

Additional Advocacy Reports July 1, 2015 through June 30, 2016

ADA

F.I. Will Have Her Own Accessible Parking Space.

F.I. lives in housing through the U.S. Department of Housing and Urban Development (HUD). She has a spinal cord injury and severe osteoarthritis causing falls. She uses a wheelchair when navigating outside her own apartment. F.I. had an assigned parking space, but when she was unable to drive after a surgery, the building manager gave her parking space to another tenant. F.I. requested, as a reasonable accommodation, that the building management assign her a parking space in the lot in front of the building. By not having an assigned space, F.I. is forced to either park in a lot far from the building with uneven terrain and without proper night lighting, or find street parking, which also has restrictions for street cleaning. OCRA filed a complaint with HUD. The HUD investigator issued a Preliminary Letter of Findings that F.I.'s building management is out of compliance with the law in withholding a reserved wheelchair accessible space for F.I. The building management must either voluntarily comply with the letter or HUD will enforce its findings that F.I. must have an assigned parking space.

BENEFITS

SSDI

I.X. is Relieved of Overpayment and Continues to Receive SSDI.

I.X. came to OCRA when he received a notice from Social Security saying his SSDI benefits would be discontinued and asking him to repay an overpayment of more than \$21,000. Social Security claimed that the level of his income demonstrated that he was no longer disabled. I.X. has worked for over seven years as an office support staff. I.X. and his family did not realize that not all of his income should be counted in Social Security calculations if his employment is "subsidized." OCRA asked I.X.'s supervisor to complete a questionnaire about his work. The answers demonstrated that, though I.X. is a valued employee, his duties are modified and he receives extra help and job coaching due to his disability. After receiving this information, Social Security concluded that I.X. continues to

be disabled and continues to be entitled to his SSDI benefit, so no overpayment had occurred.

SSI

OCRA Helps E.N. Correct Mistaken SSI Benefit Reduction.

E.N.'s mother contacted OCRA for assistance correcting an error with E.N.'s SSI benefit. E.N. has the same name as his father, which resulted in the Social Security Administration mistakenly counting E.N.'s father's income as his own, even though E.N. is only seven years old and does not earn any income. E.N.'s mother tried to resolve the issue with Social Security, but each time she thought it was corrected, a new notice would come stating that E.N.'s benefit was being reduced because Social Security believed he was earning his own income, was over the allowed level of resources, or was not in school full-time. OCRA obtained a release from E.N.'s mother and spoke with the Social Security liaison to explain the situation and the confusion about E.N. and his father. The Social Security liaison passed OCRA's inquiry on to the district manager at the local office, and the benefit reduction was corrected within the next week. Using the liaisons in this way got a quick resolution and avoided ongoing erroneous reductions and the time and expense of an administrative appeal or hearing.

D.D. Keeps His SSI Benefits.

SSI informed D.D. that his case was being audited by SSA and the IRS, and his benefits might be terminated in a few weeks because he had not disclosed a trust account that contained more than \$2,000.00 in assets. In fact, a trust account had been set up by his parents more than 10 years earlier, but when they divorced it was distributed to D.D.'s father with whom he has not had contact with for several years. The trust was still in D.D.'s name, and although D.D. was unaware of it and had never received any distributions from it, the IRS and SSA believed he had. With D.D.'s agreement, OCRA provided technical assistance to his mother, had a conference call with the SSI representative, referred D.D.'s mother to the regional center's SSA specialist for additional assistance, and drafted a declaration for his mother to explain the circumstances to SSA. Ultimately, SSA agreed to continue D.D.'s benefits for another year to allow time for further investigation of the trust.

K.C. Prevents a \$220 Per Month Reduction in His SSI Benefit.

K.C., an adult, lives in the family home and receives SSI benefits. K.C. received a notice from the Social Security Administration (SSA) informing him that his SSI benefit was being decreased by \$233.33 per month because he was receiving help from his mother to pay for his share of the household shelter and food expenses. OCRA advised K.C. to appeal and his mother agreed to represent K.C. at the meeting. OCRA prepared K.C.'s mother for the appeal by explaining the SSI regulations and providing the appropriate SSI form for her to document the household expenses. After the meeting, SSA again determined that it was correct in reducing K.C.'s SSI because he was not able to pay his fair share of the shelter and food expenses. K.C.'s mother appealed again. In the appeal document, OCRA explained that SSA should have applied the presumed maximum value rule (PMV) because K.C. was able to pay all of his shelter expense, and only needed some help with his food expense. SSA should have partially reduced his benefit based on the amount he was unable to pay, rather than reducing his benefit by \$233.33 per month. After the appeal, SSA sent K.C. a new notice informing him that his benefit would be increased by \$220 per month because he was able to pay his shelter expenses, and only received some help with his food expenses.

The Social Security Administration Waives T.N.'s Overpayment.

T.N. contacted OCRA for assistance after receiving an overpayment notice from the Social Security Administration. T.N. diligently records and reports her wages to Social Security every month. She went to the local Social Security field office and filed a request to waive the overpayment. When she didn't hear anything for several weeks after filing the request, T.N. followed up and found that the office did not have a record of her request having been filed. OCRA contacted the field office managers on T.N.'s behalf and requested that they administratively waive the overpayment, which they can do if the overpayment is less than \$1,000.00. Social Security agreed to waive the overpayment.

S.Z.'s Benefits are Reinstated.

S.Z. is a young man with cerebral palsy and intellectual disabilities. Social Security completed a redetermination which found that S.Z. was no longer eligible for SSI. S.Z.'s service coordinator contacted OCRA to request

assistance with filing an appeal. Unfortunately, by that time, the timeline to appeal had passed, and S.Z.'s representative payee had not filed an appeal. OCRA drafted a Request for Reconsideration, noting the "good cause" for the delayed appeal. In addition, the regional center submitted other relevant records to support the reconsideration. Two weeks later, SSA reinstated S.Z.'s SSI benefits and continued his eligibility.

K.M. Obtains a \$253 Per Month Increase in His SSI Benefit.

K.M. had been found eligible for SSI but was not receiving his full benefit amount. K.M. received a notice of action informing him that his benefit amount was reduced by \$253 per month because he received earned income and he was not paying his fair share of the household expenses. K.M. worked about 3 hours per week as part of his school program. OCRA advised K.M.'s mother to appeal the reduction and request a reconsideration meeting. OCRA helped his mother prepare for the meeting, explained the student earned income exclusion and in-kind support, and discussed the household expenses rules. At the meeting, K.M.'s mother explained that K.M.'s income should not be counted because he met the criteria for the student earned income exclusion as a full-time student earning less than \$1,170 per month. K.M.'s mother also provided documentation that K.M. was paying his fair share of the household expenses. K.M. received a notice a few weeks later informing him that based upon the information received at the reconsideration meeting, his benefits would be increased by \$253 per month, back to the full grant amount.

IHSS

IHSS Helps to Fill a Gap in Care.

I.W. had always been cared for by his family, but due to some changes in the family he needed more support at home. OCRA provided I.W.'s mother with information about the IHSS program, applying for services, and the in-home assessment process. With OCRA's guidance, I.W.'s mother completed the IHSS self-assessment forms to prepare for I.W.'s in-home assessment with the county. The county assessed I.W. and his mother provided detailed information about his care needs. The county found him eligible for IHSS. He now has the additional help he needs to remain at home living with his family.

S.H.'s IHSS is Reinstated and Her Hours Are Increased.

S.H. lives with her father who is unable to serve as her IHSS worker due to his own medical condition. After an IHSS assessment, S.H.'s hours were suddenly reduced from 37.5 hours per month to only 18 hours per month. S.H.'s father contacted OCRA for help. OCRA reviewed the notice and contacted the county and explained that the IHSS worker misunderstood S.H.'s father when he said that he does not need to be paid to help his daughter. OCRA explained that this statement did not mean that S.H. does not need IHSS. After recognizing its error, the county increased S.H.'s monthly IHSS hours to a total of 42.29 hours per month.

B.I. Is Approved for IHSS Protective Supervision Hours.

B.I., through his mother, applied for IHSS and was denied protective supervision. OCRA advised B.I.'s mother to appeal and learned that the IHSS social worker had not provided the protective supervision form to B.I.'s doctor. OCRA provided B.I.'s mother with the form for B.I.'s doctor to complete. OCRA also provided her with a document explaining the IHSS definitions of orientation, memory, and judgment to give to the doctor to use as a helpful tool when filling out the form. The doctor noted B.I.'s significant impairment in all three areas on the form and wrote a separate letter supporting the need for protective supervision. The doctor also noted one example of the need for protective supervision: B.I. had put muscle pain medication paste on his toothbrush and was going to brush his teeth with it. B.I. has also tried to feed the fish Ajax, eaten a large amount of his mother's vitamins, tried to put things in an electrical socket, flooded the bathroom by leaving the shower on, and burned himself by turning on the hot water. After turning in the form and letter, B.I.'s social worker approved protective supervision and they did not have to proceed to hearing.

IHSS Agrees to Reinstate L.C.'s Protective Supervision.

For the past eight years, L.C. received IHSS, including protective supervision, so he could live at home with his family. This year, upon reassessment, IHSS determined that L.C. no longer required protective supervision and sent him a notice terminating the service and reducing the amount of time he was allocated for ancillary services. OCRA worked with the regional center and his parents to obtain an assessment that identified his needs, cognitive abilities, and lack of safety awareness in the home and

community. OCRA drafted supporting declarations from people familiar with L.C.'s functioning. After OCRA provided this new information to IHSS, they agreed to reinstate all of L.C.'s IHSS protective supervision and ancillary service hours.

OCRA Helps Twins Obtain IHSS Hours.

C.Q. and L.Q. are 9-year-old twins with multiple disabilities. They have significant behavioral issues in the home, but their mother receives virtually no services because all she had time to do was manage her daughters' behaviors. OCRA became involved and advocated at two IHSS in-home assessments. During the first assessment, the twins eloped from the house about eight times and lit the stove three times in front of the social worker. The social worker had to stop the assessment and reschedule it for another day. After the second day of assessment, the twins were awarded 230.22 and 224.48 hours each, including protective supervision. The twins' mother has already found providers to care for them. Now that she will have a bit more time, she can focus on implementing behavioral and other needed services.

OCRA's Advocacy Results in IHSS Hours Doubling.

C.T., an adult, lives with his mother who is also his IHSS provider. A recent reassessment by IHSS provided C.T. with too few hours, despite the fact that his actual care needs had increased. OCRA assisted C.T. by providing worksheets to keep track of the actual time it takes to do caretaking tasks. OCRA then reviewed the worksheets and realized that there were several areas in which IHSS had granted too few hours. OCRA requested and then attended another IHSS reassessment. At that meeting, OCRA provided the social worker with additional information and advocated for C.T. to have exceptions to the time-for-task guidelines due to his exceptional needs. At the conclusion of the reassessment, the social worker agreed. C.T.'s hours nearly doubled, from 37.11 hours per month to 67.3 per month.

OCRA's Advocacy Results in 100 More IHSS Hours Per Month.

D.T. was awarded 187 hours per month of IHSS after an initial assessment. This was far fewer hours than his family expected. D.T. is a child with a significant intellectual disability, cerebral palsy, and epilepsy. He has many

medical needs, including frequent suctioning and feeding through a G-tube. OCRA travelled multiple times to the family's home to meet with D.T. and his family, using an interpreter to communicate with D.T.'s grandmother, who is his primary caretaker and a monolingual Hmong-speaker. OCRA also obtained relevant records from IHSS and from regional center. The gap between D.T.'s needed and awarded hours was primarily in the area of paramedical services. D.T.'s new primary care physician had vastly underestimated his need, likely due to communication challenges. OCRA enlisted the help of a home-health nurse who was very familiar with D.T. and his needs to conduct a new evaluation. OCRA then provided this to the doctor. The doctor met with D.T. again and revised her opinion as to his need for paramedical hours. IHSS accepted the new document and found that D.T. was indeed entitled to the maximum of 283 hours.

M.L. Prevails in Battle Over Alternative Resources and Gets IHSS.

M.L.'s adoptive parent applied for IHSS for him, but the county denied the application. The county's reason was that M.L. did not qualify and that his adoptive parent was receiving funds from the Adoption Assistance Program (AAP). OCRA advised M.L.'s parent to prepare for the IHSS hearing by showing his need for IHSS with records, a self-assessment, and an injury log. OCRA also advised his parent to schedule an in-person meeting with the appeals specialist to obtain a copy of the needs assessment done by the IHSS social worker. In addition, OCRA provided M.L.'s parent with the all-county letter that explained that AAP is not an alternative resource for IHSS. Armed with the letter, the meeting with the IHSS appeals specialist was successful. M.L. was approved for 19.33 hours of IHSS.

L.C. Obtains an Increase in IHSS Hours.

OCRA successfully represented L.C. earlier this year to ensure that his IHSS hours were not reduced. Shortly after settlement in that matter, L.C. received a new notice that the county was going to reassess his IHSS eligibility. OCRA worked with L.C. and his parents to prepare for the assessment. On the day of L.C.'s in-home assessment, OCRA was present at the home. L.C. has since received notice that his IHSS hours would not be reduced, but rather would increase by 14 hours per month.

OCRA Helps E.C. Prepare for IHSS Hearing to Keep Provider.

E.C. contacted OCRA for help in challenging the county's refusal to allow her to use her preferred caretaker as her IHSS worker. The county did not provide E.C. with a written notice explaining why it would not allow her preferred provider to serve as her IHSS provider. OCRA agreed to speak with the county IHSS authority on E.C.'s behalf in order to determine the county's position. The county thought the provider had been in trouble with the law in the past. OCRA relayed the county's position to E.C. and advised her about her options and how to appeal the county's decision. OCRA provided E.C. with the relevant All-County Letter about IHSS provider eligibility requirements so that she could include it in her appeal and show the judge at her hearing. E.C. did so and argued that she should be able to make the choice to hire her preferred provider, with whom she had a longstanding relationship. E.C. won her hearing, and is now able to work with her preferred caretaker who delivers her IHSS hours.

Outreach and Training

Outreach Helps Clients Get and Keep Public Benefits.

OCRA conducted a full day of outreach in Imperial County. The day began when OCRA trained regional center service coordinators about public benefits including Social Security, Medi-Cal, IHSS, Section 8, and CAPI. The service coordinators asked insightful questions and connected OCRA staff with several clients who needed further advice or assistance to get or keep the benefits to which they are entitled. OCRA learned more about the specific problems service coordinators are seeing in their area with the agencies that administer public benefits and discussed how to work together to address recurring problems that affect many regional center consumers.

OCRA then facilitated a fun, interactive self-advocacy training called "Hands Off My Money!" for a group of about 20 self-advocates at the Imperial County Work Training Center. The self-advocates learned more about their rights, and in the course of the discussion, OCRA staff learned that a number of the self-advocates had problems with SSI overpayments. Many requested additional help or advice. OCRA has opened cases for the individual consumers who needed help that day, and has already spoken with one self-advocate about providing another training to his group

on a different topic. This combination of training, individual advocacy, and collaboration with the regional center is allowing OCRA to better meet the needs of their clients in Imperial County.

Collaboration Leads to New Opportunities to Reach Spanish-Speakers.

Thanks to collaboration with the Rainbow Family Resource Center of Tri-Counties Regional Center (TCRC), OCRA is now working with the Spanish language Santa Paula parent support group to provide outreach and training on a number of different topics. OCRA staff presented a training on the basics of special education law and advocacy to an intimate group of parents and individuals served by TCRC. The group asked great questions and were enthusiastic about learning about their rights in the IEP process. The group asked OCRA to return soon, and in the meantime will be choosing a new topic for OCRA to present.

Personal Autonomy

OCRA Advocacy Results in Day Program Providing Phone Access.

S.I. contacted OCRA in frustration about the lack of access to his own phone at his day program (a program which provides classroom sessions and vocational training). The program had a written policy that all participants must turn their phones in for the entire day, including breaks and lunch. Because of this restrictive policy, S.I. was unable to make and receive phone calls that needed to be placed during the business day. OCRA began its advocacy by contacting the regional center to seek more information about this vendored program. Then OCRA contacted the program directly, educating the administrator on clients' rights. The program agreed to revamp its policy to provide that personal phones will be available to participants during breaks and lunch. S.I. reports that this new policy is being implemented, with consumers being provided ready access to their phones at appropriate.

U.S. Defends Her Religious Freedom Rights.

U.S. practices the Wiccan religion. One week after U.S. moved into a community care facility, U.S. called OCRA to complain that the residential service provider owner searched her personal drawers, confiscated her

religious items and burned them. In addition, the provider called the service coordinator to report concerns about U.S.'s religious practices. Without U.S.'s consent, the service coordinator then called U.S.'s parents to coordinate an IPP meeting. U.S. was not notified about the emergency IPP meeting and felt like it was an "intervention" when she arrived home. U.S. reported feeling like she had to consent to giving up her personal religious property at the meeting, or she would be evicted from her home.

OCRA contacted the regional center to file a complaint about the provider's inappropriate conduct. At a meeting, the provider admitted that she had confiscated and destroyed U.S.'s religious property. U.S. felt intimidated and discriminated against due to her religious beliefs. When the regional center did not act upon U.S.'s verbal complaint, OCRA filed a 4731 complaint on her behalf. The regional center responded by agreeing to make sure U.S. recovers the value of her lost items. However, the regional center also stated that it did nothing wrong, nor would it disclose how it plans to correct the provider's conduct. OCRA then asked DDS to investigate the complaint.

DDS substantiated the complaint, finding in favor of U.S. on nearly every allegation. DDS also issued a corrective action plan requiring the regional center to train all of its staff with regard to confidentiality and IPP planning. Through this process, OCRA also provided clients' rights trainings to all of the residential service providers in the regional center's geographic region.

Regional Center – Community Placement

E.N. Moves Out Of Hospital With Help From OCRA.

E.N. was admitted to an Institute for Mental Disease after a series of incidents while he was living at home. E.N.'s mother contacted OCRA for help so he could move back into the community. OCRA explained the regional center is required to provide OCRA with notice when consumers are admitted to Institutes for Mental Disease and IPP meetings are scheduled. OCRA also described requirements for a comprehensive assessment, the time limits for which regional centers can fund an institute for mental disease, and community living options upon discharge. Equipped with this information from OCRA, E.N.'s mother successfully advocated for E.N. to move back into the community.

S.I. is on His Way to a More Independent Life in the Community.

S.I. is a 23-year-old with autism and an intellectual disability. He had been admitted to an acute crisis program in a developmental center because of elopement attempts, physical aggression towards others, and at times removing his clothing in public. OCRA attended all of S.I.'s IPP meetings at the developmental center to advocate for community placement. During his time in the acute crisis unit, S.I. made tremendous progress. He had no elopement attempts, little aggression towards others, and appropriate conduct while in public places such as Target, the DMV, and court. S.I. now enjoys cooking with his peers and staff, delivering developmental center mail, and going on community outings. S.I. is ready to move back to the community and live a fuller, more independent life. Plans are underway for S.I.'s move to a small group home in a city where he can live closer to his mother and extended family members.

K.B. Gets Out of Jail and Gets Diversion Services in the Community.

K.B. was being held in the county jail with criminal charges filed against him. OCRA met with K.B. in jail to advise him of his right to obtain diversion services in the least restrictive environment. At K.B.'s request, OCRA shared this information with his public defender. OCRA also asked the regional center to provide diversion services in the community instead of at a locked facility. The regional center agreed and authorized supported living services, a community-based day program, and competency training in the community. With this agreement in place, K.B. was released from jail. He continues to live at his apartment with supports that keep him safe and independent in the community.

Regional Center – Services

K.B. Receives All Requested IPP Services.

K.B. has a significant intellectual disability and cerebral palsy. K.B.'s mother, who is also his conservator, wanted K.B. to be more independent and learn basic life skills. According to K.B.'s mother, regional center had not provided any services for him for many years and told her that services were not available. OCRA scheduled an IPP meeting for K.B. At the meeting, OCRA advocated for K.B. to get an ILS worker, behavioral

services, dental care, and respite. The regional center agreed to fund an ILS worker for 15 hours per month who will assist K.B. with learning basic life skills at home and in the community, respite for 24 hours per month, and a referral for dental care and a behavioral assessment. K.B. will now have what he needs after going so long without any services.

Regional Center Agrees to Extend M.N.'s ABA Services.

M.N. is a 6-year-old with autism. The regional center had agreed to fund 40 hours per week of ABA for three months while his parents tried to secure a Medi-Cal ABA provider. M.N.'s regional center-funded ABA services were set to expire on September 30, 2015, even though his parents were unable to find an approved Medi-Cal provider. OCRA wrote a letter to the regional center requesting that the services continue. The letter also explained the recent Department of Health Care Services extension requiring regional centers to continue funding Behavioral Health Therapy until February 2016. The regional center subsequently agreed that M.N.'s ABA services will remain in place and uninterrupted until February 2016, so that M.N.'s parents have more time to obtain ABA through a Medi-Cal provider.

H.N. Moves to a New Home in the Community of Her Choice.

H.N. wanted to move to a new community. OCRA met with H.N., and she told us that she wanted to move out of her current group home and into a new group home in a different community. She was very confident in her decision and wanted to move soon. OCRA represented H.N. at an IPP meeting to ensure her goals were respected. Following the IPP meeting, H.N. received notice that she had been accepted into a new group home in her chosen community. H.N. visited the home and new day program, liked both placements, and recently moved to the community of her choice.

B.H. Gets the Support He Needs to Live in His Own Apartment.

B.H. became a regional center client as an adult. B.H.'s mother asked the regional center for help finding an appropriate placement for him. The regional center said they could not find a group home for B.H. After multiple meetings with B.H. and his mother, OCRA represented him at an IPP meeting to request supported living services from the regional center. Following the IPP meeting, a regional center vendor identified an apartment

and agreed to provide support living to B.H. The IPP team agreed to the number of support hours he would need. B.H. has already moved into his new apartment and is receiving SLS.

F.U. Keeps Early Start Services Until IEP Meeting Date.

F.U.'s Early Start services were about to end as she was turning three years old. However, the school district put-off her IEP meeting date for three months after her third birthday because of scheduling conflicts with the local school. This meant that F.U. would be without any therapies or services for at least three months. OCRA contacted F.U.'s service coordinator, explained the situation, and advocated for F.U.'s Early Start services to continue until the date of the IEP meeting. The service coordinator agreed with the request. F.U. will continue to receive much-needed therapies until her first IEP meeting date.

E.B. Retains 18 Hours Per Month of Personal Assistance Services to Safely Access the Community.

E.B.'s mother contacted OCRA for help in challenging the regional center's decision to stop funding 18 hours per month of Personal Assistance Services (PAS). E.B. has some behavior issues, so PAS provides E.B.'s mother with the additional support needed for her to safely take E.B. into the community. The regional center said that E.B. no longer needed PAS since the reinstatement of his nursing services. The regional center also claimed that E.B.'s Adoption Assistance Payments (AAP) constituted a generic resource that must be used to cover the costs of E.B.'s daily care and supervision. OCRA represented E.B. at an administrative law hearing challenging the termination of PAS. The ALJ concluded that the regional center must continue funding 18 hours per month of PAS because AAP was not a generic resource and nursing hours were not a substitute for PAS.

Regional Center Continues Funding Copayments for Psychiatric Medication.

The regional center had been funding D.S.'s copayments for psychiatric medications since 2010. D.S.'s service coordinator contacted his mother by phone to inform her that the regional center would no longer continue

paying his copayments. D.S. was not given a written Notice of Proposed Action, which would have allowed him the opportunity to appeal the regional center's decision and request aid paid pending. After D.S.'s mother contacted the service coordinator to request a written Notice of Proposed Action, she was informed that the regional center will continue to fund for D.S.'s private insurance copayments for the months in question because the regional center had failed to provide adequate written notice prior to taking this action.

L.H. Speaks Up and Gets the Support She Needs To Access Her Community.

OCRA agreed to represent L.H. at an IPP meeting after her provider told her that she could no longer go out into the community because she spends too much money. At this meeting, L.H. spoke up to let her IPP team know that she has anxiety, which makes her want to overspend. She asked the regional center for help so she can continue accessing her community without overspending her money. OCRA then requested a behavioral assessment on L.H.'s behalf, and the IPP team agreed that behavioral services would help L.H. continue to exercise her right to spend time in the community, while giving her the support she needs to decrease her anxiety. L.H. now enjoys the same freedom to go to the mall when she wants, just like everyone else.

M.I. Obtains Transportation Services and Documents in His Native Language.

M.I. lives in a rural community and needed regional center-funded transportation to get to his supported employment program. The regional center initially agreed to reimburse M.I.'s father and wrote this service into his IPP. However, the regional center abruptly reversed its decision without providing M.I. a Notice of Proposed Action explaining why. OCRA filed a 4731 complaint on M.I.'s behalf. In response, the regional center said it did nothing wrong, but it asked M.I.'s father to complete multiple forms to become a transportation vendor. M.I.'s father is monolingual Spanish-speaking, and the forms were only provided in English. OCRA told the regional center that M.I. is unable to read due to his disabilities, so the forms should be provided in his father's native language. After more delays, OCRA appealed the regional center's response to M.I.'s 4731

complaint. DDS fully substantiated the complaint, finding in favor of M.I. on every allegation. M.I. will get the transportation services he needs, and the regional center will now provide him with information in his family's native language.

Van Modification is Funded for Community Integration.

K.M. is a 20-year-old man who had simply grown too large for his elderly parents to lift and carry. When K.M.'s father died suddenly, his mother had to care for K.M. on her own. She developed back problems from having to lift and carry K.M. in and out of the family van every time he went into the community. K.M.'s mother was able to save enough money to purchase a new van but could not afford to pay for the modifications to make the van accessible so K.M.'s wheelchair could be rolled in without lifting him from the chair. The regional center denied funding for the van modification. OCRA assisted K.M. in appealing regional center's denial. OCRA gathered additional information to demonstrate that less costly options to adapt the van were not appropriate for K.M.'s individual needs. As a result, the regional center agreed to fund the van modifications, and K.M. and his mother can now easily access the community in their adapted van without risking injury to K.M.'s mother.

W.D. Obtains Supported Living Services in Her Father's Home.

W.D. requires 24-hour care. She contacted OCRA for help obtaining supported living services while continuing to reside with her father, who had a stroke and could not provide care. OCRA represented W.D. at an IPP meeting. At the meeting, OCRA explained that because W.D.'s father had his own disabilities and could not provide care, W.D. should be eligible for supported living services even while continuing to share a residence with him. The regional center agreed to provide supported living services to W.D. with the understanding that once she and her supported living provider found an affordable and appropriate residence, W.D. would move out of her father's home.

Regional Center Installs Track System in K.G.'s New Apartment.

J.F. is a young man who loves bathing but needs a track lift system to manage it. J.F.'s mother called OCRA because he was moving to a new apartment without a track lift system. The family had the device but the

regional center had declined to install it, claiming that a Hoyer lift was adequate. OCRA advised J.F.'s mother to ask the regional center to give her a Notice of Proposed Action refusing to fund the installation so that J.F. could appeal the denial. This simple advice was apparently all it took to make a difference. The regional center installed the track lift system and J.F. was able to move in and out of the bathroom in his new apartment.

C.Q. Fights for and Wins the Dental Care She Needs.

C.Q. needed immediate care for dental issues related to her disability. C.Q. asked her regional center for help. Her regional center told C.Q. that she would first need to get a denial from a generic resource before they would consider funding the treatment. C.Q. and her family had been trying to access generic resources for some time, so they asked the regional center for help getting the denial letters. The regional center did not respond to this request. OCRA contacted the regional center on C.Q.'s behalf and requested that the regional center either help C.Q. pursue the generic resource or fund the treatment themselves. The regional center agreed to pay for C.Q.'s dental treatment.

U.K. Obtains Psychiatric Care and Ongoing Therapy.

U.K.'s mother asked for help when U.K., a teenager with autism, had been denied psychiatric services by county mental health. U.K. had been doing very well but began having auditory and visual hallucinations and acting out in a very uncharacteristic manner, endangering herself and others. On numerous occasions, U.K. sought help at the emergency room and was heavily sedated, assessed by the county department of mental health, and sent home without being seen by a psychiatrist or offered any follow-up treatment. Her behaviors were attributed to autism only. OCRA contacted the regional center who arranged for U.K. to see a psychiatrist. The psychiatrist diagnosed U.K. with a serious mental illness, prescribed appropriate medication, and arranged for her admission to a hospital for stabilization. The hospital confirmed U.K.'s need for continuing mental health treatment. U.K. is now back home, continues to be seen by a psychiatrist, and her mother is in the process of arranging outpatient care and further assessment by county mental health.

Special Education

L.M. Gets Counseling, Transition Services, and a New Assessment.

L.M.'s mother had been trying to deal with the school district on her own, but she ran into trouble because she has limited English language skills. OCRA represented L.M. at an IEP meeting. The IEP team agreed to give L.M. a set counseling schedule for 1:1 sessions twice a month and a new assessment to determine if additional hours of counseling are necessary. The IEP team also agreed to begin a binder check to ensure L.M. submits her assignments and for L.M.'s counselors to establish a career exploration plan. L.M. and her mother agreed with these changes to the IEP. The school district scheduled the assessment as well as counseling, career exploration, and binder check sessions for the following week.

OCRA Helps S.S. Request Behavioral Services from LAUSD.

S.S. was having behavioral problems at his elementary school, which had a negative impact on his school work. S.S.'s mother requested OCRA's assistance in drafting a letter to obtain a Functional Behavior Assessment (FBA) from the school. OCRA also assisted S.S.'s mother in advocating at an IEP meeting at the school to implement the recommendations of the FBA. The IEP team agreed to include hours for Behavior Intervention Consultation as well as new interventions and an updated behavior plan in order to help S.S. address his behavior issues and improve his school performance.

N.U. Gets School Transportation Services.

N.U. is an 8-year-old student with many maladaptive behaviors. His mother had safety concerns and daily difficulties taking N.U. to and from school because of his behaviors. N.U.'s mother could not give him her undivided attention when taking him to school because she also had to take his 3-year-old sister with them. N.U. needs her complete attention to keep him safe from harm as he has a tendency to run, not follow directions, and get upset if not given attention. His mother was struggling more and more each day to get him safely in the car, through the parking lot, and into the classroom. She was afraid he would bolt into a dangerous situation as she removed her 3-year-old from the car seat. OCRA prepared a letter explaining how he met the legal criteria for transportation services. The

IEP team attempted to deny the request, but N.U.'s mother used the letter to successfully support her request. The IEP team approved door-to-door transportation and a 1:1 aide to pick him up at the bus drop-off spot and walk him safely to the classroom from the parking lot. With OCRA's guidance, N.U.'s mother now has a better understanding of the school transportation laws for special education students.

After OCRA Pressure, District Allows K.H. to Attend Holiday Party.

K.H.'s school principal was not allowing him to attend a school party because of his inappropriate behavior toward school staff the previous day. The principal argued that she had the legal authority to exclude K.H. from the festivities in order to teach K.H. that there would be consequences for his inappropriate behaviors. OCRA immediately contacted the district representative and explained that state law barred the school district from using intervention strategies that would cause excessive emotional trauma. OCRA also argued that K.H. should not be excluded from the event since his behaviors were a manifestation of his disability. As a result of OCRA's intervention, the school district agreed to allow K.H. to join the celebration.

Family Receives IEP in Spanish.

E.S. is a student in a large school district who receives special education services through his IEP. E.S.'s mother, his advocate, is a monolingual Spanish-speaker. She repeatedly asked E.S.'s school district for a copy of his IEP in Spanish, even made the request in writing, but for several months the school district did not provide a Spanish language copy of the IEP. E.S.'s mother did a good job of keeping track of the dates when she made her requests, which helped OCRA advocate on E.S.'s behalf with the district. OCRA contacted the school district's special education ombudsperson to request that the IEP be provided in Spanish right away. After several calls and emails with the ombudsperson, as well as with the district's translation department and other staff, the school district provided E.S. and his mother with the IEP in Spanish, which allowed them to understand his services and participate fully in his IEP process.

OCRA Assists Student to Remain in Least Restrictive Placement.

B.W., a student with autism, was in a district program. The school district claimed that B.W. needed to change her placement to a county autism

program because the school district did not have any autism programs. B.W.'s parents visited the offered county classroom and rejected it because the students in that placement were nonverbal and had significant behavior challenges, in contrast to B.W., who is developing language and who does not demonstrate inappropriate behavior. OCRA represented B.W. at her IEP meeting. During the meeting, the school district agreed to keep B.W. in her current placement with added supports to address her needs related to her autism. The school district also agreed to conduct an assistive technology assessment to determine if B.W. would benefit from an augmented communication device or other technology to better access her educational services. In addition, the school district agreed to conduct a behavior assessment to collect data on B.W.'s on-task behavior and need for prompts.

N.O. Gets a Non-Public Agency 1:1 Staff Trained in ABA at School.

N.O. is a young student with autism. Because of his behaviors, his parents needed assistance in obtaining a 1:1 staff for him at school. During school, someone found N.O. in the middle of the street without adult supervision. Another time, the school lost N.O. for over 30 minutes. N.O. was disrupting the classroom daily, preventing himself and others from learning. OCRA represented N.O. at an IEP meeting, discussed N.O.'s needs, and made a formal request to the school and district for a non-public 1:1 staff trained in ABA. Thirty days after the IEP meeting, the district responded and agreed to provide N.O. with a non-public agency 1:1 assistant trained in ABA. N.O. is now on the way to improving his behaviors and benefiting from his education.