

A MONTHLY PUBLICATION OF

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

MESSAGE

PRESIDENT'S

HAPPY NEW YEAR my friends. Thank you for being our support this past year. We wish to have you by our side in the coming year as well. The New Year brings another chance to set things right and to open up a new chapter in our lives. Courage is integral in the realization of our dreams and wishes. A NewYear is a time to celebrate past accomplishments and look forward to future success. Keeping a positive mental perspective is invaluable in the quest for success. What you think is what you are. Eliminating a mountain in your life begins by gathering all the loose rocks at its base. Take one task at a time. In the coming year, may you find fulfillment and joy in all the challenges you face. Something is going to come out of this, something new, something wonderful which will take you to a whole new place—a better place, a much more open place. Have a healthful, joyful, and prosperous 2018! May the Hope of a cure become a reality.

For your reading enlightenment this month we're proud to present to you *On The Road To The Cure* on this page; *Exercise: Medicine For Your Brain* on page 2; *Introduction To Conservatorships* on page 3; *Physical Therapy/Occupational Therapy/Speech-Language Pathology Services: Are There Higher Caps For People With Parkinson's?* on page 4; *Neuro-Optometric Rehabilitation* on page 5; *2018 Medicaid Regional Nursing Home Rates: New York* on page 7; and our Inspirational poem by Mary Chevallier, also on page 7.

We are **SO GRATEFUL** to all who donated generously and in response to our year-end campaign. We are so appreciative.

Imagine this! The demand for the awesome symposium "A Guided Journey On The Road To The Cure" DVDs was so great, we had to go back to production to purchase more. In the spirit of opening up a new chapter in your lives we are keeping the DVD prices (see page 7) at the discounted price of \$29.95, plus shipping. This limited number of the DVDs will be shipped on a first come, first served basis. If you missed this incredible, educational symposium, you **MUST** buy this DVD.

In addition to wishing all of you a Happy New Year, Parkinson's Resource Organization begins 2018 by:

- *Launching the new website.*
- *Preparing to celebrate our 28th year which began December 17th, 2017*
- *Filling the new improved Wellness Village on our website with resources in YOUR neighborhood.*
- *Adding informative and helpful videos to the website to make your life easier and healthier.*
- *Filling the support groups with speakers that you've asked for.*
- *Watching and reporting on the real-time science we've called "The Road To The Cure."*

Again, Thank You all for your tax-deductible donations giving us the opportunity to help MORE – to help MORE people, MORE often, MORE timely, with MORE information in a MORE compassionate way. We know we are providing valuable information and support in the Parkinson's community. Keep giving, we continue to appreciate

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ICBI UPDATE ON THE ROAD TO THE CURE

ICB International, Inc., ("ICBI") Files Orphan Drug Designation Application for Multiple System Atrophy (MSA) with the FDA

MSA is a rapidly progressive neurodegenerative disease with a mean survival of 6-10 years post diagnosis. Disease onset is usually in the sixth decade with an annual worldwide prevalence of 1.9 to 4.9 in every 100,000 people. Together with progressive supranuclear palsy (PSP), dementia with Lewy bodies (DLB) and corticobasal degeneration (CBD), MSA is an atypical Parkinsonian disorder.

Based on current census, prevalence, and National Institute of Health (NIH) data, there are estimated to be fewer than 15,000 to 50,000 MSA patients in the US. Two phenotypes, MSA-P and MSA-C, have been described clinically by the underlying motor dysfunction. In the US and Europe, 66% to 82% of MSA patients have Parkinsonian features (MSA-P) with neurodegenerative lesions commonly occurred in the striatonigral (SN) and basal ganglia, whereas cerebellar ataxia (MSA-C) due to olivopontocerebellar atrophy is more prominent (67%) in Japanese populations.

MSA Clinical Presentation: MSA is characterized by a variable combination of Parkinsonism, cerebellar impairment, and autonomic dysfunction. It encompasses three presentations of a single disease, specifically Shy-Drager syndrome (which emphasized autonomic dysfunction), striatonigral degeneration (which emphasized Parkinsonian symptoms), and sporadic olivopontocerebellar atrophy (which emphasized cerebellar symptoms). These patients respond poorly to L-DOPA and have a poor prognosis as compared to Parkinson's disease (PD) patients.

MSA-P is characterized by bradykinesia, muscle rigidity, irregular jerky tremor and postural instability (Parkinsonism) and autonomic nervous system failures in the form of bladder dysfunction, orthostatic hypotension, rapid eye movement (REM) sleep disorder (RBD), constipation and sexual dysfunction. Symptoms of MSA may vary depending upon which form of MSA predominates. The disorder can cause the progressive loss of motor skills and results in more than 50% of MSA-P patients wheelchair-bound within 5-6 years of the onset of motor symptoms. Eventually, affected individuals may become bedridden and experience life-threatening complications.

This disease arises from the misfolding and accumulation of the protein α -synuclein in oligodendrocytes, where it forms glial cytoplasmic inclusions killing neurons and glial cells.

Diagnosis and Treatment of MSA Patients: There are currently no diagnoses and/or treatments available for MSA because the blood-brain barrier

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EXERCISE: MEDICINE FOR YOUR BRAIN

Dr. Samantha Peters, PT, DPT, ATC

One of the best ways to care for your body is regular physical activity. We all know that exercise is good for our heart, lungs and muscles. Did you know that exercise is also good for your brain? I promise, it's true! Medical research has found that regular physical activity has benefits on both mood and cognitive functions of the brain.

Ever hear of that "runner's high"? Aerobic exercises, like running, walking, and biking enhance mood by allowing the release of chemicals in the brain. Depression and poor self-esteem are easily improved by exercise! Many research studies show that exercise is an effective treatment for depression. Walking outside will not only improve mood, but also attention span. The changing environment stimulates various parts of the brain at the same time. So enjoy the beautiful landscaping of your neighborhood, but keep an eye out for cars or dogs! I know this is extra challenging during the desert summers, so take advantage of the wonderful winter weather and get outside!

Having a hard time remembering things? I lose my keys and my phone at least once a week! Well, ditch the keys and phone, get in the swimming pool. Physical activity can also improve memory. Group classes like water aerobics, Tai Chi, and Rocksteady Boxing force your brain to use higher functioning skills. We must process the information that the instructor is saying to follow and participate in group classes, which again requires higher brain cognitive functions. Get involved in group activities and keep going regularly!

If you want more information on Exercise for Your Brain, visit Rosi Physiotherapy under Physical Therapy in the Wellness Village. Member since Jun 16, 2017.

INTRODUCTION TO CONSERVATORSHIPS

Attorney William R. Remery

There are few things more frustrating than trying to help a friend or loved one who lacks the mental capacity to care for his or her basic daily needs for food, clothing, shelter and medical care, or lacks the ability to handle his or her financial matters, or to resist undue influence of others and yet who cannot or will not accept help. When such individuals will not accept assistance or lack the capacity to execute powers of attorney or other instruments which would give us the legal authority to act for them, a conservatorship proceeding may be the only way to help them and protect them.

There are two basic kinds of conservatorships. While they serve many of the same functions, they also differ in several important respects. The most restrictive type of conservatorship (from the perspective of the conservatee) is the "L.P.S." conservatorship. It gets its name from the mental health law sponsored by California legislators Lanterman, Petris and Short. The Lanterman-Petris-Short Act is set out in the California Welfare and Institutions Code. It is employed in cases in which the proposed conservatee is gravely disabled or poses an immediate danger to themselves or others.

Procedurally, it is handled much like a criminal proceeding, as it can result in the conservatee's incarceration in a state mental hospital, or in the compulsory use of psychotropic drugs, electro shock therapy and other extreme intervention for mental disorders. The proceedings are filed by the county, with the County Counsel representing the Public Guardian's office and a Public Defender is appointed to represent the conservatee. A family member may intervene in place of the Public Guardian in appropriate cases. An LPS conservatorship lasts for one year and a new hearing must be held each year to determine whether the conservator should be reappointed.

The other kind of conservatorship is brought under the California Probate Code and is, therefore, called a "probate conservatorship." Probate conservatorships can be initiated by anyone. It can be someone nominated by the proposed conservatee, a relative, friend, the public administrator or any other interested person. The Probate Code sets forth a preference in favor of the spouse, child, parent and sibling, in that order. If none of the above are available, then any other person who is willing and able to act may be appointed. (As a practical matter, the courts will often appoint professional conservators to act when there are intra-family disputes or when the estate is very complex and the available family members lack the sophistication to handle the business matters.) Unlike LPS conservatorships, Probate conservatorships continue indefinitely, unless someone petitions to terminate it or the conservatee dies. However, a probate conservator does not have the authority to commit a conservatee to a state mental institution or to consent to the use of such things as electro shock therapy.

One special kind of probate conservatorship is the "limited" conservatorship, which may be used for someone who is developmentally disabled. The procedures for establishing the limited conservatorship are the same as for general probate conservatorships, but are designed to maximize the self-reliance of the developmentally disabled conservatee, but giving to the conservator only those powers that are necessary for the protection of the conservatee, while promoting as much self-reliance as possible on the part of the developmentally disabled person.

In both LPS and Probate conservatorships, a conservator can be appointed over the person, over the estate, or over both. A conservator of the person handles the day to day decisions regarding the environment in which the conservatee will live. If specifically authorized by the court, the conservator will also make all medical decisions for the conservatee. A conservator of the estate handles all matters relating to the conservatee's assets including paying all bills, handling investments and protecting the estate. While the conservator of the person and estate are often the same person, they need not be. One person can be appointed conservator of the person to handle the conservatee's personal needs and another person (or financial institution) can be appointed conservator of the estate to handle the financial matters.

When a conservator is appointed over the estate, the conservator must post a bond and make regular accountings to the court for all assets coming into or going out of the conservatee's estate. An LPS conservator must account every year. A Probate conservator must account after one year and then every two years thereafter.

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PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH-LANGUAGE PATHOLOGY SERVICES

ARE THERE HIGHER CAPS FOR PEOPLE WITH PARKINSON'S?

From: Medicare.gov / The official site of the U.S. Government Site for Medicare

Medicare Part B (Medical Insurance) helps pay for medically necessary outpatient physical and occupational therapy, and speech-language pathology services. There are limits on these services when you get them from most outpatient providers. These limits are called "therapy caps" or "therapy cap limits." The therapy cap limits for 2017 were:

- \$1,980 for physical therapy (PT) and speech-language pathology (SLP) services combined (\$2,010 in 2018)
- \$1,980 for occupational therapy (OT) services (\$2,010 in 2018)

You may qualify for an exception to the therapy cap limits. If so, Medicare will continue to pay its share for your therapy services after you reach the therapy cap limits. Your therapist or therapy provider must:

- Establish your need for medically reasonable and necessary services and document this in your medical record
- Indicate on your Medicare claim for services above the therapy cap that your outpatient therapy services are medically reasonable and necessary.

As part of the exceptions process, there are additional limits (called "thresholds"). If you get outpatient therapy services higher than the threshold amounts, a Medicare contractor may review your medical records to check for medical necessity. The threshold amounts for 2017 were:

- \$3,700 for PT and SLP combined
- \$3,700 for OT

In general (when an exceptions process is in effect), Medicare will continue to cover its share above the \$1,980 therapy cap limits (\$2,010 in 2018) if these apply:

- Your therapist or therapy provider provides documentation to show that your services were medically reasonable and necessary
- Your therapist or therapy provider that your services were medically reasonable and necessary on your claim

Your therapist or therapy provider must give you a written notice before providing generally covered therapy services that aren't medically reasonable and necessary for you at the time. This notice is called an "Advance Beneficiary Notice of Noncoverage" (ABN). In this situation, your therapist or therapy provider must give you the ABN because Medicare doesn't pay for therapy services that aren't medically necessary. The ABN lets you choose whether or not you want the therapy services. If you choose to get the medically unnecessary services, you agree to pay for them.

Who's eligible? All people with Part B are covered if Medicare finds that the services are medically reasonable and necessary. Medicare will pay its share for therapy services until the total amounts paid by both you and Medicare reaches either one of the therapy cap limits. Amounts paid by you may include costs like the deductible and coinsurance.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

NOTE: To find out how much your specific test, item, or service will cost, talk to your doctor or other health care provider. The specific amount you'll owe may depend on several things, like:

- Other insurance you may have
- How much your doctor charges
- Whether your doctor accepts assignment
- The type of facility
- The location where you get your test, item, or service

NOTE: Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

NEURO-OPTOMETRIC REHABILITATION

Vision impairment appears often in people with Parkinson's, but perhaps more particularly in people with Parkinsonisms, such as PSP. There are very few Neuro-Optometric Rehabilitation/Habilitation doctors in the United States that understand vision and neuro-degenerative diseases.

Disturbances of various visual systems manifest with many symptoms and/or behaviors. Patients who have been diagnosed with strokes, seizures, autism, brain injury, genetic diseases, processing problems or neuro-degenerative diseases may have subtle visual system dysfunctions. Neuro-optometric rehabilitation addresses those dysfunctions.

20/20 isn't enough. Changing input into the eyes changes brain functions, which in turn affects body systems.

All body systems are connected and interdependent.

Neuro-optometric rehabilitation assesses the ability to adapt to changes in the environment, while emphasizing perceptual awareness and attention used in executive functions.

Below is a checklist to assist rehabilitation professionals (doctors, therapists, counselors, etc.) in determining the appropriateness of referring clients for neuro-optometric rehabilitation and treatment.

EXTERNAL DIFFICULTIES

Eyesight	Comfort	Spatial Judgments
• focusing	• dry eye	• walking
• aiming (double vision)	• visual perception	• depth perception
• clarity (visual acuity)	• vertigo	• visual midline shift
• visual field loss		

INTERNAL SENSATIONS

- **Balance** - Vision plays a significant role in balance. Approximately twenty percent of the nerve fibers from the eyes interact with the vestibular system. There are a variety of visual dysfunctions that can cause, or associate with dizziness and balance problems. Sometimes these are purely visual problems, and sometimes they are caused from other disorders such as stroke, head injury, vestibular dysfunction, deconditioning, and decompensation.
- **PTVS** - Post Trauma Vision Syndrome
- **Post Concussive Syndrome**
- **Dizziness**
- **Eye Movements**
- **Paresis & Paralysis** – Neurologists use the term paresis to describe weakness, and plegia to describe paralysis in which all voluntary movement is lost.
- **Nystagmus** – A vision condition in which the eyes make repetitive, uncontrolled movements. These movements often result in reduced vision and depth perception and can affect balance and coordination. These involuntary eye movements can occur from side to side, up and down, or in a circular pattern
- **Convergence Insufficiency**

The treatment plan improves specific acquired vision dysfunctions determined by standardized diagnostic criteria. Treatment regimens encompass medically necessary non-compensatory lenses and prisms with and without occlusion and other appropriate rehabilitation. Behavioral observations during therapy sessions or medical examination, in-depth interviews and screening will provide information to rehabilitation professionals about potential visual and neuro-motor dysfunction.

Did you find this article helpful? Would you like to know more about Vision and Parkinson's? We would like to hear from you.

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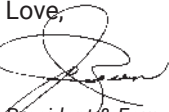
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PRESIDENT'S MESSAGE – cont. from page 1

your monthly or general donations through our safe PayPal donation page at [ParkinsonsResource.org/contribute-2/](https://www.parkinsonsresource.org/contribute-2/) or by mail to our office in Palm Desert, California.

Did you know you can communicate with us through Facebook at [facebook.com/Parkinsonsresourceorganization/](https://www.facebook.com/Parkinsonsresourceorganization/) or on Twitter at [@ParkinsonsPRO](https://twitter.com/ParkinsonsPRO), on Linked-In at [Linkedin.com/in/jorosenpro/](https://www.linkedin.com/in/jorosenpro/) and now on Instagram at [Instagram.com/parkinsonsresourceorg/](https://www.instagram.com/parkinsonsresourceorg/) There's no reason not to stay in touch with us now. We would love to receive your social media handles so we can be more easily in touch with you as well.

Until next month, REMEMBER New Year's Day on the 1st, Martin Luther King Day is the 15th. The flower is the Carnation, and the Birthstone is the Garnet. ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,

 President & Founder

ROAD TO THE CURE – cont. from page 1

(BBB) has long stymied the entrance of most pharmaceuticals into the central nervous system (CNS) making it impossible to diagnose and modify brain diseases such as Alzheimer's (AD), Parkinson's (PD), Multiple System Atrophy (MSA), Glioblastoma (GB), and many others. Realizing that brain diseases cannot be cured and/or modified unless the drug reaches the CNS, the scientists at ICB International, Inc., (ICBII), made it a priority to solve the problem of the impermeability of the BBB, thereby creating an opportunity to meet the unmet medical need for CNS diseases. ICBII has developed proprietary antibody mimics, referred to as SMART Molecules (SMs), which have been in animal models to:

- i) **Detect and quantitate the levels of pathological protein in the brain of Alzheimer's and Parkinson's mice;**
- ii) **Inhibit expression of the pathological protein in the brain of Alzheimer's and Parkinson's animals in a dose dependent manner.**

Compared to the current drugs available for treating AD and PD that provide short-term symptomatic relief, ICBII's SMs have the potential to diagnose and alter (stop disease progression) the course of the CNS diseases.

ICBII announced on November 20th the submission of their Orphan Drug Designation application to the US Food and Drug Administration (FDA) for the use of its α -synuclein-SMART Molecule (α -Syn-SM), a novel antibody mimic, in the treatment of Multiple System Atrophy (MSA). MSA-P has been designated an orphan disease. Accordingly, ICBII has requested that the FDA grant the α -Synuclein-SM for MSA Orphan Drug Status.

"With this Orphan Drug Designation, hopefully the FDA will fast track the approval process of α -Syn-SM in the treatment of MSA-P and related Parkinson's disorders. It will be a major advancement in moving the SMART Molecules technology platform forward towards treating MSA, Parkinson's, Alzheimer's, Glioblastoma, and other CNS diseases," says Ram Bhatt PhD, CEO/CSO of ICBII.

CONSERVATORSHIPS – cont. from page 3

Due to the urgent nature of mental health cases (where a person poses a danger) and the fact that the proposed mental health conservatee's are usually incarcerated awaiting a hearing, LPS conservatorships move rather quickly. Absent good cause to delay, a hearing must be held within two weeks after the initial 72 hour hold if the proposed conservatee is to be held any longer.

In emergency situations, temporary Probate conservatorships can be initiated within a week. However, permanent Probate conservatorships typically take four to six weeks to get in place, depending upon the court calendar, assuming that the conservatorship is not contested.

The cost of a conservatorship will vary greatly depending upon its complexity. While the court filing fees, investigator fees, probate referee fees, etc., are predictable, a contested conservatorship proceeding can be very expensive, due primarily to the attorney fees. It is not uncommon for there to be three or more attorneys in a case representing the conservator, the conservatee, family members and other interested parties. Since the attorneys' fees may be the largest expense of the conservatorship proceeding, and since fees vary a great deal among different attorneys, it is important to interview more than one attorney before selecting one to represent you in initiating a conservatorship proceeding. You may find that an attorney will quote a flat fee for initiating a conservatorship, but will not tell you how much the first accounting will cost, or how much the attorney will charge for advice in administering the conservatorship after the initial appointment. You must also balance against any hourly rate the experience of the attorney. An experienced attorney may be able to handle a conservatorship in considerably fewer hours than can an inexperienced attorney. In that case, it might be less expensive in the long run to retain the experienced attorney even at a higher hourly rate.

Whatever the fee agreement, all attorney fees are subject to court approval at the time of the accountings. Attorneys cannot take fees from the conservatorship estate without court approval.

As I noted at the beginning of this article, conservatorships give us the legal authority to help those who need assistance but are unwilling or unable to let us help them without the court's intervention. However, employing the court's power involves both financial and emotional costs for which you should be prepared before taking that step. If you are thinking of initiating conservatorship proceedings, talk to a couple attorneys experienced in the area of elder law about any other alternatives which may be available.

If you want more information on conservatorships, Elder Law, Trusts and Estates, and Special Needs in California visit William R. Remery under Elder Law Attorneys in the Wellness Village. Member since May 11, 2011.

**2018 MEDICAID REGIONAL NURSING HOME RATES:
New York**

Ronald Fatoullah & Associates, Attorneys at Law

The following rates are to be used for calculating penalty periods for uncompensated transfers by institutionalized individuals applying for Medicaid coverage on or after January 1, 2018:

NEW RATES

<i>Regional Rates</i>	<i>January 1, 2018</i>
New York City	\$12,319
Long Island	\$13,053
Northern Metropolitan	\$12,428
Northeastern	\$10,719
Central	\$ 9,722
Rochester	\$11,692
Western	\$10,239

The NY State Department of Health issued these rates, used to determine penalty periods for institutionalized individuals who apply for Medicaid on or after January 1, 2018.

NOTE: The rates have increased in all regions. Higher rates will result in shorter waiting periods for Medicaid eligibility (nursing home care).

The following is an example of how to use these rates: if a NYC applicant gifted \$123,190 in January 2018, he or she will be ineligible for Medicaid nursing home benefits for 10 months (\$123,190/\$12,319).

NOTE: The penalty period will not commence until the applicant is in a nursing home, has assets of no more than the allowable resource limit (plus other exempt assets) and has applied for Medicaid nursing home benefits.

NOTE: Medicaid districts will use the rate for the region in which the facility is located.

For more information on Medicare, Elder Law, Trusts and Estates, and Special Needs in New York State visit Ronald Fatoullah under Elder Law Attorneys in the Wellness Village. Member since December 15, 2011.

Inspirational Corner

Mary Chevallier

*I'm tired as hell my vision is blurred
My tremor's in overdrive my speech is all slurred
But I'm used to it been like this for all these years
I put on a fake smile but inside its tears*

*This is how I feel although the days always feel the aching
The pain's constantly there as well as the shaking
The pins and needles are driving me mad
If I could fall asleep trust me I'd be very glad*

*But Parkinson's is an illness that's always on my case
It takes over your body it alters my pace
My walking's very slow my balance is out
Wish it would leave me alone I'd like to get about*

*But no, it's still here doing it's worse
It strikes me down like some sort of curse
I try to be independent but my life's changed a lot
I have to ask for lots of help although I try not*

*I'm fighting this disease but feel like I'm way behind
It's playing with my body as well as my mind
It won't finish till it's done me in
I'm know I'm fighting a battle I'm never gonna win*

*But I'll give it all I've got as all will no doubt see
I'll struggle with all the pitfalls it throws at me
But I'll lose the war I know I will in the end
Parkinson's a loner, it's nobody's friend*

This jam-packed "A Guided Journey On The Road to the Cure" **Symposium DVD** will make a Wonderful Gift for the person with Parkinson's and/or their caregiver. We'll even throw in an audio CD as a bonus!

Ten exemplary experts addressing: *The When And How Of Caregiving @Home 4 YOU*, Rhiannon Acree, CEO of Cambrian Homecare of Long Beach, CA; *Living Life At The End Of Life*, Howard Cohen, MD, HMDC of Family Hospice Care, Palm Springs, CA; *Assembling The Pieces Of The Elder Law Puzzle*, Elder Law Attorney William R. Remery, Glendale, CA; *Is Your Financial House In Order?* David Thatcher, CFP and Chris Risenmay, CFP of Palm Desert; *Medi-Cal And VA Benefits*, Lisa Ramsey of Medi-Cal Consulting Services, Inc. of Corona, CA. *Off Episodes, Psychosis and Medical Marijuana* were covered in brief discussions Jo Rosen; Intently listened to by everyone was *The Impact Of TMJ Disorder And Sleep* eloquently described by Dr. Maryam Bakhtiyari, DDS, DABCO, FAACP, DIBO, FIAO from Manhattan Beach, CA; *Clinical Trials Provide Some Of The Missing Pieces In The Parkinson's Puzzle* presented by Tim Welke of Asclepes Research Centers of Panorama City, CA and the *pièce de résistance, On The Road to the Cure: The Science* presented by Ranya Alexander, M.D., Ph.D. and Arvind Bhambri, Ph.D. of ICBII from La Jolla, CA.

Yes, please send The Symposium DVD!

Limited quantity – Price good thru 12/2018

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PRO CALENDAR FOR JANUARY 2018

The current support group meeting locations are listed below.

For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

	1 PALM DESERT Caregiver Only CANCELLED PRO Office 74-090 El Paseo Suite 104	2	3 LONG BEACH Support Group Meeting 6:30 pm Cambrian Home Care "Training Center" 5199 Pacific Coast Hwy	4	5	6
7	8 PALM DESERT Round Table For Everyone 6:30 pm Atria Hacienda 44-600 Monterey Ave	9	10 GLENDDORA Caregiver Only 6:30 pm Kindred Rehab at Foothill 401 W Ada Ave	11 NEWPORT BEACH Caregiver Only 6:30 pm Oasis Senior Center 801 Narcissus Corona Del Mar	12	13
14	15 PALM DESERT Caregiver Only 10:00 am PRO Office 74-090 El Paseo Suite 104	16	17 ENCINO Open to Everyone 7:00 pm Rehab Specialists 5359 Balboa Blvd	18 WEST LA For Everyone 6:30 pm Rehab Specialists 2730 Wilshire Blvd Ste 533 Santa Monica	19	20
21	22 PALM DESERT Emotional & Educational Speaker For Everyone 6:30 pm Atria Hacienda 44-600 Monterey Ave	23 MANHATTAN BEACH Emotional & Educational Speaker For Everyone 6:30 pm 659 15th Street	24	25	26	27
28	29	30	31			

CAREGIVER MEETING: (For caregivers only) Come share the ups and downs of living with someone with Parkinson's. Together there are ways of finding solutions that, when alone, might never be considered. No need to continue with your frustrations because you are not alone. Give yourself a break.

EDUCATIONAL MEETING: We invite the community, especially the Person with Parkinson's and their family or friends, to attend. Educational meetings usually feature guest speakers who are professionals servicing the Parkinson's Community. Educational meetings are packed with a wealth of amazing information so bring your pencil and notepad!

"ROSEN ROUND TABLE" MEETING: Join a loving circle of like-minded individuals including local professionals. Learn what works for others, share what works for you. Find out what doesn't work for certain individuals. Share emotional trials and tribulations. Realize that you are not alone and that others can relate to and learn from your story.

"However, even more beautiful than sight is hope, which is itself a kind of vision. It enables you to see through the eyes of your heart, things that are not yet."

NEWSWORTHY NOTES

January 2018 / Issue No. 302 / Published Monthly

PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

74-478 Highway 111, No 102 • Palm Desert, CA 92260-4112

760-773-5628 • 310-476-7030 • 877-775-4111 • 760-773-9803

eMail: info@ParkinsonsResource.org • web: ParkinsonsResource.org

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