

**Semi-Annual Advocacy Report
July 2015 – December 2015**

ADA

Family of a Child with a Disability Gets a Designated Parking Space.

B.A. uses a walker and has difficulty walking long distances due to his cerebral palsy. B.A. lives in an apartment complex with his family. The family asked the apartment manager for an accessible handicapped parking space close to their apartment unit. The apartment manager ignored their request. An apartment complex representative told the family that they do not have enough handicapped parking available for all of the tenants. The parent called OCRA for assistance. OCRA contacted the apartment manager and reiterated their request. The apartment manager then created a designated parking space for the family next to the handicapped parking space that is closest to their apartment unit.

Reasonable Accommodation Allows Boy to Play Soccer.

E.F. has a chromosomal abnormality that makes him very small for his chronological age. Although he is 10 years old, he is more similar to, and comfortable with, children three or four years younger. In the past, when he played in his local soccer league, he had been allowed to “play down” with a lower age group. This season, league officials told his mother such “playing down” would not be allowed. OCRA wrote a request for a reasonable accommodation to that policy, asking that E.F. play in the 6-7-year-old age bracket. In response, the league created a process to allow young athletes to submit a request for a reasonable accommodation, along with a physician’s statement. E.F.’s mother followed that process and E.F. is playing soccer this season with the appropriate younger, smaller teammates.

BENEFITS

CALIFORNIA CHILDREN'S SERVICES (CCS)

Three Teenagers Keep Their CCS In-Home Nursing Hours.

F.M, N.U., and T.T. are all teenagers who require around-the-clock nursing care at home. Last winter, CCS reduced, then planned to terminate, their nursing hours, claiming that the teens could be cared for by non-medically trained IHSS workers. CCS said they needed the nursing, but not for their CCS-eligible conditions. All three teens have cerebral palsy, seizures, respiratory problems requiring ongoing breathing assistance and suctioning, and G-tube feeding. The CCS notice did not adequately tell the teens about aid paid pending, appeal procedures, the applicable medical necessity standard, and the right to an independent medical evaluation.

OCRA advised the parents to appeal despite the lack of proper notice. OCRA also advised the parents to request aid paid pending back to their original hours, to assert that the high EPSDT standard of medical necessity must be applied instead of the lower adult Medi-Cal standard, and to request independent medical evaluations. CCS restored full aid paid pending hours last spring for two of the teens. OCRA contacted nursing experts and monitored discussions with the Department of Health Care Services (DHCS) and provided DHCS with the information needed to properly evaluate the teens' needs. Ultimately CCS restored and continued to provide all of the hours to all three teens.

IN-HOME SUPPORTIVE SERVICES (IHSS)

OCRA Helps O.S. Secure Additional IHSS Hours.

O.S. is a 9-year-old girl who is dependent on adult care to complete all daily activities due to her low muscle tone. O.S.'s mother, who is a monolingual Spanish-speaker, contacted OCRA for representation after O.S.'s IHSS worker reduced her hours by half. OCRA provided direct representation at an administrative hearing to challenge this reduction in hours. Following the hearing, the ALJ ordered that O.S. should receive IHSS in the amount of 116 hours per month, which was more hours than O.S. received before her hours were cut. O.S.'s mother has hired an IHSS worker and O.S. can continue living in her family home.

OCRA Negotiates Reinstatement of IHSS Protective Supervision Hours.

B.I. had qualified for protective supervision hours for many years due to his moderate intellectual disability, a vision impairment, and a physical disability. Because of his disabilities, he did not appreciate his risk of choking while eating. B.I. also has limited verbal skills and lacks safety awareness. When a new IHSS social worker came to B.I.'s home for a reassessment, she determined he was no longer in need of protective supervision hours, solely because she saw him driving a motorized cart around the rural property where he and his mother live. B.I.'s hours were cut from the maximum of 283 per month to fewer than 100. OCRA met with the family numerous times during months of working together, including visiting them in their home. OCRA assisted B.I. in filing for hearing and obtained and reviewed all relevant records including regional center records. OCRA then drafted a detailed letter, documenting all the reasons why B.I. was still in need of protective supervision. OCRA provided additional records to IHSS from B.I.'s doctor, his regional center service coordinator and day program staff as to his continuing needs. The IHSS social worker's supervisor agreed that the evidence was overwhelming and that this reduction in hours was unwarranted. Thus, without the need for a hearing, B.I.'s protective supervision hours were reinstated.

OCRA Gets Q.B. 180 More Hours of IHSS.

Q.B. is a 7-year-old with multiple disabilities. Q.B. requires protective supervision because she has aggressive behavior, eats nonfood items, falls out of her bed every night, and is dependent on others to meet all of her personal, health and welfare needs. Q.B. had been receiving 108 hours of IHSS. Those IHSS hours were reduced to 103. OCRA contacted IHSS and asked the social worker to assess Q.B. for protective supervision. OCRA provided technical assistance to the parent to obtain information from Q.B.'s primary care physician and regional center service coordinator to substantiate Q.B.'s need for 24-hour care. After the assessment, Q.B. received the maximum 283 hours per month, including protective supervision.

MEDI-CAL

N.N. Regains Her No-Share-Of-Cost Medi-Cal And IHSS.

N.N. had an established relationship with her IHSS provider. This relationship was threatened when the county erroneously terminated N.N.'s no-share-of-cost Medi-Cal. N.N. received a notice from the Medi-Cal office that she was determined to be eligible for Medi-Cal only if she paid a \$605 monthly share-of-cost. N.N. received a second notice, this time from the IHSS office, stating that she also had to pay this share-of-cost to receive IHSS. Since N.N. was not able to pay her IHSS worker the whole share-of-cost, and this amount was deducted from the county's payment to her provider, she was at risk of losing her provider. OCRA reviewed N.N.'s income and circumstances and concluded that she is eligible for Medi-Cal without a share-of-cost, under two programs. OCRA contacted the county to request a redetermination for Medi-Cal with no share-of-cost, dated back to the date of termination and a refund of any share-of-cost payments. After this contact, the Medi-Cal worker found N.N. eligible for no-share-of-cost Medi-Cal. The County also reimbursed N.N. for her share-of-cost payments.

S.N. is Approved for Dental Surgery by an Oral Surgeon.

When S.N.'s mother contacted OCRA, S.N. had been dealing with a painful, infected molar for 9 months. S.N. requires sedation in a hospital with an oral surgeon for any dental procedure. S.N. has Medi-Cal through a managed care provider (MCP). In the past, MCP had provided oral surgeons and dentists for all of his dental procedures. When S.N. was diagnosed with the infected molar, MCP verbally informed S.N.'s mother that she needed to find an oral surgeon willing to go through the MCP's process to get clearance to use their facility to perform the necessary dental work. S.N. was not provided a notice of action denying him dental services. S.N.'s mother contacted several oral surgeons, and none of them were willing to go through a clearance process with the MCP. OCRA advised S.N.'s mother to contact the Department of Managed Health Care's Help Center. Within a few days of her call, she received an apology from the MCP and an assurance that S.N. would be scheduled with a surgeon to address his dental needs as soon as possible.

SOCIAL SECURITY

SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

N.T.'s Social Security Disability Insurance Benefits are Restored.

N.T. had been receiving Disabled Adult Child (DAC) benefits, a type of SSDI benefit, for several years, when his benefits stopped without any written or verbal notice. With OCRA's assistance, N.T. filed an appeal. OCRA contacted a representative of the Social Security Administration about the unexplained termination of N.T.'s benefits. The representative investigated the situation, found that the payment center had put him into "deferred status," and agreed to investigate further. Soon afterward, the Social Security Administration put N.T. back into pay status for his DAC benefits. He received a back-payment and will receive his ongoing benefits each month.

N.X.'s Benefits Are Restored and \$13,621 Overpayment Cleared.

N.X. was receiving Social Security Disability Insurance (SSDI) Benefits based on his own work history at a large retail store. The Social Security Administration (SSA) decided that his disability had ended and stopped his SSDI benefits. SSA also said N.X. owed an overpayment for the time that SSA said his disability ended, but kept paying him. OCRA learned that SSA did not have information on N.X.'s work and any assistance or subsidy he may receive from his employer. OCRA asked N.X. to have his direct supervisor complete an SSA form called the Employee Work Activity Questionnaire. The supervisor indicated that N.X. was receiving a 20% work subsidy from his work at the store. Therefore, SSA should only attribute 80% of his earnings as income for SSDI purposes. OCRA contacted an SSA representative, provided the form, and asked SSA to review the disability cessation decision. SSA reversed N.X.'s disability cessation and the resulting overpayment, and restored his full benefits.

OCRA Assists Client in Correcting Social Security Work Subsidy.

N.F. received a notice from Social Security stating that he was no longer eligible for SSDI benefits and that he owed the Social Security Administration \$46,000.00. OCRA agreed to help N.F. figure out if the termination of SSDI and the resulting overpayment was correct. After

investigating the situation, OCRA discovered that N.F.'s supported employment provider had been incorrectly completing Social Security forms regarding his work subsidy. As a result, Social Security was not taking into account the significant disability-related supports that N.F. receives. OCRA educated N.F.'s provider about how to correctly complete the work subsidy forms and assisted N.F. in filing a new appeal.

SUPPLEMENTAL SECURITY INCOME (SSI)

Young Working Man's SSI Benefits are Reinstated.

X.U. is a young adult who lives at home with his parents and works in the community. X.U. has been actively reporting his monthly income to the SSI program. He received multiple notices for overpayments but did not understand the reason for the overpayments. X.U.'s mother, who is also his representative payee, went to the local SSA office to ask about the overpayments. Afterwards, she was more confused and frightened. The representative told her that X.U. would have to pay \$800 per month to repay the overpayments, and she would need to sign a voluntary withdrawal form terminating X.U.'s SSI benefits in order to avoid future overpayment issues. X.U.'s mother signed the form, and his benefits ended immediately. OCRA attended a meeting at the local SSA office with X.U. and his mother. During the meeting, OCRA learned that part of the overpayment was due to X.U.'s work-related transportation expenses (\$400 to \$500 a month) not being carried over each month into the computer system. In order to resolve this issue, the representative asked X.U. to provide proof that he had incurred work-related transportation expenses during the months in dispute. At the meeting, OCRA also asked SSA to revoke the prior "voluntary" withdrawal of benefits since she had not been informed of the consequences of signing the form terminating SSI benefits, and to reinstate X.U.'s benefits. OCRA helped X.U.'s mother request a formal reconsideration at the meeting. The worker accepted the reconsideration request and agreed that the meeting would constitute the case review and informal conference. After the meeting, OCRA assisted X.U. with gathering the requested documentation that would support the work expenses. As a result, X.U. received a favorable reconsideration decision. X.U.'s SSI benefits were reinstated, and with the accurate information on work expenses, the total overpayment was reduced by \$1,338.62.

M.F. is Found Eligible for SSI Benefits and Obtains Back-Payment.

Social Security denied M.F.'s initial application for SSI benefits. Although he only speaks Spanish, he received notices from Social Security in English. As a result, he had trouble navigating the appeal process. OCRA assisted M.F. to gather his special education, regional center, and medical records, and help him file a request for reconsideration. When Social Security denied his reconsideration request, M.F. asked for a hearing and OCRA agreed to represent him. OCRA secured an SSI eligibility assessment from M.F.'s regional center and an evaluation from the Department of Rehabilitation regarding his ability to work. OCRA also gathered other pieces of evidence that support his SSI eligibility and wrote a pre-hearing legal brief. When the judge read the brief and looked at the evidence, she found M.F. eligible for SSI benefits without the need to have a hearing. This eligibility will include at least 19 months of retroactive payments.

T.I. Obtains \$7,000 in SSI Retroactive Payments.

T.I. is a regional center consumer with autism and mental health disabilities who had been homeless for many months. When S.H. moved to a different county, her SSI benefits were put on hold. She contacted OCRA for assistance. OCRA contacted the Social Security Administration office and provided documents in order for the regional center to become her payee. The previous payee had not forwarded T.I.'s SSI money back to Social Security in order to end their payee status. The Social Security representative contacted the previous payee and resolved the issue. T.I. signed other required documentation of her homeless status. T.I. then received \$7,000 of SSI back-payments. The regional center became the new SSI payee and T.I.'s ongoing SSI monthly benefits were restored.

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.

F.D.'s Overpayment is Waived.

F.D. received a notice of overpayment from the Social Security Administration. OCRA agreed to help F.D. figure out if the overpayment was valid. OCRA discovered that the overpayment occurred when F.D.'s representative payee mistakenly helped him sign up for a joint bank account with his father. This bank account put him over the allowed resource limit. OCRA then helped F.D. file an appeal. Because F.D. could show that the excess commingled money was actually his father's, Social Security waived \$5,657.80 of the overpayment.

EMPLOYMENT

B.D. Keeps His Work Schedule.

B.D. has worked at a large store with the same work schedule for the past 16 years. He did not have a written reasonable accommodation on file. Recently, the new store manager changed B.D.'s work schedule. Because of his disability, B.D. relies on public transportation. B.D. could not work these new hours because the local public transportation is unreliable. B.D. walks 20 minutes from his home to the bus stop to catch the morning bus, and the bus ride to work takes an hour and a half. It would be difficult for B.D. to work late hours because of his reliance on public transportation, coupled with his disability-related need to get sufficient rest and sleep. B.D. contacted OCRA for help with keeping his work schedule at his beloved job. OCRA drafted a letter to the store management and human resources department, notifying them about B.D.'s disability and requesting a reasonable accommodation for him to keep the same hours he has always worked. The letter explained the need for the accommodation, linked it back to B.D.'s disability, and explained this is not an undue burden on the store. The store approved B.D.'s reasonable accommodation request to keep his regular work schedule, and this is now properly documented in his employee file.

HOUSING

Landlord and Representatives Recognize Client's Competency to Sign Lease.

M.O. had been residing in the same apartment for fifteen years. Initially, she shared the home with her grandparent, who was named as the primary tenant on the lease. When her grandparent passed away, M.O.'s IHSS worker was named as a tenant on the lease. When M.O.'s service coordinator tried to help her become the sole tenant to give her control over her living quarters, the landlord's representative told him that M.O. was not competent to sign the lease. The service coordinator explained that M.O. is an unconserved adult, but the landlord was not persuaded. OCRA arranged a conference by telephone with the landlord's representative, the landlord's attorney, and the service coordinator. OCRA explained that the law creates a presumption that an adult is competent unless determined otherwise by a judge. OCRA and M.O.'s service coordinator responded to various concerns raised by the landlord's representative by identifying the supports and procedures in place help M.O. be a responsible and desirable tenant. As a result, M.O. was allowed to sign as the sole tenant on the lease for her apartment.

OUTREACH AND TRAINING

OCRA Helps to Mold New Leaders.

On Saturday, September 19, 2015, OCRA was invited to the Chinese Youth Center in San Gabriel. OCRA's Peer Advocate, Scott Barron, provided training on leadership to approximately 15 self-advocates at a recently formed self-advocacy group called Chinese Self Advocacy Group Empowered (SAGE). Before beginning the training, OCRA presented the group's secretary with a gift - a gavel for the Sergeant at Arms to keep the meetings in order. This small gift was well-received. OCRA began the training by discussing the qualities of a good leader and asked the question, "As a leader, do you like to listen or talk?" The majority of the group said, "Listen," although one individual stated proudly, "both," as the discussion continued. SAGE members spoke about the process of electing their officers, why they chose those individuals for that office, and the duties of each officer. Dr. Barbara Wheeler, the group's facilitator, encouraged members to open up about how the group was formed and the

work they had done so far. One advocate mentioned it started with a few members of a karaoke group who realized they wanted to do more. Although SAGE is new and still learning how to express themselves, run a meeting, and deal with differences of opinion, they are off to a good start. After the training, Dr. Wheeler encouraged members to share their experience attending the self-advocacy conference in Sacramento. A few highlights were the plane ride, the sessions by current self-advocacy leaders, and the dating game. The group continues to make strides, get stronger, and retain new members every meeting.

PERSONAL AUTONOMY

Client's Conservatorship Reviewed by Court Investigator.

K.E. contacted OCRA because she no longer wanted her mother, who is her conservator, to make decisions for her. She also did not like how her mother treated her. OCRA met with K.E. multiple times and discussed her right to ask the court to change or terminate her conservatorship. With K.E.'s permission, OCRA also contacted the probate court investigator, public defender's office, and regional center on K.E.'s behalf to advocate for her wishes. In addition, OCRA helped K.E.'s public defender and court investigator understand effective ways to communicate with her. The court investigator and public defender's office are now currently reviewing the conservatorship. K.E. continues to live in the community with support from a family home agency while she awaits the outcome of the court's investigation.

OCRA Helps M.P. Regain Her Privacy Rights.

Without going through the denial of rights process, M.P.'s day program was taking her cell phone from her, searching her apartment, and withholding her earnings. The day program justified these actions by saying it was directed to do these things by M.P.'s conservator. OCRA met with the administrators of the day program and informed them they were violating M.P.'s rights to have personal property, money, and privacy. The day program agreed not to deny her rights anymore, and M.P. has the information she needs if she wants to file a complaint against the day program.

REGIONAL CENTER

COMMUNITY PLACEMENT

OCRA Assists W.D. With Placement Back in the Community.

W.D. is a teenager with significant intellectual disability and epilepsy. For the past two years, W.D. was placed in a state psychiatric hospital and unable to obtain a much needed surgery - vagus nerve stimulation (VNS) - for her epilepsy. W.D.'s mother contacted OCRA for assistance with community placement. OCRA attended numerous IPP meetings and met with regional center management to advocate for an appropriate placement. In November 2015, the regional center identified a community placement in a small group home. W.D. will soon be placed in the group home and will then be able to have her VNS surgery.

SLS Assessment Initiated for N.S. After 9 Years in a Developmental Center.

N.S. is a young man who is conserved by his regional center. In 2006, N.S. was admitted into a developmental center. Nearly every year since 2010, N.S. had filed petitions for writs of habeas corpus requesting to be placed in the community. In 2015, he filed two petitions for writs of habeas corpus within 3 months. By law, a regional center must notify OCRA of the meeting date for an IPP meeting to discuss a comprehensive assessment required for each resident in a developmental center. However, OCRA was never notified by the regional center about N.S. and only learned about his case through a caller seeking assistance for N.S. to be placed in the community. OCRA immediately requested N.S.'s comprehensive assessment from the regional center and evaluated his case. OCRA asked the regional center to comply with the law and hold a prompt IPP meeting. N.S.'s conservator (his regional center) had created a list of goals to be met by N.S. before it would initiate a supported living services assessment. The IPP team indicated that N.S. had met all the goals except two and provided important information on why the two goals had not been met. At the meeting, the regional center worker indicated she had no authority to approve a supported living assessment, but would follow-up with her supervisor for approval. OCRA recently learned that N.S.'s assessment will be initiated soon. N.S. is starting his transition into the community after 9 years of fighting for his right to community placement.

A Determined Team Helps N.W. Move Into the Community.

N.W. is an adult with cerebral palsy, a seizure disorder, intellectual disability and daily nursing needs. Last year, following an inpatient stay in the psychiatric unit of a large university hospital, he was admitted to the Acute Crises Unit at a Developmental Center (DC). N.W. had significant behavior problems including aggression causing injury to others. Once notified of N.W.'s admission to the DC, OCRA attended N.W.'s IPP meetings to help advocate for the supports he needed while at the DC and later in a community placement closer to his family. N.W.'s treatment team at the DC worked with him to decrease his aggressive behaviors. In tracking his behaviors, staff learned that there was often an increase in these problematic behaviors when N.W. was sick. DC staff closely monitored his medical condition and made appropriate referrals to medical specialists in the community.

After N.W. made significant progress, his IPP team recommended community placement. The regional center identified and contracted with a vendor to develop a specialized group home and provide services for N.W. in the community. Group home staff met with N.W., attended several IPP meetings, observed him in his programs, and got to know him. Although N.W.'s team set a date for him to move to his new group home, the renovations, licensing, DDS health and welfare exemption process, and transition planning still needed to be finalized. The regional center, DDS, the DC, the vendor, Community Care Licensing, and local housing corporation all collaborated to get N.W.'s new group home and supports ready by his move-in date.

In October 2015, N.W. finally moved to his group home in the community and began attending a public school special education program. To care for his daily nursing needs, the regional center contracted with a nursing agency in the community. At a recent visit, N.W. proudly gave OCRA staff a tour of his home, showing off his bedroom and chalk drawings outside the home. N.W.'s communication skills are improving daily through the use of sign language and a communication board. N.W. enjoys taking walks, playing soccer, going on van rides in the community and stopping by local fast food restaurants for a soft drink. N.W. often displays his great sense of humor. He loves to listen to music on the homes van radio and will tease staff by changing the radio stations.

J.X. Avoids Institutionalization and Has Success in the Community.

J.X.'s community placement was at risk of failing when his supported living services provider decided it could no longer meet J.X.'s needs. In response, J.X.'s regional center asked DDS if it could place him in the Acute Crisis Unit at a Developmental Center while it located alternatives. OCRA learned about this request, met with J.X., and learned that J.X. had lived at this developmental center in the past and did not want to go back. OCRA requested an emergency IPP meeting and requested a supported living assessment from another agency that specializes in serving clients who have challenging behavioral needs. Although J.X.'s interdisciplinary team believed he should be committed to the developmental center, OCRA successfully advocated for J.X. to stay in the community. The regional center agreed to fund behavioral and medical supports. J.X. was also referred to a local crisis support agency, who met with J.X. weekly to work on anger management and coping skills. The agency also trained supported living staff who directly served J.X. to learn de-escalation techniques. J.X. has been successfully living in the community and is looking forward to volunteering at a local soup kitchen.

U.J. Gets to Stay at Home.

OCRA received a notice that U.J. was referred to a developmental center and was at risk of losing her placement in a group home. OCRA communicated with U.J.'s IPP team and represented her at her pre-admission IPP meeting. At the meeting, OCRA advocated for additional crisis intervention support. OCRA also advocated against the use of restraints as a behavior intervention procedure outside of crisis situations. Furthermore, OCRA successfully advocated for an updated behavior intervention plan. U.J. became more stable with the new plan and was able to remain in her group home with 1:1 assistance and without restraints.

N.N. Will Move from an Institution to Her Mother's Home.

N.N. is an 18-year-old woman who was involuntarily placed in a locked facility, hundreds of miles away from her mother and circle of support. OCRA requested an emergency IPP meeting to discuss the services and supports N.N. would need to return to her community and live with her mother, which is what she and her mother wanted. OCRA also worked

extensively with N.N.'s public defender to require the regional center to abide by the laws which limit the amount of time N.N. can live in the locked facility and to establish a plan for N.N. to live with her mother. With OCRA's assistance, N.N. now has a personalized plan that includes three different agencies that will provide behavioral supports, therapy, and personal care hours. N.N. will move back with her mother during the first week of 2016.

C.L. Finally Moves Into the Community.

C.L. had been admitted into a developmental center under an acute crisis admission. During C.L.'s most difficult months, he was having numerous incidents of self-injurious behaviors. Each month at meetings, the IPP team agreed on the importance of securing a placement for C.L. as soon as possible. The IPP team also agreed that he would need plenty of time to adjust to the transition and his future support staff would need plenty of training. Although the regional center was able to find one potential group home placement, that provider was unwilling to commit to serving C.L. after 3 months of visiting him only once or twice a month. During this time, OCRA advocated for the regional center to ensure that the provider reached a decision as soon as possible and seek alternative placement options as backup. However, the regional center strongly believed the potential provider would accept C.L. The provider eventually declined to serve C.L.

The regional center then had to find a provider to work with C.L. and prepare placement with only two months before his placement court order expired. The regional center found a supported living services agency willing to serve C.L. under the time constraints and secured an apartment. However, within one week before C.L.'s move into the community, the landlord refused to implement previously agreed-upon modifications to C.L.'s new home. The regional center was forced again to find alternative placement options and found a group home within days. Despite the obstacles, C.L. is doing well in his new home in the community with a provider willing to serve him.

S.M. Receives Psychological Services While at Developmental Center.

S.M. was not receiving appropriate psychological services while at a developmental center. S.M.'s mother contacted OCRA to help advocate for

critical psychological services while S.M. is living at the developmental center. OCRA spoke to S.M. and learned he wanted OCRA assistance. OCRA attended a hearing at Department 95 of the Superior Court of Los Angeles County (mental health court) to provide information regarding the regional center system and OCRA services. OCRA also attended a meeting for S.M. with the developmental center. Lastly, OCRA submitted a letter to Department 95 to follow-up on the status of the request for services for S.M. A judge in Department 95 issued an order telling the developmental center to provide S.M. with psychological services through a licensed clinical psychologist. S.M. is now receiving appropriate psychological services.

ELIGIBILITY

T.M. is Found Eligible for Regional Center Services.

T.M. contacted OCRA for help with challenging the regional center's determination that he did not have a substantially disabling condition and therefore did not qualify for regional center services. OCRA funded and arranged for a comprehensive psychological evaluation for T.M. OCRA then assisted T.M. with submitting a new regional center eligibility application that included the supplemental information. The regional center determined that T.M. was eligible for services since he required treatment similar to a person with an intellectual disability.

SERVICES

T.E. Gets a Second Chance to Work.

T.E. has attended her day program for many years. She likes it and has many friends there. She has opportunities to work and earn money and was preparing for her role in an upcoming winter holiday performance. She received a notice from the day program that she would be dropped from the program in 30 days. The day program said that they were terminating her because she sometimes refused to work. T.E. and her mother say that T.E. is not able to work at all of the jobs offered by the day program due to medical limitations. OCRA represented T.E. at a meeting with staff from her day program and regional center. OCRA helped the day program understand when the law allows them to terminate a client. The day program expressed its willingness to provide reasonable accommodations

for T.E.'s medical conditions. The regional center agreed to provide behavioral and nursing assessments to better understand how to help T.E. succeed. The day program agreed to allow her to stay in the program for another 90 days to allow time for the assessments to be completed and to implement the assessors' recommendations. T.E. is happy to be able to stay in her program, and plans to do her best to show that the program is appropriate for her.

C.N. Obtains Speech and Occupational Therapies.

Following an administrative hearing, the regional center was ordered to fund 90 minutes per week of speech and language services and 195 minutes per month of occupational therapy for C.N. After not receiving the therapies for over a year, C.N.'s mother contacted OCRA for help. OCRA represented C.N. at meetings with the regional center. The regional center acknowledged they had not complied with the judge's order, but stated there was a shortage of vendors in the remote area where C.N. lives. During these meetings, the regional center agreed to fund the speech services through a private provider that C.N.'s mother had located in the area. The regional center also agreed to continue searching for a vendor that could provide occupational therapy in the local area. In addition, the regional center agreed to provide compensatory services for the year of therapies that C.N. missed. OCRA will continue checking with C.N.'s service coordinator for regular updates on their search for a vendor to provide occupational therapy.

B.U. is Off the Streets in a New Home.

B.U. was homeless for over a year and sleeping behind a fast food restaurant. She had been raped while sleeping in a park. B.U. is 24-years-old, has mild intellectual disability, and is deaf. She has a history of being easily misled by strangers and has two children from men 20-30 years older than she. Her young children do not live with her. B.U. asked OCRA for help to find a place to live, a work program, and other support services. While living on the streets, B.U. was lucky to reconnect with a childhood friend. Her friend lived in a Family Home Agency (FHA) paid for by the regional center, and the home had a vacancy. OCRA worked with the regional center to develop an individual service plan to include funding the home for B.U. The home is spacious, clean, and beautifully decorated. B.U. now has a support system that includes the regional center, the FHA

operator, and her childhood friend. B.U. is getting the parenting support she needs to reconnect with her children and manage her money. She also attends a day program with employment services and will try to learn sign language. She has even joined her local Special Olympics chapter as a cheerleader and is finally able to have a more typical young adult lifestyle.

S.I. Gets Her SSP Restoration Payment Again.

S.I. lives at home with her mother, but she is otherwise independent. S.I. received a Notice of Action from the regional center terminating her SSP restoration payment, worth about \$183.60 per month. Their reasoning was that the payment was meant for people who live independently, and because S.I. was living with family, she was not independent. OCRA contacted the legal counsel at the regional center and asserted that S.I.'s SSP restoration payment should be reinstated because she is, in fact, independent. OCRA explained that S.I. pays all of her own bills and buys her own clothes. This is why the monthly payment is so important to her. The regional center agreed and reinstated the payment. S.I. was relieved that her income would continue in the same amount.

B.X. Obtains Vision Rehabilitation Therapy.

B.X. is a 5-year-old boy with developmental disabilities, significant hearing loss, and vision impairment. Since birth, B.X. experienced frequent and severe seizures. After various medications were tried and failed to help with the seizures, B.X. underwent surgeries in which part of his brain was removed. These surgeries reduced the severity and frequency of the seizures but resulted in further intellectual disability, hearing loss, and seriously impaired B.X.'s vision. Because he had hearing loss, B.X.'s parents wanted him to learn sign language to communicate, but his vision impairment prevented him from learning. B.X. located a vision therapist who specialized in helping clients like B.X. After his private insurance denied funding for the vision therapy, B.X. requested that the regional center fund it. The regional center denied funding the vision therapy because they determined it was experimental. OCRA represented B.X. at an administrative hearing. The vision therapist testified about how this therapy directly relates to those portions of the brain affected by the surgeries that also impact his intellectual functioning. The judge ordered the regional center to fund the vision rehabilitation therapy for B.X.

SPECIAL EDUCATION

OCRA Helps Institutionalized Client Receive Educational Services.

The regional center informed OCRA that K.X. had been committed to a locked facility. OCRA agreed to help K.X. move to the community and attend an IPP meeting to help him discuss the supports he needs. OCRA also learned that the facility was refusing to allow K.X., who is 19 years old, to access educational services while residing there. OCRA represented K.X. at an IEP team meeting, and the facility agreed that K.X. could access on-site educational services from the school district. Since then, K.X. has left the facility and is now receiving supported living services in the community.

OCRA Convinces School District to Fund a 1:1 Aide.

Sixth-grader K.N. is non-verbal and significantly impacted by autism. She was acting out in school, mostly out of frustration due to her inability to communicate her needs. K.N.'s behaviors included self-injury, and, increasingly, injury to others, including school staff. Her current behavior intervention plan was proving ineffective. Despite this, the school had concluded that K.N. did not need a 1:1 aide. K.N.'s mother contacted OCRA and expressed concern about the potential of imminent physical injury to K.N. or someone else in the school setting and the possibility that the school would find it could not meet K.N.'s needs and conclude a non-public residential school placement was necessary. OCRA agreed to assist K.N. and her family in this crisis time. OCRA obtained and reviewed relevant records. OCRA then contacted team members prior to the IEP meeting. OCRA spoke to K.N.'s teacher about her observations and then to the director of special education, emphasizing the ways in which K.N. could benefit from a 1:1 aide to better access her education. With this groundwork laid, the school reversed itself at the IEP meeting, concluding that a 1:1 aide should be provided and agreeing to formulate a new behavior intervention plan.

O.D. Receives Language Access at School.

O.D. and his family recently relocated to the United States from China. O.D. attends public high school and receives assistance from a 1:1 paraprofessional aide in his classroom as part of his individualized

education program. O.D. speaks Cantonese and has limited English proficiency, but his paraprofessional aide did not speak Cantonese. As a result, O.D. was having difficulties in class understanding the lesson plans and communicating with his teachers and peers. OCRA reached out to school district officials to request that the district hire an aide who is bilingual in Cantonese and English to work with O.D. so that he would be able to access his education. The district conducted a hiring process, and a new bilingual aide is now working with O.D.

I.E. Secures Safe School Transportation.

I.E. lives near a busy highway on a private road. Until recently, I.E.'s school bus would travel down the private road to transport him to and from school. Following an incident where the school bus driver hit a mailbox, the school district unilaterally changed I.E.'s pick-up location to a very busy highway. With OCRA's help, I.E. submitted a letter to the school district asking to reinstate his pick-up and drop-off for school back to the original location on the private road. The district then had the police department do a safety evaluation, and it was determined that the school bus could not traverse down the private road. However, a safer bus stop was located right at the foot of the private road, and everyone agreed this could be I.E.'s new pick-up and drop-off spot.

After-School Program Rights a Wrong after Intervention by OCRA.

H.I., a 10-year-old child, was being bullied about her disability in her after-school program. The program is run by the school district and takes place on school grounds. The administrators of the program acknowledged that H.I. was the victim of bullying. Their response was to remove H.I. from her after-school classroom setting with same-aged peers to a classroom with children several years younger, while leaving the child who was doing the bullying in the original classroom. H.I. and her parents were very upset by this action but had been unsuccessful in their attempts for H.I. to be returned to her classroom. H.I.'s parents contacted OCRA. OCRA called the after-school program administrator, explaining H.I.'s rights and stating that isolating H.I. was not an acceptable solution. After OCRA's call, the school immediately transferred H.I. back into her original classroom, where she had been happy but for the bullying. The program further pledged to take appropriate action to protect H.I. from any further bullying, including addressing the behavior of the child who was doing the bullying.

Student No Longer Has to Wear Helmet After OCRA Intervenes.

J.Z. is a 4-year-old child with intellectual disability and a visual impairment, which required him to wear a helmet any time he was on his school campus. The school required J.Z. to use a helmet because he would frequently become frustrated and throw himself to the ground, putting himself at risk for a head injury. J.Z.'s mother was concerned that he would always need to wear a helmet because he was not learning alternative ways to cope with his frustration. OCRA attended and advocated for J.Z. at an IEP meeting. At that meeting, OCRA advocated for J.Z. to be able to attend school without wearing the restrictive headgear. At OCRA's urging, the IEP team developed a behavior intervention plan for J.Z. to learn appropriate ways to cope with his frustration. At the conclusion of the meeting, the IEP team agreed to implement the behavior intervention plan and to allow J.Z. to attend school without wearing the helmet.