

**OCRA Advocacy Report
January 2016 - June 2016**

All names have been changed to preserve confidentiality.

BENEFITS - IHSS

OCRA Helps Luke Change his IHSS Social Worker.

Luke's IHSS social worker had a reputation in the disability community for behaving unprofessionally during IHSS reassessments. Luke's most recent reassessment was no different. The social worker accused Luke's IHSS provider of fraud and then cut Luke's hours without actually assessing his needs. OCRA submitted an advocate inquiry to the IHSS office, which resulted not only in a change of social worker and a reinstatement of Luke's hours, but Luke and his caregiver received a personal apology from one of the IHSS managers. OCRA's intervention helped Luke keep his IHSS hours while also alerting the IHSS office to the unprofessional behavior of one of their social workers.

IHSS Protective Supervision Hours Are Reinstated.

IHSS terminated Adel's protective supervision at an otherwise-routine annual reassessment. Adel is an older woman with multiple disabilities, including an intellectual disability, vision impairment, and dementia, which causes visual and auditory hallucinations. The IHSS social worker said that Adel no longer needed protective supervision to remain safely in her home due to a change in medications which had reduced (but not eliminated) her hallucinations. OCRA learned more by meeting with Adel, her SLS providers, and her regional center service coordinator, as well as reviewing IHSS and regional center records. OCRA scheduled a pre-hearing conference with the county's IHSS social worker and hearings representative. At that informal conference, OCRA advocated for Adel's continuing need for 24-hour protective supervision. OCRA provided the county with an updated medical form reiterating Adel's significant deficits in orientation, memory, and judgement. OCRA asked the SLS providers to give recent examples that supported Adel's need for protective supervision. After the meeting, the county restored all of Adel's hours, including retroactive hours for the past three months.

IHSS Hours are Reinstated Following OCRA Representation.

OCRA agreed to represent Hyunh at a state hearing after the county reduced his monthly IHSS hours from 195 to 29. The county's written notice stated that because he is self-directing, according to school records that show that he can follow a set routine in his special education classroom, he is no longer eligible for protective supervision. In preparing the case for hearing, OCRA identified many different school and regional center records which showed Hyunh was actually not self-directing. With assistance from Hyunh's parents, OCRA provided the county appeals specialist with letters supporting his need for protective supervision. In the letters, Hyunh's doctors and his regional center service coordinator explained that Hyunh is not self-directing because he lacks the judgment to understand dangers in the home and requires supervision 24 hours per day. After receiving the additional evidence, the county appeals specialist notified OCRA that Hyunh's IHSS hours would be reinstated and there would be no need for a hearing.

Raul Obtains 283 Hours of IHSS.

Raul needs supervision at all times and support with all of his daily living skills. Raul received some IHSS hours, but his mother questioned why he was not receiving the maximum 283 hours of IHSS per month. OCRA explained how Raul could meet the IHSS severely impaired standard and how to appeal the county's decision. OCRA also explained the individual IHSS category definitions to Raul's mother and showed her how to record his needs for each service in a weekly chart. Once Raul's mother completed the chart and determined that he met the severely impaired standard, she appealed the denial. OCRA helped her prepare for the hearing by reviewing Raul's IPP, regional center documents, psychological reports, and educational records, which supported his mother's position. OCRA also helped Raul's mother prepare the evidence packet for the hearing. At the hearing, the county agreed to reassess Raul's needs within 30 days. The county reviewed all of the documentation that Raul's mother provided and determined that he met the IHSS severely impaired definition. The county granted Raul 283 hours per month of IHSS.

OCRA Advocate Inquiry Results in Six Months of Retroactive Pay.

Ana's IHSS social worker told her they were terminating her IHSS benefits completely, but did not send her a written notice of action. Ana's IHSS

provider continued to serve her, but had not been paid from July 2015 to December 2015, despite numerous calls and attempts to contact the county about the issue. OCRA agreed to assist Ana by using the advocate inquiry complaint process. OCRA sent the inquiry, noting the verbal IHSS termination with no written notice of action and no payments to the provider, and requested review of Ana's case. After IHSS county staff investigated the matter and spoke with Ana's mother, they agreed to reinstate Ana's hours and send a proper written notice of action to Ana if they planned to terminate her IHSS. They also agreed to give Ana's IHSS provider six months of retroactive pay.

BENEFITS – MEDI-CAL

Sean Remains Eligible for Medi-Cal after an Unlawful Termination.

Sean contacted OCRA after he went to pick up his medication prescription and found out he was no longer eligible for Medi-Cal benefits. OCRA assisted Sean in filing an appeal. The appeal stated that Sean had not received proper notice of the Medi-Cal termination and that even if the county determined that Sean was no longer eligible under his current Medi-Cal program, the county failed to review his eligibility for other Medi-Cal programs. OCRA negotiated with the county appeals specialist to show that Sean was eligible for Medi-Cal under the 250% Working Disabled Program. The county agreed and reinstated his Medi-Cal eligibility back to the date that he was incorrectly terminated. OCRA helped Sean understand the Conlan Claim process to obtain reimbursement for the medications he paid for out of his own pocket. Sean will continue to access his medications and medical treatments.

Carl Stops Receiving Medical Bills with Help from OCRA.

Carl repeatedly received bills for a medical service which he believed his medical insurance should have paid. Carl has both Medicare and Medi-Cal. OCRA contacted the medical provider to make sure they had Carl's correct insurance information and had properly billed. OCRA also told the provider that state and federal law prevents them from "balance billing" because it accepted Carl as a Medi-Cal beneficiary when it provided the medical treatment to him. OCRA discovered that the medical provider simply had the wrong address for Medicare and Medi-Cal. OCRA and Carl gave the provider the correct address and all of Carl's insurance

information. To date, Carl has not received any additional bills regarding this service.

Hector Gets a New Speech Device.

Hector has Medi-Cal through a managed care plan (MCP). Hector's doctor requested a speech-generating device for him, which the MCP denied. OCRA researched Hector's right to have Medi-Cal fund the speech device and advised his mother to file an appeal. OCRA negotiated with the MCP to determine which speech device would be appropriate to meet Hector's needs. After many conversations with Hector's educational speech and language pathologist and the MCP hearing representative, the MCP agreed to fund an iPad with the appropriate software to meet Hector's needs. Hector has already received his new device and is learning to use it to communicate.

Satoshi Gets Medi-Cal Eligibility and Therapy Services.

Satoshi is a young child who comes from a monolingual Japanese-speaking family. His parents applied for Medi-Cal on his behalf. The application was denied multiple times due to errors and incorrect information. OCRA appealed all of the notices and contacted the Medi-Cal eligibility worker to correct the errors and misinformation that had triggered the denials of eligibility. Within a week, Satoshi received his notice of eligibility and Medi-Cal card. Satoshi is now able to access the Medi-Cal therapy services he needs.

BENEFITS – MEDICARE

Anthony Gets Much-Needed Medical Equipment from a New Provider.

Anthony has significant medical needs that require the use of oxygen tanks and catheters for his tracheostomy tube. His durable medical equipment provider began sending incomplete deliveries of his equipment over several months and then suddenly stopped delivering any equipment. Anthony did not receive any notice that the delivery of the equipment would stop. OCRA advised Anthony to contact Medicare, his medical insurance, and ask them to assign a new durable medical equipment provider. Anthony's parent contacted Medicare and immediately transferred the services to the new provider.

BENEFITS - SSDI

SSDI is Reinstated and a \$45,000 Overpayment is Cleared.

Joe contacted OCRA when he received an overpayment notice that said he owes Social Security more than \$45,000. Although Joe has been a regional center consumer for most of his life, Social Security determined that his disability had ended because he earned too much money in certain months. Because Social Security had already paid him for all of those months, he was overpaid \$45,000 in SSDI benefits. OCRA assisted Joe in completing forms to show that he had subsidies in his past employment that should have been considered when determining the total amount of his earnings. If Social Security had factored in his subsidy, then his benefits would not have been terminated and he would not have been overpaid. OCRA asked Social Security to reopen Joe's benefit termination case, apply the subsidy information, reinstate his benefits, and clear his overpayment. Social Security found that Joe's disability never ended and cleared his overpayment within a few weeks. Joe also began to receive his SSDI checks again.

BENEFITS - SSI

Owen Gets His SSI Back and Is Reinstated in the Ticket to Work Program.

Owen is a young adult who attends junior college. He is a very talented computer artist and hopes to eventually get a job in computer graphics and be self-supporting. He was receiving SSI and signed up for the SSI Ticket to Work program with the Department of Rehabilitation. The Ticket to Work program allows recipients to postpone the SSI eligibility redetermination process during the time they are training for the work which will make them self-supporting. There was a typographical error in Owen's Social Security number on the original DOR application. Because of this mistake, SSI reevaluated him and terminated his SSI because he was doing so well in school. Owen and his mother were unsuccessful in getting this corrected on their own, so they called OCRA for assistance. OCRA contacted the local Social Security Ticket to Work program representative who was extremely helpful and followed the case through several administrative hurdles over a six month period. Eventually, Social Security corrected the

mistake and reinstated Owen's SSI and Ticket to Work so he can continue his education.

Mauricio's Family Gets SSI Income Due.

Mauricio's SSI benefits were terminated. During the time that 5-year-old Mauricio did not receive his SSI check, his mother had to borrow money from acquaintances and go into debt to pay the rent and purchase basic necessities for Mauricio. Social Security eventually reinstated his benefits and paid the money owed, but a representative payee held the account for Mauricio and would not release any funds to pay the debts that Mauricio's mother still owed. OCRA reviewed Mauricio's mother's receipts, contacted the representative payee, and wrote a letter explaining how the funds should be released to pay the debts for Mauricio's expenses. OCRA also helped set up a plan to pay for socialization training for Mauricio. Thanks to OCRA's intervention, Mauricio's family received \$6,500 to pay off their current debt and the rest will be going toward his living expenses and ongoing care.

HOUSING

OCRA Negotiates a Large Rent Increase Down to a Gradual Increase.

Maxine has lived in a HUD housing unit since 2011. After moving into the unit, Maxine started working. Each year, Maxine reported her income to her non-profit agency landlord, as required by HUD. Although Maxine's rent increased slightly over the years, in March 2016, she received a notice that her rent was doubling from \$409 per month to \$819 per month. OCRA contacted the landlord to discuss the rent increase and their notice. The landlord reported that the HUD rent and income formula was programmed incorrectly into the computer in 2011. Maxine was therefore only paying 15% of her income towards rent, not the required HUD amount of 30%. The landlord issued the notice in March 2016 after correcting this error. OCRA confirmed with HUD housing experts that Maxine would not be successful if she appealed the rent increase decision. A judge would in fact order Maxine to pay the entire amount of the rent increase pursuant to the notice. OCRA knew that landlords often negotiate with tenants when there is a rent increase, so OCRA began negotiations with the landlord. The landlord said that it was not their fault for the increase and Maxine had been underpaying the rent for years which caused the landlord to lose money. OCRA proposed the landlord could increase Maxine's rent by \$50

each month until her rent matches the amount in the notice. The landlord accepted this proposal and drafted an agreement that Maxine signed. Maxine's rent will increase gradually over seven months, allowing her to stay in her home and be able to pay her rent.

Harvey Will Not Be Evicted From His Home.

Harvey is an older man with a significant cognitive disability. He has lived his entire life in his home with his mother and two siblings. Harvey's mother has Alzheimer's disease, and was being cared for at home by Harvey's siblings until her condition worsened and the County Public Guardian stepped in. The Public Guardian became conservator of Harvey's mother and her estate, removed her from her home, placed her in a care facility, and intended to sell the home. The Public Guardian sent Harvey an eviction notice and his regional center case manager asked OCRA to assist him. The situation seemed at first to be a complicated estate planning issue until an attorney from the regional office, with a background in housing, got involved. After determining that the regional center, as Harvey's representative payee, had been paying his rent timely to the Public Guardian, OCRA informed their attorney that the eviction notice was unlawful under the city's Just Cause for Eviction Ordinance. As a result, the attorney for the Public Guardian rescinded the eviction notice and Harvey continues to live in his lifetime home.

NON-DISCRIMINATION

Dustin Receives Approval to Make Reasonable Modifications.

For several months, Dustin experienced resistance from his Section 8 voucher landlord in making reasonable modifications to his apartment so he could continue to live safely and independently. OCRA sent Dustin's landlord a demand letter explaining his disability and new health issues. The letter clarified how Dustin's health concerns require railings to be installed at his apartment's front steps and grab bars added to the inside of his shower. The letter also explained that Dustin requires the removal of his glass shower door and the installation of a shower curtain rod for safety reasons. The law requires a landlord to permit the modifications, but does not require the landlord to pay for them. OCRA obtained funding for the installation work from Dustin's regional center. In response to OCRA's letter, Dustin's landlord agreed to permit most of the reasonable

modifications. OCRA is filing a formal complaint with HUD to order that the landlord permit the remaining needed reasonable modifications.

A College Student Remains in Her Classroom.

Ariana is a first-year college student who frequently had seizures during class. One of her professors found her seizures to be distracting, so he insisted that she leave every class early, sit in the hallway, and return at the end of class for the homework assignment. Ariana's grades began to suffer as she missed more than half of every class. OCRA advised Ariana that her college must make reasonable accommodations for students with disabilities. OCRA advised Ariana that she cannot be asked to leave class because she has a disability. OCRA helped Ariana prepare for a Section 504 meeting with her college, where she advocated for her right to stay in the classroom. At the 504 planning meeting, the team agreed that Ariana could not be kicked out of class because she has seizures. Since then, Ariana has been able to attend the entire class session for the rest of the semester.

OUTREACH AND TRAINING

A New Partnership Forms with the Southeast Asian Community.

OCRA forged a new partnership with a local Southeast Asian Community Center. The Bridge of Modesto is located inside a county-owned neighborhood home and from this location, families from the Hmong, Laotian, and Cambodian communities are served regularly. The Bridge offers services and supports in the areas of advocacy, housing, public benefits, education, healthcare, and many other county and state services. With simultaneous translations into the Hmong, Laotian and Cambodian languages, OCRA provided an introduction to OCRA and a substantive legal training about Social Security eligibility. OCRA has already scheduled additional legal trainings this summer on regional center services for Bridge Families.

School Psychologists Learn About Alternatives to Conservatorship.

OCRA has worked closely with a large high school district over several years to educate families of transition-age regional center consumers about alternatives to conservatorship. The district representative shared that she has seen a shift in the attitudes of parents and staff about conservatorship

as a result of OCRA's outreach over the years. Parents and district staff shared that school psychologists speak of conservatorship as a routine or inevitable step for a young person with a disability. OCRA arranged to speak to the school psychologists in the special education department at one of their monthly meetings. OCRA presented a brief overview of the conservatorship process and information about alternatives to conservatorship. The group discussed hypothetical situations to study how the alternatives might help students with different needs, abilities, and family situations. The psychologists participated in a lively discussion about the alternatives and asked insightful questions. They provided positive feedback on the training and are now prepared to keep less restrictive alternatives to conservatorship in mind when speaking to families about how to prepare for the transition to adulthood.

Medi-Cal in Rural California Forum for Professionals.

OCRA recently contributed to a community training forum that was attended by 100 medical professionals, social workers, and other service providers. OCRA is part of The Diversability Advocacy Network (DAN), a partnership made up of local organizations in northern California. DAN's focus is to provide information regarding health care changes, the shift to managed care, and long-term services and supports (LTSS) in the local rural counties. DAN advocates on a systemic level for persons with disabilities and older adults to ensure that LTSS systems are accessible. DAN also advocates for LTSS continuity of care, and engages with county agencies, community-based organizations, and health plans throughout northern California. Presenters at this all-day forum included staff from local health plans, health care systems, advocates, and hospital and mental health professionals. They spoke on a variety of topics, including the "Future of Medi-Cal Managed Care in Rural California," and a panel discussion on "Models of Integrated Care." Participants' surveys at the end of the day awarded the seminar high marks across the board.

PERSONAL AUTONOMY

Peer Advocate Encourages Client with Diabetes to Use Self-Advocacy Skills and Technology.

Walter called OCRA for information on how to get help using his new glucometer and managing his health needs after his recent diabetes diagnosis. He stated that his independent living skills (ILS) worker would

not assist him because she was not certified or trained. He also thought it was too difficult for him to use the glucometer by himself. He was frustrated with his ILS worker for not being able to help him check his blood sugar levels. Walter thought he needed nursing services to monitor his diabetes. OCRA advised Walter that many people monitor their blood sugar levels without need for a nurse. OCRA advised Walter to ask for an IPP meeting to see how the regional center could help him and suggested he ask for training from a nurse on how to use the glucometer. OCRA also found YouTube videos that may guide Walter step-by-step on how to use the glucometer. OCRA reassured Walter that he is a strong self-advocate and will learn to manage his diabetes with a little additional training and support from the regional center. OCRA explained that the regional center can help him develop a plan to support him in managing his diabetes. OCRA also assisted Walter to format the agenda for his future IPP meeting with the regional center.

REGIONAL CENTER - COMMUNITY PLACEMENT

Shirley Moves to the Community after Decades in a Developmental Center.

When Shirley was 14 years old, her parents placed her in a developmental center. This was in the late 1960s, when there were very few community services and supports for people with developmental disabilities. As time went on, her parents (who became her conservators) felt comfortable with her institutional home and resisted exploring possible community options despite the fact that Shirley does not have significant medical or behavioral needs. Shirley remained in institutional care for almost 50 years. With developmental centers closing, Shirley's conservators, now her siblings, faced the inevitability of a move. Still, they resisted community placement, often out of fear. OCRA became involved with Shirley a year before her move to the community, when notified of her IPP as required by statute. OCRA met with Shirley and attended meetings at the developmental center. OCRA also partnered with the SLS provider and the regional center, attending a number of long, emotional meetings, working to answer the conservators' questions about community placement. When Shirley's *In re Hop* commitment came before the court during this time frame, OCRA wrote a letter brief and advocated in court for a commitment of less than two years. As a result of OCRA's advocacy, the judge ordered a

commitment of only months, just enough time to allow for the community placement to be ready.

Shirley recently made the move to her new home in the community. She lives in a large home with a spacious back yard within a few miles of her family. Eventually, two housemates will join her. On a recent visit, Shirley was delighted to show OCRA her new home. She has the master bedroom with an attached bathroom and a walk-in closet. Shirley is very comfortable in her room, which is beautifully furnished with a queen bedroom set and a comfortable recliner that she picked out. Shirley has many framed pictures of her family on her wall. Her SLS staff reports that she loves participating in activities of ordinary life which were unavailable to her in the institution, including doing laundry, loading and unloading the dishwasher, and assisting with meal preparation. Shirley appreciates getting to know her new community. She loves to be out and about every day, enjoying grocery shopping and sipping coffee at the local bookstore. Shirley particularly enjoys people-watching, especially delighting in children and babies (a rare sight in her time at the developmental center). By all accounts, Shirley is living a happier and more independent life.

Ken Successfully Moves Out of an Institution and Into His Own Home.

Ken was initially placed in an IMD by the regional center on an emergency basis when the regional center could not locate a community placement that met his behavioral needs. OCRA worked closely with the IPP team to identify the necessary services and supports Ken would need to successfully transition back into the community. Ken was recently discharged and is thriving, living independently in his own apartment with supported living services funded by the regional center.

Sam Moves from a Developmental Center to a Community Home.

Sam lived in locked institutional settings for much of his life. On his own, Sam filed a writ of habeas corpus, seeking his release from a developmental center. Although he was successful in his petition and won his release, his first community placement failed in part because the location and services were not a good match for his needs. Sam was again placed in a developmental center. OCRA and DRC's regional office staff represented Sam at IPP meetings and advocated for an appropriate community placement and community-based services. A new enhanced behavioral home was developed in Sam's home community, so he had the

opportunity to be the first person to move in. OCRA and DRC advocated for extensive transition planning, including opportunities for Sam to visit his new home and for the group home staff to visit Sam in the developmental center before completing the move in order to build trust and rapport. The team working with Sam engaged in cross-training with the staff at his new home to share his strengths, preferences, and strategies to help him communicate effectively and manage his behaviors. Sam moved into his new home, where he is happy and thriving. He makes coffee for himself in the morning, earns money at his day program, listens to his favorite music, and appreciates having the freedom to make choices about how and with whom he spends his days.

When Sam moved into the community, the civil commitment under which he was being held at the developmental center expired. Even though Sam was doing well at his community placement, his regional center filed a petition to have a new civil commitment put in place that would give the regional center additional control over his living arrangement. OCRA and DRC regional office staff asked the regional center to withdraw the petition in order to preserve Sam's autonomy, due process rights, and ability to access crisis services in the future if necessary. OCRA appeared on Sam's behalf at a hearing regarding the commitment and asked the court to continue the matter so the parties could meet and confer, and to allow Sam to demonstrate success in the community to show that he did not meet the legal standard necessary to support a civil commitment. The court continued the hearing as requested, and by the time of the next hearing, with Sam thriving in the community, the regional center asked the court to dismiss the petition.

Reese Will Not Have to Live in an IMD with Breast Cancer.

Reese had significant behavior issues when she lived in the community. The regional center eventually placed Reese in an IMD that was more than 150 miles away from her home community. The regional center notified OCRA of Reese's IMD admission and provided OCRA with a copy of her comprehensive assessment. Reese stated clearly that she wanted to return to her community. While OCRA advocated for Reese to live in the least restrictive environment, the regional center attempted to relocate her to another IMD, which allowed outings into the community. However, this other IMD denied her application. During this process, Reese was diagnosed with breast cancer. She began to receive chemotherapy and

may need surgery in the near future. OCRA and the regional center are working together to find a placement that more appropriately meets Reese's medical and behavioral needs, so she can continue her breast cancer treatment in her home community.

REGIONAL CENTER – ELIGIBILITY

Regional Center Rescinds Eligibility Termination for a Child with ASD.

Alfonso is an 8-year-old with average cognitive ability and Autism Spectrum Disorder (ASD). Since age two, he has received behavioral intervention as a regional center client. Because of these intensive interventions, he has been successful academically in his elementary school classroom, with 504 accommodations instead of an IEP. However, he still needs substantial social and behavioral assistance outside of the classroom. Due to his academic success, the regional center reassessed his eligibility and determined that he had been misdiagnosed and no longer qualified for regional center services. OCRA met with the regional center and provided technical assistance to Alfonso's father concerning DSM-5 eligibility criteria for ASD, case strategy and options, evidence development, and standards of proof under the Lanterman Act for the administrative hearing. Ultimately, a few days before the hearing, the regional center agreed to rescind the eligibility termination. The regional center agreed that although Alfonso was doing well in the very supportive elementary school environment, it was premature to discontinue services without waiting to see how he would meet the more demanding academic and social challenges of adolescence. Alfonso's regional center eligibility will continue at least five more years before another reassessment.

REGIONAL CENTER - SERVICES

Bruce Obtains Respite Services While Hospitalized.

Bruce's mother contacted OCRA after being denied respite services because he was hospitalized. Bruce had been in the hospital for over a month and needed constant supervision while there. His mother could only leave his side briefly when other family members came to visit and she was overwhelmed. Respite was stopped without written notice of action. Since respite can only be provided in the home, the respite agency had thought they were not allowed to provide respite in the hospital. OCRA contacted

the regional center and explained that Bruce required around-the-clock supervision by another person, even while hospitalized. OCRA explained that Bruce's mother had not had a break from caring for him for more than a month and was not able to go home and see her other child. OCRA requested the respite services be reinstated. The regional center and respite agency immediately reinstated the respite services and Bruce's mother was finally able to take a much-needed break.

Valerie's Therapy Services are Reinstated.

Valerie had been receiving behavior therapy services through a vendor of the regional center for the past several years. However, when Valerie's service coordinator left the regional center, the behavior therapy services were terminated because no one renewed the purchase of service. Valerie's parents had requested an IPP meeting at the beginning of 2016 to discuss the reinstatement of therapy services. At the meeting, the regional center agreed that services should never have stopped. The regional center agreed to prepare a new purchase of service so that Valerie could resume behavior therapy services. However, after many months of Valerie's parents calling and emailing the regional center, the therapy services had still not been reinstated. Valerie's parents also never received a copy of the IPP document. OCRA helped Valerie's parents to write a formal letter reminding the regional center of their duty to provide IPP documents within 45 days of the request for any threshold language, as well as their duty to provide a notice of action if services were denied without the mutual consent of the family. Following the letter, the regional center promptly responded to Valerie's parents' request and reinstated her services. Valerie's family continues to wait for a copy of the IPP document.

Clients Transitioning out of Early Start Receive Proper Notices of Action.

Chin-Hae received Early Start services from the regional center before age three. When he turned three, his parents received a letter from the regional center telling them that he had aged out of Early Start and was not eligible for services under the Lanterman Act. They did not receive information about their right to appeal, such as the deadline to appeal, where to find advocacy assistance, or the appeal form. OCRA discovered that many other Early Start consumers also did not receive appeal information when they were found not to be eligible for services under the Lanterman Act. OCRA worked with the regional center staff who serve Early Start clients to

ensure that they were aware of the requirements for a proper notice of action under the Lanterman Act. The regional center agreed to send complete notices of action to all children in the Early Start program when they turn three and are found not to be eligible for services under the Lanterman Act. Chin-Hae's family received a proper notice that informed them of their appeal rights and the reason for the denial. Other children will receive such notices in the future, ensuring that their families are aware of their right to appeal.

George Gets New Wheels.

After frequently arriving late to his day program, George and his parents wanted to change his transportation vendor. OCRA informed George's parents of the regional center's responsibility to provide transportation as written in his IPP. OCRA also informed George's parents of the right to request a new transportation vendor and to review the referral packets that the regional center was sending to the proposed transportation agencies. George's parents requested to change the transportation agency and to review the referral packets. George's parents were concerned that he would not have transportation because the regional center had not been able to locate another agency. However, shortly after the requested change, the regional center located a vendor to transport George to his day program. George now gets to his day program on time each day.

Collaboration Between Regional Center and OCRA Protects Consumer From Hasty Group Home Transfer to Avoid Trauma.

Tomas is 61 years old and has profound intellectual disability. He does not speak, but communicates through his behavior. Tomas does not have any family or friends involved in his life and does not have a conservator appointed by the court. Tomas had lived in a developmental center for more than 55 years, since he was five years old. His transfer to a less restrictive community group home setting was well-planned with considerable cross-training between the developmental center staff and the group home to ensure staff understood Tomas's behavior and could provide appropriate services. Ultimately, his move to a group home in the community was successful and he lived there for more than four years. Tomas becomes self-injurious when there are changes to his routine and his environment. OCRA was called to participate in Tomas's IPP meeting because of concerns about a plan to transfer him to a new group home. Since Tomas is not able to verbalize his decisions regarding his care, his

service providers worried that moving to a new group home would not be in his best interest and would not be a change that he would want.

After interviewing several of Tomas's service providers, OCRA determined that his rights might be in jeopardy and intervened. Working collaboratively with IPP team members, OCRA advocated that Tomas not to be transferred until a behaviorist developed a thorough transition exploration plan. The IPP team decided that the transition should be put on hold to allow for multiple visits to the proposed group home, close observation and gathering of behavior data, and analysis of the behavior data by the entire IPP team. The team would then decide if the transfer was in Tomas's best interest. All staff who would work with Tomas needed to be very knowledgeable of what his behavior communicates about his feelings. A month of cross-training and visits to the proposed group home will take place before the IPP team will reconvene and decide if the transfer to a new group home is appropriate or not. Careful planning on the part of the IPP team has helped to prevent a hasty move for Tomas.

SPECIAL EDUCATION

A Young Boy is Spared Expulsion.

Dale is described as "a very sweet boy subject to occasional 'meltdowns.'" His mother called OCRA with concerns about inappropriate restraint in school and a delay in putting behavioral services in place. The immediate focus switched, however, when the school suspended Dale and said he would be expelled because he "brandished" a pocket knife at school. School personnel claimed they had no choice under the law but to expel him. OCRA researched the exact language of the relevant California Education Code sections. Citing those provisions, OCRA explained to the school that expulsion was not required because the knife did not meet the applicable size definition and Dale did not "brandish" it, he only gave it to someone after they asked for it. After reconsidering, the school concluded that the knife did not fall within the Education Code definition, so a brief suspension was an adequate disciplinary response. Dale was welcomed back to school with new behavioral services in place.

Pablo Gets A Classroom Aide to Help His Learning and Behavior.

Pablo's mother was concerned after she received multiple notices about Pablo's disruptive, aggressive, and destructive behavior in the classroom.

Pablo was repeatedly being sent to the “cool-down” area after hitting, biting, pushing, and destroying objects in the classroom. He was not making progress on his IEP goals and objectives. The classroom staff were often not able to redirect him. Despite these behaviors, the IEP team was not willing to assign a trained 1:1 aide. Pablo’s mother does not speak English, so she had difficulty advocating for her son at his IEP meetings and understanding the English documents from the school. OCRA helped Pablo’s mother prepare for his next IEP meeting by reviewing records and finding evidence to support her request for a 1:1 behavior aide. Using OCRA’s advice, Pablo’s mother requested and obtained an independent educational evaluation by a behavior specialist. OCRA recommended that Pablo’s mother invite his home behavior aides to the IEP meeting, since they had successfully implemented a behavior plan that significantly reduced Pablo’s maladaptive behaviors at home and in the community. The home behavior aides shared their strategies with the IEP team. After a series of three separate IEP meetings, the team finally agreed to assign a 1:1 aide to implement the behavior plan developed for Pablo.

Dante Gets the Occupational Therapy He Needs.

Dante’s mother had been advocating for him to receive occupational therapy services from the school, but had not been successful. OCRA helped prepare Dante’s mother for his upcoming IEP meeting. OCRA provided Dante’s mother with strategies, advice, and questions to ask related to his occupational therapy needs during the IEP meeting. Dante’s mother followed the advice OCRA provided and the IEP team agreed that Dante needed weekly 30-minute individual occupational therapy sessions at school.

Victor Returns to School.

After successfully transitioning from a developmental center to community placement, Victor began attending a county special education high school transition program in accordance with the goals in his IEP. Victor initially did very well in his new program. However, following the school winter break, he experienced an illness and an increase in his aggressive behaviors. Victor had an inadequate school behavior plan, and as a result wound up missing months of school. OCRA represented Victor at a series of IEP meetings and requested additional assessments. Following a detailed transition plan designed to provide Victor with autonomy in making his own decisions to participate in the program, Victor returned to his

transition program on a partial day basis. All of Victor's IEP team members are now more confident about his full participation once school resumes in the fall.

OCRA Secures Behavior Assessment and Full-Time School Enrollment for Student.

Jocelyn has disability-related behavior incidents at school. Jocelyn's teacher would send Jocelyn home early every day, which put her mother at risk of losing her employment. OCRA contacted the director of special education who was unaware that Jocelyn's teacher was sending her home. The school district funded an independent functional behavior assessment by a qualified assessor and developed a positive behavior plan to assist Jocelyn with her behavior at school. Sending Jocelyn home will not be part of her plan.

Julie Receives Extended School Year Services.

After being discharged from the hospital, Julie could not attend school because her immune system was compromised and she had extensive medical needs. Once her health stabilized, her parents notified Julie's school that she was ready for educational services in her home. The school district demanded that Julie return to the public school setting, threatening truancy action against Julie's parents if she didn't return. OCRA attended an IEP meeting to obtain educational supports and services in the home. At the IEP meeting, OCRA presented a letter from Julie's doctor which explained Julie's medical need for her to be educated in the home setting, along with the appropriate number of instructional hours and related services. The IEP team agreed to six hours per week of home instruction, 30 minutes per week of speech services in the home, and 30 minutes per week of occupation therapy in the home. Julie's parents also requested extended school year services, however, they were not sure if Julie would be able to enroll if she had another surgery during that time period. Julie started to receive educational services in the home and began to show signs of academic improvement. When Julie's parents notified the school that she would not be having the surgery, the home teacher informed Julie's mother that the home school hours and services would not be provided during extended school year. Again, OCRA got involved and contacted the school district. As a result, Julie will continue to receive speech therapy, occupational therapy, and instruction in her home during the extended school year.