needs planner can explain the rules for applying for SSDI and can give your family guidance if you think your child may qualify in the future. To find a special needs planner near you, see [Focusing on Special Needs](#) from Special Needs Answers.

To read more about SSDI for an adult child with disabilities on the SSA Web site, [click here](#).



## Supreme Court Hears Arguments in Special Education Funding Case

In a case involving a child known only by the initials "T.A.," the U.S. Supreme Court will soon decide whether federal law requires parents to try their public school's learning disabilities program before turning to private schooling.

T.A.'s story probably sounds familiar to parents of children with special needs. T.A. attended public schools from kindergarten through high school, and although his counselors had discussed whether he had a learning disability, he was never given an actual diagnosis. When T.A.'s problems worsened in high school, his parents placed him in a private school, where he was diagnosed with attention-deficit-hyperactivity disorder. T.A.'s parents attempted to recover \$65,000 in private school tuition from the school district under the Individuals with Disabilities Education Act (IDEA). The school district refused to pay, arguing that T.A. should have tried to use the public school system's special education programs first.

The unfamiliar part of the story is that the resulting court fight, which began in 2003, reached the United States Supreme Court this week in the case of *Forest Grove School District v. T.A.*. In the case, the justices heard arguments on the issue of whether IDEA requires parents to utilize a public school system's programs for children with learning disabilities, at least for a trial period, before they can be reimbursed for the costs of placing their child in a private school. The school district argued that the trial period could be brief and would not harm the child. T.A.'s parents, as well as advocacy groups and the Obama administration, claimed that short-term trial periods would be ineffective because a student receives a learning plan (the instrument designed to guide the student's special education program) only once a year. The parents argued that forcing a child to remain in public school when it was clear that he was not receiving the proper services, even for a short time, could irreversibly harm the child.

During the oral arguments, several justices worried that the school district's approach could tie schools down in lengthy litigation with parents who wanted to transfer their child to a private school. Justice Kennedy, who did not take part in the court's previous decision interpreting the IDEA, raised the possibility of placing the burden on the parents to prove that a school district's

education plan was unable to meet their child's needs before moving the child.

For an Associated Press article discussing the arguments before the court, [click here](#). For a related *Washington Post* article and discussing IDEA in general, [click here](#).

### June 22, 2009 UPDATE:

#### Supreme Court Says District Must Pay for Private Special Education For Failing to Provide Education

The Supreme Court has ruled that parents of special education students who opt for private school instead of trying the public system cannot be barred from seeking public reimbursement for their tuition costs.

The court ruled 6-3 Monday in favor of a teenage boy from Oregon whose parents sought to force their local public school district to pay the \$5,200 a month it cost to send their son to a private school, after the District failed to provide a free appropriate education to their son.

[Click here for AP press release with more info.](#)

[Click here for recap of case from FindLaw.](#)

[Click here for Supreme Court syllabus.](#)

[Click here for recap of case from WrightsLaw.](#)

**Patti's Comments:** In response to how the Supreme Court's ruling is being reported, many parents with knowledge about the facts in this case (and others) are concerned that the parents with kids with disabilities are coming across as "vultures" who are forcing poor public school districts into paying for expensive private education, just because they can, and this case is going to make it easier for them to force districts to do this. That is just not factual. The facts in this case are: 1) the public school district refused to certify this student as eligible for special education supports; 2) there is plenty of evidence that the district failed to provide a free and appropriate education for this student (which they are required to do for all students); 3) this case just "allows" the families the ability to sue for reimbursement, it does not FORCE OR REQUIRE it.

*(Continued on page 4)*

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Lastly, advocates for students with disabilities view the situation that all too often forces families into a legal fight to secure an appropriate education of their loved one with frustration as the following quote illustrates all too clearly!!

*The following is used with the permission  
of Sharon Dufrene—  
Parent and Today-Disgruntled Advocate:*

Well, I for one, would rather be viewed as the vulture than the road kill, which is a pitiful but accurate way to describe the state of our children supposedly receiving an appropriate education. I've been called worse.

It seems that virtually every single day, I have the opportunity to speak to the face of advocacy today, as opposed to a mere five years ago. If you are not an attorney, savvy in legal semantics, there is little hope for a lay advocate to win. It is no longer appropriate to assume one can quote straight sped law and expect districts to agree, much less comply.

SDs have armed themselves with top-notch attorneys who run circles around lay advocates with loopholes and legalese. Administrators are no longer invested in doing what is right, because there is no rigid vehicle to impose sanctions if they don't. Attorneys with little or no experience in programmatics, who know nothing of learning disabilities, are winning for districts through loop-holed legalities created from law that contains too many shades of gray. It is not about the child, but about the law and the egregious desire of SDs to be "right" at any cost.

By the time sanctions are imposed on SDs, most clients of today, will have aged-out of the school system.

There ought to be a law that states SDs cannot spend more money on attorney fees than the projected cost to provide an appropriate education. (And I mean cost in the sense of what it will cost to educate the student AND what it will cost the state to support adults who failed to obtain appropriate educational/functional skills in school.)

Matter of fact, someone should invent software that is similar to auto collision damage estimators. When the cost to win in court exceeds the cost to provide appropriate services, the estimator should kick out a slip that says, "Just do the right thing and give the kid what he needs." Bet services would increase 100-fold.

## Cost Effective Olmstead Principles are Necessary for Health Care Reform, Civil Rights

Washington, DC, June 24, 2009

The Bazelon Center for Mental Health Law asserts in a [report issued today](#) that implementing the principles of the landmark *Olmstead* Supreme Court decision would have a dramatic impact on health care reform and the economy. The report was released in celebration of the 10th anniversary of *Olmstead* at a press briefing at the National Press Club. A call to action, it details how federal and state governments can use community-based services and supports for people with mental illnesses to save billions of dollars and improve healthcare outcomes.

The Supreme Court ruled in its 1999 *Olmstead* decision that under the Americans with Disabilities Act (ADA), public services for people with disabilities must be provided in the most integrated setting possible, giving them the opportunity to live independently in the community and not segregated in institutional settings.

Main points of the report include:

- States must determine how many people with disabilities are served in unnecessarily segregated settings and what community-based services are necessary to support reintegration and recovery. They then must shift funding from institutions to community-based services.
- Implementing *Olmstead* programs through health care reform would save billions of taxpayer dollars by making essential community services available to people with mental illnesses.
- Often pressured by profit-making providers, states continue to waste valuable resources by placing people with mental illnesses in costly, ineffective institutional settings. The cost of a supportive apartment is one eighth that of state hospital care, just over a third of the cost in a board-and-care facility.
- It is critical to promote Supreme Court and other judicial nominees who have an understanding of and intention to uphold *Olmstead*, the ADA and other civil rights laws.

[To read the report click here](#)

## **New Legislation Would Finally Give People with Disabilities an Alternative to Institutionalization**

Sen. Tom Harkin (D-IA) and Rep. Danny Davis (D-IL) recently introduced the Community Choice Act in both houses of Congress. If passed, the bill would greatly expand community services and in-home care for people with special needs who qualify for institutional level care.

Currently, all states have some form of in-home care available through what are known as "Medicaid Waiver" programs, but the programs offer different levels of services and are typically underfunded and under-utilized. According to a press release from Sen. Harkin's office, the new legislation allows all Medicaid recipients with special needs who currently qualify for institutional-level care to receive that care at home if they choose to do so, regardless of their state's current waiver program.

The bill addresses key concerns raised by the United States Supreme Court in its 1999 decision, *Olmstead v. L.C.* In that decision, the court ruled that people with disabilities are entitled to care in the least restrictive setting available. Under the Community Choice Act, states have until 2014 to implement services that provide an institutional level of care in a less restrictive community setting. Once the plan is up and running, Medicaid beneficiaries with special needs could choose in-home care or opt to remain in a more restrictive institutional setting.

Rep. Davis highlighted the reduced cost of most community based services when compared with institutional care, saying "[t]his legislation allows States and consumers to obtain more cost effective long-term services in the most appropriate setting for the individual. Individuals with disabilities will be able to choose between services in an institution or services at home permitting more independence, more dignity and reduced cost."

To read the full text of the Community Choice Act, click [here](#) for the Senate version or [here](#) for the House version.

The sponsors of the Community Choice Act are looking for stories from families who have benefited from receiving care in the community rather than in an institution. [Click here](#) for more information.

## **Sanford Mall and Patricia Kefalas Dudek Speak on SSDI (from Elder Law Report)**

Four attorneys teamed up for a two-part presentation titled "After your Client has SSDI, What about Medicare?" In the first part, Michigan attorneys Patricia E. Kefalas Dudek and Sanford J. Mall focused on the basics of Social Security Disability Income (SSDI) applications, benefits and Appeals. Vicki Gottlich and Alfred Chiplin, both with the center for Medicare Advocacy, then discussed Medicare issues.

Dudek and Mall began by reviewing the qualifications for SSDI and the limits that the Social Security Administration (SSA) places on substantial gainful activity (SGA) by beneficiaries. Dudek pointed out that the SSA should make deductions from its SGA calculation in order to allow a beneficiary to remain on SSDI. She said that advocates have to "track to see how close to SGA you are getting, and then you really need to see if [there are] any of the subsidies or work-related expenses. . . ." Common impairment-related work expenses include supported employment, job training, driving time and gas. In addition, several trial work programs allow a beneficiary to begin a transfer to work without losing benefits immediately.

Adult children seeking to qualify for SSDI on a parent's work record must have developed their disability before turning 22. This can be hard to prove for some older beneficiaries. It may be easier to apply for SSI and work on proving an SSDI claim later. Unfortunately, if an applicant is denied the appeals process often lasts years. For those who need insurance immediately and who qualify, the state Medicaid application is much quicker and often establishes evidence of disability that will speed the SSA's screening process.

Many beneficiaries assume that the SSA is monitoring their case and will cut off benefits when they exceed the SGA limit. In fact, the beneficiary typically continues to receive SSDI for a long time, and when the SSA does discover the problem, it sends an enormous bill for the overpayment. In these situations, the beneficiary can request a reconsideration or a waiver of the overpayment. Mall explained that "the waiver consideration [is] like hardship. If [the beneficiary] wasn't able to understand, if she really did take all of the necessary steps or reasonable steps based on her ability, she really shouldn't have this penalty imputed against her."

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Dudek concluded with a brief discussion of an issue that continues to confound attorneys and the beneficiaries' families -- the SSA's refusal to accept properly executed durable powers of attorney, or sometimes even duly appointed guardians. In both cases, Dudek thinks that there is a winning argument using the 10th Amendment to the Constitution, which gives the states primacy in all areas of the law not preempted by the federal Constitution.

Dudek described a case in which the SSA refused to honor her appointment as conservator of a beneficiary and accept her as a representative payee. She "had a petition brought in front of the probate court judge who appointed me, and I noticed up our Social Security Office and said you need to come in and show cause why you should not be held in contempt of court for ignoring the order of the court with exclusive jurisdiction to make this decision." Before the hearing was held, the SSA backed down and allowed the appointment to proceed.

In the session's second half, Gottlich and Chiplin picked up the Medicare part of the story. They explained that under normal circumstances, an SSDI beneficiary becomes eligible for Medicare beginning in the 24th month after being eligible for SSDI. If an SSDI beneficiary loses SSDI and engages in a trial work period, the law gives him the potential for 78 months of extended Medicare coverage. Chiplin pointed out that if a beneficiary participates in the voluntary Ticket to Work program, "you can get up to 93 months of Medicare coverage."

Medicare beneficiaries who are also eligible for Medicaid are automatically enrolled in Medicare Part D for their prescription drug coverage, even though in many states this means a reduction in benefits. The automatic enrollment in Part D also cancels the often better coverage beneficiaries were initially receiving. In these cases, a beneficiary can opt out of the Part D plan and retain their private coverage, Gottlich and Chiplin said.

Because the Medicare start date relates back to the start of SSDI, beneficiaries often obtain Medicare coverage without any delay if they get more than 24 months of retroactive SSDI coverage. For beneficiaries who don't fit this profile, Gottlich and Chiplin suggested applying for Medicaid, if possible, to cover the two-year waiting period. They also emphasized that other state and community programs may provide important benefits before Medicare coverage begins. Certain categories of beneficiaries, including people with ALS, do not have to wait the full two years before gaining Medicare eligibility.

Those who are eligible for Medicare Part B but who delay enrollment face a 10 percent late penalty added to their premium for each full year of delay. Chiplin explained that "the penalty starts running after each 12-month period, so you get a bit of a grace period there, but if you mess around for a whole year, then those years start adding up." SSDI beneficiaries who were enrolled in Medicare while under age 65 get a new enrollment period and lose any previous penalties once they reach 65.

Many Medicare programs require cost sharing and monthly premiums. Gottlich and Chiplin addressed several ways to help meet these costs, focusing on the Medicare savings programs for low income beneficiaries -- QMB (Qualified Medicare Beneficiary Program), SLMB (Specified Low Income Medicare Beneficiary Program) and QI (Qualified Individual Program). These programs pay Part B premiums, and the QMB program pays for Part B cost sharing. Gottlich pointed out that "you apply for these programs through the state Medicaid office. If you do a state Medicaid application, in theory they are supposed to check you out for these programs as well." Medigap policies are also available for some beneficiaries, but federal law only mandates that these plans be available to those over age 65. In some states, insurance companies may offer plans for people with disabilities under age 65, but they are not required to do so.

Gottlich and Chiplin closed with a discussion of the interaction between employer-sponsored coverage and Medicare. If a beneficiary works for an employer who has fewer than 100 employees, Medicare will be his primary coverage until he reaches age 65, at which point the employer-provided coverage becomes primary. At this point, beneficiaries can often drop their Medicare Part B coverage (avoiding the premium costs) since their employer-sponsored plan will provide many of the Part B services. When the employee loses employer-sponsored coverage, he can go back to Part B without penalty if he enrolls within the proper time frame.

*Patti and Sandy provided an updated presentation on a similar topic at the NAELA Special Needs Program in Arizona on May 28, 2009. The materials from these presentations may be viewed on Patti's website at <http://www.pekdadvocacy.com/pattispublications.htm> (Understanding SSDI) and the tapes from the presentation may be ordered through NAELA at [www.naela.org](http://www.naela.org).*

## SSDI's Medicare Waiting Period Would Gradually Disappear Under New Legislation

As many Social Security Disability Insurance (SSDI) recipients already know all too well, there is currently a two-year waiting period from the day their applications are approved until they can begin receiving Medicare benefits. Sometimes called the "death period," the current federal policy forces people with disabilities to either find another form of health insurance (sometimes through Medicaid, if they qualify), or go without insurance entirely while they wait for Medicare to begin. (People with ALS or end-stage renal disease receive Medicare immediately.) A new bill introduced for the third straight session of Congress hopes to phase out this two-year waiting period altogether.

The aptly named Ending the Medicare Disability Waiting Act of 2009 was recently introduced by Sen. Jeff Bingaman (D-NM) and Rep. Gene Green (D-TX). The bill proposes to gradually phase out the two-year waiting period over the next ten years, so that in 2019 all SSDI recipients will receive Medicare benefits immediately upon qualifying for SSDI.

More than 120 advocacy groups support the legislation, ranging from Mental Health America and the National Disability Rights Network to the ARC of the United States and United Cerebral Palsy. A coalition of these groups issued an open letter to the bill's sponsors, pointing out that under the current regulations, almost 40 percent of people with disabilities have no health insurance for part of the waiting period, and 24 percent have no health insurance for the entire waiting period.

To read a press release from Sen. Bingaman's office about the bill, [click here](#).

To read the full text of the bill, click [here](#) for the Senate version or [here](#) for the House version.

## Ten Things the IRS Wants You to Know About Identity Theft



1. If you receive a letter or notice from the IRS which leads you to believe someone may have fraudulently used your Social Security Number, respond immediately to the name and address or phone number printed on the IRS notice.

2. If you receive a letter from the IRS that indicates more than one tax return was filed for you, this may be a sign that your SSN was used fraudulently.

3. Another sign that you may be the target of identity theft is an IRS letter indicating you received wages from an employer unknown to you.

4. The IRS has a department which deals specifically with identity theft issues. The IRS Identity Protection Specialized Unit is available if you have been in contact with the IRS about an identity theft issue and have not achieved a resolution.

5. You can contact the IRS Identity Protection Specialized Unit by calling the Identity Theft Hotline at 800-908-4490 Monday through Friday from 8:00 am to 8:00 pm local time (Alaska and Hawaii follow Pacific Standard Time).

6. The IRS Identity Protection Specialized Unit is also available if you believe your identity may be at risk of being stolen due to a lost or stolen purse or wallet or due to questionable activity on your credit card or your credit report.

7. The IRS never initiates communication with taxpayers about their tax account through emails. If you receive an e-mail or find a Web site you think is pretending to be the IRS, forward the e-mail or Web site URL to the IRS at [phishing@irs.gov](mailto:phishing@irs.gov).

8. The IRS has many more resources available to help inform taxpayers about identity theft on the IRS Web site at [IRS.gov](http://IRS.gov). On IRS.gov you can access information on how to report scams and bogus IRS Web sites. You can also visit the IRS Identity Theft Resource Page, which you can find by typing Identity Theft Resource Page in the search box on the IRS.gov home page.

9. The Federal Trade Commission is also available to assist taxpayers with identity theft issues. You can reach them at 877-ID-THEFT (877-438-4338).

10. Visit [OnGuardOnline.gov](http://OnGuardOnline.gov) for protection tips from the federal government and the technology industry.

Source: IRS Tax Tips Number TT-2009-11  
Thanks to Mall, Malisow & Cooney  
for providing this information.

## Seniors Seek Help with Medicare's "Doughnut Hole"

Senior and elderly advocate groups are calling on Congress to get rid of the "doughnut hole" in Medicare's drug benefit as part of the larger efforts to reform health care, according to [The Dallas Morning News](#) (click for entire article).

The "doughnut hole" forces millions of Medicare beneficiaries to bear the full cost of their drugs for a period of time once they exceed \$2,700. "Unless they qualify for a government subsidy or have bought extra insurance, they're on their own for the next \$3,454 in prescriptions. At that point, after paying a total of \$4,350 out of pocket, beneficiaries become eligible for Medicare's catastrophic coverage and are responsible for 5 percent of their bills for the rest of the year," The Dallas Morning News reports. The gap exists because Congress had only so much to spend when it created the Medicare drug program and the main challenge in correcting it is money: "Closing the gap and providing continuous coverage for all beneficiaries would cost \$134 billion over 10 years, according to the Congressional Budget Office." Still, "experts say that as much as \$110 billion could be raised by requiring drug manufacturers to give Medicare the same 15 percent discount they now give Medicaid, the health insurance program for low-income Americans."

"More than 3 million of the nearly 27 million older or disabled Americans who receive the Medicare drug benefit are expected to reach the coverage gap this year and pay the full cost of their prescriptions, says the AARP Public Policy Institute." AARP also "projects that the size of the gap will almost double, from \$3,454 to more than \$6,000, by 2016."

## Supportive Housing Programs Offer Integrated Solutions for People with Disabilities

Since the 1960s there has been steady reformation of mental health care in the United States. One of the most visible signs of this effort is the movement away from treatment in large state mental hospitals and towards community care. But "community care" encompasses a great number of programs, from treatment provided in group homes to interaction with a social worker to job training and other vocational training centers. One of the programs on the cutting edge of community mental health is called "supportive housing," and it incorporates not only housing but social services and medical

care as well.

Supportive housing was originally designed to help homeless people, many of whom suffer from mental illness, get off the streets. The main idea was that simply shifting people into a stable, non-judgmental environment creates a much better atmosphere for comprehensive mental health treatment.

According to a [fact sheet](#) from the Bazelon Center for Mental Health Law, supportive housing has branched out, and now incorporates three basic, and interrelated, principles. First, supportive housing places people with mental illness in their own home, not in a group facility. Second, once a person has a home of his own, he then has access to a wide array of community based mental health services. As part of this system, assertive community treatment teams assist people with more severe forms of mental illness who may experience various crises living alone, or who require greater help with activities of daily living. Finally, supportive housing integrates people with mental illness into the community, and ensures that they will not be segregated in an environment where they live and work only with other people with mental illness.

The U.S. Department of Housing and Urban Development (HUD) provides grants for supportive housing through an annual national competition. Local communities, non-profits, and public mental health associations are all able to submit proposals. HUD has detailed information about supportive housing programs on its [Web site](#), and the Corporation for Supportive Housing has additional information [here](#).

## All the Bunnies



All the Bunnies is a collection of essays written by Members of the Academy of Special Needs Planners that document their experiences with clients and family members as well as their own observations on critical issues affecting people with special needs. This wonderful compilation includes an essay written by Patricia E. Kefalas Dudek and Katherine E. Lionas. For more information or to order a copy of the book, please [click here](#). For the court brief on the case referred to within, [click here](#).

## Firm Information

Patricia E. Kefalas Dudek is the principal of Patricia E. Kefalas Dudek & Associates, and the Past Chair of the Elder Law & Disability Rights Section of the State Bar of Michigan. Her practice concentrates in elder law, Medicaid and estate planning, estates/trust administration, probate, administrative law, and disability advocacy.

Ms. Dudek represents people in securing the support services they need to play, work and live fully in their communities through Medicaid litigation, Pooled Account Trusts, and Self-Determination. She serves as a board member of United Cerebral Palsy of Metropolitan Detroit, is an active member of the National Academy of Elder Law Attorneys, and honored with the National Academy of Elder Law Attorneys Powley Elder Law Award in Fall 2005 and achieved Fellow Status with the National Academy of Elder Law Attorneys in Spring 2009.

### PEKD & Associates' Newest Associate Attorney!

#### Katherine Lionas sworn in to the State Bar



We are so proud to introduce our newest Associate Attorney! Katherine was sworn in to the State Bar on June 10, 2009. In the picture above, that's Katherine between Patti Dudek and our favorite business tax attorney, George M. Malis of [Abbott Nicholson](#), Katherine's sponsors at the swearing in ceremony.

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Patti's Blog: [http://pattidudek.typepad.com/pattis\\_blog/welcome.html](http://pattidudek.typepad.com/pattis_blog/welcome.html)

Facebook (Patti's Personal):  
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### Personal Information

Congratulations to Amanda Filizetti and Lisa Lepine on the new additions to their families!

### Get Well Soon

Wishing a speedy recovery to our friend Robert Summers.