

**Advocacy Report
July 2016 - December 2016**

All names have been changed to preserve confidentiality.

BENEFITS - CCS

Client Gets Cochlear Implant after Denial from CCS.

Matteo is a deaf toddler as a result of a genetic condition. Matteo has other family members with the same condition who have benefited from cochlear implants. The hospital contacted OCRA after Matteo was denied a cochlear implant by CCS. CCS said that Matteo would not benefit from the cochlear implant because of his developmental disabilities. Matteo's medical team was extremely supportive of his ability to benefit from a cochlear implant. OCRA agreed to negotiate with CCS and Medi-Cal to try to obtain funding for the implant. While OCRA negotiated with CCS and Medi-Cal, Matteo was approaching the end of the developmental period in which he would most benefit from a cochlear implant. In order to timely secure the service, OCRA asked the regional center to fund the cochlear implant as gap-funding. The regional center agreed and Matteo got the cochlear implant at the right age. OCRA's persistence with CCS paid off when CCS ultimately agreed to fund the implant. The regional center was reimbursed by CCS for their gap-funding. Matteo can now hear and is working on communicating with his family.

BENEFITS – IHSS

Tommy's IHSS Hours are Restored.

Tommy is an adult who is a legal resident of California and who receives Medi-Cal and IHSS benefits. He was surprised to receive a written notice that his IHSS would be terminated because of his immigration status. OCRA assisted Tommy in preparing for his hearing by writing a hearing brief and coaching Tommy, his mother, and his regional center service coordinator on what to tell the judge about his immigration status and the law. Tommy later received a favorable hearing decision that confirmed he remained eligible for IHSS under the U Visa. Tommy also received a retroactive payment in the amount of \$23,657.80.

Diana Receives 283 Hours of IHSS Plus 16 Months of Retroactive Payments.

Diana is a 12-year-old with a significant intellectual disability and hemiplegia due to an accident when she was an infant. Diana can express herself with some gestures and sounds, but is unable to speak. She is healthy, active, and curious, and gets around very well in her wheelchair, which she can unlock and get out of onto the floor. Diana requires constant supervision because she lacks safety awareness, tries to go outside and into the street, opens the door for strangers, gets herself wedged into tight places, pulls things out of cabinets, and otherwise places herself in danger. She was receiving limited IHSS hours when her mother asked about protective supervision in 2015. The county did not provide information or send the required physician certification forms to Diana's mother until OCRA intervened. Diana's doctor immediately signed the forms and returned them to the county. The county ignored them and continued to deny IHSS hours. While the hearing was pending, IHSS did another assessment, but still denied protective supervision. OCRA requested copies of the IHSS needs assessments and was surprised to see the county's statement that Diana was not at risk because her wheelchair could be locked. OCRA represented Diana at the administrative hearing. The judge awarded ongoing protective supervision along with retroactive payments for the previous 16 months, which totaled \$39,480.00.

Maria Keeps Her IHSS Paramedical Hours.

The county reduced Maria's IHSS from 283 to 132 hours per month. The reduction was mostly because the county refused to accept Maria's doctor's prescription for her paramedical hours. Maria's family contacted OCRA for help. OCRA assisted the family in a successful appeal where the judge ordered the county to rescind their notice, accept the doctor's prescription for paramedical hours, and reassess Maria's needs. However, following the court-ordered reassessment, the county once again reduced Maria's hours. OCRA continued to assist the family and facilitated a meeting between the county and Maria's doctors. During the meeting, the county, Maria's family, and her doctors reached an agreement as to her care needs. The county increased her hours to 249 per month and agreed to a further increase if her condition worsened and her needs became greater.

OCRA Helps Bob Receive IHSS Protective Supervision.

Bob's mother called OCRA for help getting an increase in his IHSS hours. Bob had many self-endangering behaviors, such as lighting objects on fire, and attempting to leave the home without permission. OCRA attended a reassessment meeting with IHSS, which was unsuccessful. Bob's family appealed and OCRA recommended entering into a conditional withdrawal from the hearing so the county could take another look at Bob's case. After the county reassessed Bob, it finally granted protective supervision which resulted in 227:37 hours per month, an increase from 32:37. The family received around \$18,000 in retroactive payment as well.

Cody Receives IHSS Hours Including Protective Supervision.

Cody's mother submitted his initial IHSS application and was awarded only 26 hours per month. Cody's mother did not agree and appealed. The county offered and performed a reassessment and Cody was awarded 122 hours, but was not found eligible for protective supervision. Cody's mother wanted to take the matter to hearing. OCRA guided Cody's mother through the preparation and the hearing process. Cody's mother reported feeling extremely prepared for the hearing. At hearing, Cody's mother presented medical reports and other records to the judge showing Cody needed protective supervision hours. The judge ordered that Cody receive 231 IHSS hours per month, including protective supervision, payable back to his original application date the year before.

BENEFITS – MEDI-CAL

Diane's Nursing Hours Are Reinstated.

Diane risked having to move out of her home and into a nursing facility when she received written notice from the state that her nursing hours would be reduced by over 150 per month on her 21st birthday. Diane was too old to still qualify for nursing hours under the child standard and now was limited to the annual cost-cap of approximately \$48,000 per year under a different Medicaid waiver. Under the cost-cap, Diane could only receive 44 nursing hours per month in addition to her 270 hours of IHSS per month. OCRA represented Diane at hearing and asserted that the state Department of Health Care Services (DHCS) should authorize an exemption to the individual cost-cap for Diane. OCRA presented testimony

from a nurse expert and Diane's mother that Diane's medical condition had not improved and that she still required all her nursing hours each month. OCRA also introduced evidence to show that DHCS has allowed exemptions to the individual cost cap in at least 400 other cases. OCRA presented evidence that DHCS had submitted an amendment to the waiver language to the Center for Medicare and Medicaid Services (CMS) requesting permanent removal of the cost-cap limitation. During the hearing, the judge asked whether Diane could also qualify for skilled nursing services under the ICF DD/CN (Continuous Nursing) waiver, which had a much higher cost-cap. Accordingly, the judge agreed to keep the record open to allow OCRA the opportunity to submit a supplemental brief to show that Diane also meets the criteria to be eligible for the ICF DD/CN waiver. The regional center physician provided an assessment showing that Diane qualified for the ICF DD/CN waiver. Prior to the judge issuing his decision, DHCS agreed to reinstate Diane's nursing hours to over 194 hours per month. DHCS stated that their redetermination was based on the fact that Diane's medical needs had not changed and that CMS approved the amendment to remove the cost-cap limitation.

OCRA Helps Michael Obtain a New Wheelchair Before Christmas.

Michael's mother, who is monolingual Spanish-speaking, asked for assistance to secure Medi-Cal funding for a specialized wheelchair to meet Michael's needs. OCRA worked closely with Michael's doctors and the durable medical equipment provider to submit a revised Treatment Authorization Request (TAR) to Medi-Cal, with additional supporting information, to establish Michael's need for the specialized wheelchair. As a result of OCRA's involvement, Medi-Cal approved funding for Michael's new wheelchair which was scheduled to be delivered in time for Christmas.

Behavioral Agency Will No Longer Pursue Tim's Parents for Health Insurance Copays.

Tim was receiving behavioral services funded by his private insurance. After being found eligible for regional center services, Tim received full-scope Medi-Cal through the DD Waiver. Tim's behavioral service agency agreed to bill Medi-Cal for his outstanding private insurance copays once he was found eligible for Medi-Cal. Upon notice of eligibility for Medi-Cal, Tim's behavioral service agency tried to obtain copay reimbursement from Medi-Cal for the behavioral services they had already provided. Medi-Cal

denied reimbursement and the agency asked Tim's parents for payment. OCRA drafted a letter to the agency explaining the Medi-Cal prohibitions against billing the patient for insurance copayments and demanded it stop. The behavioral agency contacted OCRA and agreed to stop seeking reimbursement for the outstanding copays from Tim's parents.

Oscar Spends the Holidays at Home for the First Time In His Life.

Oscar is a 5-year-old boy who had lived in a Medi-Cal-funded Intermediate Care Facility (ICF) his entire life. Neither the ICF nor the regional center had taken steps to move him home with his parents. His parents lived many miles away but traveled regularly to visit him. OCRA and Oscar's parents believed Oscar should be able to live at home with Medi-Cal-funded nursing services, instead of in a facility. OCRA advocated for Oscar's parents to receive training to care for him. OCRA also located a nursing provider in the rural area where his family lives, an area known for a lack of nurses, secured a nebulizer for his treatment, and convinced the nurses and doctors at the ICF to develop a discharge plan. Developing the discharge plan took persistence and careful scheduling of meetings to document Oscar's health progress and his parents' training progress. After OCRA and Oscar's parents tirelessly advocated for Oscar, he finally left the ICF in early December and, for the first time, spent the holidays at home with his family.

Johnny Gets Exemption from Mandatory Enrollment into a Medi-Cal Managed Care Plan.

As a result of birth trauma, Johnny requires extensive specialized care from different medical doctors. As in past years, Johnny's mother requested an exemption so Johnny would not have to enroll in a Medi-Cal managed care plan. The exemption was denied by the Department of Health Care Services (DHCS). DHCS wrote in the denial letter that Johnny's complex medical condition could be treated through his doctors at CCS and any other medical conditions could be serviced through a Medi-Cal managed care health plan. At hearing, OCRA argued that if Johnny was required to enroll in Medi-Cal managed care, he would not be able to receive medical care from his specialists outside the managed care plan. OCRA also submitted several letters from Johnny's doctors in support of the exemption being granted. The judge issued a written decision in favor of granting the exemption. Unfortunately, the Director of DHCS later issued an alternated

decision which overturned the judge's decision. OCRA wrote an extensive brief requesting a rehearing to challenge the findings of the Director's alternated decision. The case was then reviewed by DHCS and Johnny's exemption request was granted. Johnny remains on fee-for-service Medi-Cal and continues to be treated by his regular specialists.

BENEFITS – SSI

Diego Gets Over \$13,000 of Overpayment Waived.

Diego's service coordinator contacted OCRA to set up a meeting regarding bills he was receiving from the Social Security Administration (SSA) for overpayments. Neither he nor his service coordinator understood why he was receiving these bills and they did not believe he had been overpaid. Also, different regional centers have been his representative payees for a number of years. OCRA met with Diego, his former service coordinator, his new service coordinator, his sister, and his supportive living services provider on several occasions to provide a strategy on what to say at the SSA office in order to obtain a waiver of the overpayment. OCRA also helped Diego fill out a request for waiver of overpayment recovery, in case he needed to submit it to SSA. SSA had also asked for an accounting from his previous regional center. OCRA drafted a letter for Diego to send to his previous regional center to obtain a copy of the financial accounting information. He provided this accounting information to SSA. SSA then issued a new notice stating that his overpayment of over \$13,000 was waived.

Jose's SSI Benefit Increases By \$244.33 Per Month.

Upon turning 18, Jose became eligible for SSI benefits and his mother was appointed as his representative payee. Jose's mother received a notice from SSA stating that his benefit would be reduced in the amount of \$244.33 per month because someone in the household was paying part of his monthly shelter and food. The regional center referred Jose's mother to OCRA for assistance. OCRA explained that as an adult, if Jose was not paying his fair share of the household expenses, SSA could reduce his monthly benefit. OCRA provided Jose's mother the SSA form to document the persons living in the home, the total amount of the household expenses, and the amount that Jose was contributing to the household expenses. OCRA also explained that when Jose's mother submitted the

form at the SSA office, she should bring a copy for SSA staff to date-stamp for her records. OCRA explained that SSA may ask her if she is going to force Jose to pay rent. Jose's mother went to the SSA office and provided the form. When SSA staff asked her if she was really going to charge Jose rent, she said yes, since he is an adult and if he did not have a disability he would be working and paying his share of expenses. Within two weeks, Jose's SSI benefit increased \$244.33 per month because SSA found he was paying his full share of the household expenses.

Old Bank Account No Longer a Bar to SSI Benefits.

Alexander was shocked to receive a notice telling him he was no longer eligible for SSI benefits and owed Social Security over \$15,000 for an overpayment, because of a bank account. Alexander told OCRA he did not understand this, because he had no bank account. Fortunately, a member of his support team had obtained and kept copies of important records. By reviewing these records, OCRA was able to piece together the story. When he was a minor, Alexander had received a cash settlement from a claim against his school. This money was put in a bank account in the control of a relative. Upon turning 18, Alexander received the cash remaining in the account. He turned the money over to the relative, who quickly spent it. OCRA explained the history and disposition of the account, satisfying Social Security that Alexander is financially eligible to receive SSI benefits.

BENEFITS – SOCIAL SECURITY

Sam's \$57,000 Social Security Overpayment is Waived.

Sam asked for OCRA's help when the Social Security Administration determined that he was overpaid \$57,000 in Disabled Adult Child (DAC) Social Security benefits. OCRA provided technical assistance to Sam's ILS instructor about how to help Sam complete a request for waiver of overpayment recovery. OCRA also provided recommendations about how to document that the DAC overpayment was not his fault and he would not be able to pay his monthly bills if the overpayment was not waived. Sam recently learned that his waiver request was granted and he does not have to pay Social Security this large amount of money.

Client Found Eligible for SSDI Benefits After OCRA Files Appeal.

Laquita's family contacted OCRA when she was denied eligibility for Social Security Disability Insurance (SSDI) benefits. Laquita was in the last year of a special education transition program, where she completed some paid work with support. OCRA agreed to file an appeal on Laquita's behalf. As part of this process, OCRA gathered Laquita's school and medical records. OCRA also asked Laquita's medical providers to complete forms recommending her eligibility for SSDI benefits. OCRA drafted an appeal letter and attached supporting evidence of Laquita's SSDI eligibility. After filing the appeal, OCRA helped Laquita complete forms sent to her by Social Security. Just a few months later, Laquita was found eligible for SSDI benefits and obtained a retroactive payment. Laquita and her family are now able to move into a larger apartment with her contribution toward rent.

Damien's Social Security Disability Insurance is Reinstated.

Damien received a letter from the Social Security Administration (SSA) terminating his SSDI Benefits. SSA argued that he was earning enough income to show he is able to work and no longer qualifies for benefits. After a confusing visit to the SSA offices and being told that he did not need to file any type of appeal and his benefits would not be reinstated, Damien's advocate contacted OCRA. With Damien's consent, OCRA contacted the local Area Work Incentives Coordinator (AWIC) and informed him of the erroneous information provided by the local SSA office to Damien. The AWIC reviewed the case and instructed the local SSA office to promptly reinstate Damien's benefits, since he had tried to appeal. Damien still needed to appeal the underlying termination of his benefits, which OCRA advised him on how to do and which documents he needed to submit with his request, including the SSA form that shows a subsidy from his employer. After submitting the appeal, SSA reinstated Damien's benefits and provided a retroactive benefit award for the two months when he should have received his benefits.

CONSUMER FINANCE

Debt Collection Harassment Stopped.

Curtis suffered a dental emergency a few years ago and was transported to a medical center that accepted Medi-Cal. At the time of the treatment, however, the center did not submit Curtis' Medi-Cal insurance information in order to be paid for the medical care it provided Curtis. Even after he attempted to repay the debt, Curtis and his family were harassed and erroneously billed for the Medi-Cal-covered treatment for years. OCRA wrote a letter to the creditor explaining that the law bars health care providers from billing Medi-Cal beneficiaries for Medi-Cal services. OCRA demanded that it cease all further debt collection because Curtis had already paid above what was legally required for a patient with Medi-Cal coverage to pay. Further, OCRA notified the debt collector that the law protects Curtis' SSI benefits from being garnished, so attempted collection would be futile. The debt collectors have ceased their attempts to collect the debt from Curtis and his family.

HOUSING

Sharon Keeps her Section 8 Housing Voucher.

Sharon came to OCRA after the Housing Authority sent her a notice terminating her Section 8 Housing Choice Voucher for falsely reporting information. Sharon is a regional center client whose minor son is also a regional center client. Without their Section 8 voucher, this family would not have affordable housing. OCRA met with Sharon and her ILS instructor several times, conferred with the regional center, and reviewed records from the Housing Authority. OCRA helped Sharon file for a hearing and agreed to represent her at that hearing. OCRA met with the Housing Authority prior to the hearing and asserted that Sharon's documentation mistakes were not intentional, but disability-related mistakes. OCRA provided proof and clarity regarding the issue that had been improperly reported. The Housing Authority agreed to rescind the termination notice. OCRA then assisted Sharon to ask for a reasonable accommodation from the Housing Authority so that, in the future, a staff member will assist her with paperwork. Sharon's housing entitlement will continue for her and her minor son.

NON-DISCRIMINATION

OCRA Assists Sue to Get Apartment Door Modifications.

As part of apartment renovations, a heavy fire-safe door was installed in Sue's apartment. Because of her disability and use of a walker, Sue was unable to open the door to her apartment without assistance. OCRA advocated for the property owners to install an electronic door opener as a reasonable accommodation to Sue's disability. They agreed. Sue can now independently open her door.

OUTREACH AND TRAINING

Consumers at Sonoma Developmental Center Learn about Community Placements.

OCRA worked with consumers who reside at Sonoma Developmental Center by providing information on transitioning to living in the community. By the end of December 2016, OCRA, with assistance from a Sonoma Regional Project transition expert, had presented "Where to Live" self-advocacy trainings to consumers at every day program and on two nursing facility units. Residents were attentive as they learned about and discussed different community placement types such as group homes and apartments with supported living services. They also discussed what things they might like to have in their home. OCRA provided each resident with their own Where to Live booklet with their name, OCRA's name, and the date on it. Consumers keep the booklets in their binders on the units or at their day programs so that family members and senior companions can assist with their completion. Trainers stressed the importance of taking these workbooks to their IPP and transition planning meetings so they can talk about where they want to live.

OCRA Provides Voting Rights Education and Outreach.

OCRA recently provided 15 Voting Rights trainings throughout five counties in northern California to over 900 people with developmental disabilities. The focus was to increase participation by people with disabilities in the electoral process and to bring awareness on voting accessibility for all. The right to vote comes with the amazing power to make change within the services system. In each training, participants shared many issues that

affect people with developmental disabilities such as accessible housing, public benefits, transportation, employment opportunities, and basic civil rights. OCRA emphasized that during an election year, elected officials tend to pay more attention to people who vote. OCRA also provided voter registration forms to people who needed to register to vote.

PERSONAL AUTONOMY

Conservatorship Petition Dismissed.

Darren's regional center service coordinator referred him to OCRA because his mother once again filed a petition to conserve him. Darren met with OCRA and stated that he did not want to be conserved and did not want his mother to make decisions for him. OCRA offered to advocate for Darren by writing a letter to the court informing the judge of his preferences. Darren also discussed his preferences with the Probate Court Investigator and his service coordinator. OCRA contacted the Probate Court Investigator and the service coordinator to ensure the court was aware of Darren's choices and capabilities. The Probate Court Investigator agreed with OCRA and submitted a report to the court stating that Darren did not require a conservatorship, nor should his mother serve as the conservator. OCRA then wrote a letter to the probate court judge to advocate for Darren's choices and to explain Darren's rights under the Lanterman Act. Prior to the next court date, his mother learned of all the reports and letters objecting to the conservatorship and withdrew her petition. The judge dismissed the petition.

REGIONAL CENTER – COMMUNITY PLACEMENT

Shaun Moves into His New Home.

Shaun expresses himself through vocalizations and a few signs. He is blind, deaf, and has a mental health disability. He lived at home with his mother and grandmother until he was a teenager. He then lived in several community placements before he began living at a developmental center 25 years ago. After a recent hospitalization for lithium toxicity, Shaun did not want to leave his unit at the developmental center, even though the regional center had found Shaun a community placement. OCRA attended Shaun's IPP meeting, where the team considered not having him visit his intended placement for fear that it would cause too much psychological

stress. Shaun's team later learned that he actually enjoyed short van rides, so they scheduled a home visit and then an overnight visit. The team discussed at length the need to make sure familiar items were duplicated in his new home to accommodate his limitations in both sight and hearing. For example, the team made sure that Shaun would have his familiar blanket from the developmental center. After Shaun's psychiatric services were secured, Shaun moved into his new home. OCRA attended Shaun's 5- and 30-day IPP meetings. Shaun has settled well into his new home and day program. The staff at his new home will continue to work with Shaun to make any necessary changes to his behavioral plan.

OCRA Prevents Lily from Being Placed in an IMD.

Lily is an 18-year-old who was living in a group home in the community. The group home's owner told Lily's parents that she must move out in 30 days. Weeks later, the group home contacted police to report that Lily broke a television and was throwing objects at others. The police took Lily to a nearby hospital. Lily's group home refused to take her back into the home, so she was admitted into an acute inpatient psychiatric unit. Despite having a 1:1 aide, the psychiatrist at the hospital stated Lily could not be kept safe there. The psychiatrist stated Lily could provoke another patient who has significant behaviors. Lily's hospital environment was also causing her behaviors to intensify. She was being placed in 4-point ambulatory restraints, which caused harm when she tried to get out. The hospital did not have the expertise to support a person with a developmental disability and urged Lily's regional center to find an alternative placement. Lily's outside advocate contacted OCRA for assistance and OCRA immediately visited Lily. The hospital was very concerned that Lily's regional center was not assisting or even visiting her. OCRA provided extensive assistance to Lily's advocate to assert Lily's right to transition to the least restrictive environment. The hospital and Lily's court-appointed conservatorship attorney were advocating for placement at an Institute for Mental Disease (IMD). Lily's regional center declined to place Lily in an IMD because it was a restrictive setting. The hospital and Lily's conservatorship attorney contacted OCRA and urged OCRA to assist with placement at an IMD. OCRA instead explained Lily's right to be placed in the least restrictive environment. Lily's team held an IPP meeting to discuss the issues and concerns with different placement settings. After the IPP meeting, Lily's regional center offered to place Lily in her own home with supported living services.

Jim Starts a Day Program for Community Integration Activities While In A Locked IMD.

29-year-old Jim has a long history of significant mental health disabilities and self-injurious and impulsive behavior. He had been in a locked psychiatric setting – an IMD – for approximately six months. While at the IMD, Jim’s mental health disability stabilized and he no longer was a danger to himself or others. OCRA represented Jim at an IPP meeting to help him request transition services so that he can move to a less restrictive setting in the community. However, the group home that Jim would likely move into was not going to be ready for several months. In the interim, while he waits for his group home to be ready, Jim requested day program services. Day program participation would get Jim out of the locked setting during the day. At the day program, he could improve his independent living job skills in a structured setting. Jim’s IPP team agreed that he was well enough for day program participation, so Jim started his day program shortly after his IPP meeting. He now leaves the locked setting during the day to participate in recreational and work activities in the community while he waits for his group home placement to be ready.

IPP Team Comes Together to Advocate for Community Placement after Extended Stay at Hospital.

Gigi is a non-verbal 16-year-old with a mental health condition and multiple developmental disabilities. At age 11, she was placed in an IMD where she resided for two years. She was briefly hospitalized due to medical concerns. When she was medically cleared, the IMD refused to readmit her stating that her medical needs exceeded her psychiatric needs. After 6 months in the hospital, Gigi’s parent transported her to a group home without a transition plan or the support of her regional center. The group home was not prepared to support her behaviors and seizures, which led to another hospitalization within hours. After 7 months in that hospital, there was still no community placement available. Gigi’s parent contacted OCRA for assistance. Gigi’s regional center was finally able to secure a group home for her, but the home was experiencing difficulty with finding qualified staff. Two IPP meetings were held to discuss her needs and placement. The IPP team consisted of staff from the hospital, regional center, school district, group home, OCRA and Gigi’s parent. The IPP team realized Gigi’s needs were not as significant as it appeared. At the hospital, Gigi

was in a posey bed and wore mittens because the hospital was protecting her against contagious diseases. Furthermore, the hospital felt forced to restrict Gigi's independence because it exposed them to injury liability and they were not trained to support her disability needs. Gigi's IPP team discussed barriers to Gigi's placement including her institutionalization for 5 years, frequent seizures, and lack of qualified direct care staff for her. The IPP team collaborated to create a transition plan for Gigi. Gigi was placed in the community with the proper services and supports and she is doing well.

REGIONAL CENTER – ELIGIBILITY

Miguel Triumphs After Three Years of Fighting for Regional Center Services.

Miguel is a seven-year-old boy who has spent most of his young life with his adoptive mother after he and his siblings were removed from an abusive home. Miguel's birth parents have a history of drug and alcohol abuse. Throughout his early development, his then foster mother noticed that he had difficulty crawling, walking, and, even at the age of seven, had trouble speaking clearly. The regional center provided early intervention services for Miguel, but ended the services prior to age three, despite continued global delays. After two years of getting denials from the regional center, Miguel's adoptive mother contacted OCRA. OCRA helped Miguel prepare a reapplication packet with a records review that noted several concerns with the regional center's assessment, but the regional center denied services again. OCRA then funded an updated independent assessment and a consultation with an expert in Fetal Alcohol Spectrum Disorders and reapplied again. The regional center again denied eligibility. OCRA represented Miguel at a hearing where both expert witnesses testified as to why Miguel's mild intellectual disability and Fetal Alcohol Syndrome caused a substantial disability. The judge found Miguel eligible for regional center. After three years of denials, Miguel is now receiving regional center services.

REGIONAL CENTER - SERVICES

Leslie's Personal and Incidental Money is Restored Retroactively.

Leslie called OCRA for help getting her Personal and Incidental (P & I) money from the regional center. She reported that everyone else living in her group home was receiving almost double what she was receiving every month. OCRA reviewed the regional center's client trust records for Leslie and found that SSI was basing Leslie's benefits on earnings she had during a short period of time the previous year. OCRA pointed out the SSI error to the regional center, and also the regional center's responsibility, as representative payee, to get that error corrected. The regional center agreed to work with SSI to correct the error and provide Leslie with a retroactive P & I payment to make up for what she hadn't received during the previous months.

Marc Gets Compensatory Occupational Therapy.

Marc is a toddler with high needs to address his sensory disabilities. He gets overstimulated during playtime or story time and will run away in tears. The regional center authorized 45 minutes of occupational therapy per week. Services were delayed for approximately 6 months because the regional center could not find an occupational therapist. Marc's parents thought he would miss out on all of the hours of therapy. OCRA reached out to the regional center and negotiated an agreement that the regional center would fund compensatory hours to make up for the 6 months of missed therapy sessions. Now that occupational therapy is being provided, Marc is able to participate in his play group and sit through story time.

Jack Obtains Necessary Home Repairs.

Jack is a young man who lives with his elderly parents in a two-story home. He uses an electric wheelchair for mobility and is active in the community. Jack has a job, attends the local community college, and participates in a community-based day program. Jack could only move from his upstairs bedroom with physical assistance and he relied on his elderly parents to bring him meals. Jack also relies on a stair lift to take him up and down the stairs. When it broke, he called the repair service, paid for a service call, and learned the repairs would be costly. Jack contacted the regional center and asked for assistance with the necessary repairs. The regional

center declined to fund the necessary repairs and instead, scheduled an assessment and evaluation for months later. Jack called the regional center complaint line to advise that due to his broken stair elevator, he was stuck upstairs in his home, missing his work, school, and day program. Jack called OCRA when the regional center did not respond to his urgent requests for help. OCRA sent a letter to the regional center asking for full reimbursement for the service call and requesting immediate payment for the stair lift repairs. The regional center agreed to fund the repairs the day after receiving the OCRA letter. The repairs were completed immediately, and Jack is now free to move around his home and go out into the community.

Regional Center Agrees to Fund an Appropriate Day Program and Transportation.

Following her transition from high school, Janice and her parents were trying to find day activities that were both age-appropriate and met her needs. The regional center said that the only appropriate program was an Adult Day Health Care program that mostly served older individuals and did not have services to meet Janice's unique goals. Janice also wanted the regional center to include additional language in her IPP that described her disabilities and the adaptive equipment she used. The regional center was reluctant to do so. On their own, Janice's parents found a day program that was a good fit for her goals and needs. However, the program was in a different regional center's catchment area. Janice's regional center did not agree to fund this program or provide transportation. OCRA called the regional center to advocate for this program and sent a letter requesting the additional language Janice wanted in her IPP. The regional center agreed to fund the day program including transportation and make the changes to Janice's IPP as requested. Janice recently began attending the new program and is doing well.

24 Hours of Care is Life-Changing for Aaliyah.

Aaliyah has cerebral palsy and communicates with a letter board and iPad. She lived independently in an apartment with a roommate and minimal supports. After some recent medical procedures, she had a feeding tube inserted due to her throat muscles being paralyzed, a tracheotomy was performed, and she was placed on a ventilator due to aspiration pneumonia. Despite her increased medical needs, Aaliyah did not receive

the amount of help she needed. She had only 7 hours of IHSS and 7 hours of Supported Living Services (SLS). Aaliyah also had no flexibility with when these hours were provided, no staff in the early morning or at night, limited staff availability, and little support during the holidays, which limited her opportunities to leave her home. Aaliyah wanted to participate in community activities that she enjoyed, such as shopping, visiting her church, and visiting family. Despite Aaliyah having a college degree, she felt powerless in being able to advocate for her needs. OCRA reviewed records, prepared Aaliyah for an IPP meeting, and represented her at the IPP meeting. Aaliyah began her IPP meeting with a powerful speech on how she would like to be supported in her home and life. Aaliyah's request for 24 hours per day of care was granted, but her SLS agency did not have the staff and resources to provide her with adequate support. Together, the IPP team agreed that Aaliyah would receive a nursing assessment, direct staff training by a registered nurse, 8 hours per day of direct care provided by her roommate, and 16 hours per day of direct care provided by IHSS and her SLS agency. Also, all holidays will be covered and staff will be flexible with their schedules. Aaliyah will now be supported in her home and the life she desires.

SPECIAL EDUCATION

School District Implements Specialized Healthcare Plan for Roberto.

Roberto is a medically-fragile young child who attends a public elementary school. Over the last school year, Roberto's mother had become increasingly worried about her son's health care during school hours. The school often called mother asking her to pick up Roberto because he had been vomiting. Roberto had come back from school several times with a soiled diaper which caused rashes. Other times, Roberto returned home with his packed lunch completely uneaten. His mother had tried to raise these issues with the special education teacher and administration at the school, however, the problems persisted throughout the school year. OCRA requested an IEP meeting and over the course of three different IEP meetings, negotiated for the school to update and create an appropriate specialized healthcare plan for Roberto. OCRA helped his mother obtain a letter from the specialist who treats Roberto's rare medical condition. The letter, shared with the district during the IEP meeting, explained the risks associated with his condition and the care needed to avoid serious harm such as asphyxiation and bone fractures. In the end, Roberto obtained a

thorough and specialized healthcare plan that included specific protocols for his feeding, repositioning, seating, standing, and seizure management. Roberto also received an increase of 30 minutes per week in both vision and occupational therapies.

School District Dismisses Due Process Case Against Ivan.

Ivan is a 10-year-old boy with a mild-moderate intellectual disability. He is in a regular education classroom with an aide in his neighborhood school, but spends most of his day with his aide in the resource room. If he acted out, the school would call his mother to come and get him, to the point that Ivan would ask his teacher what he has to do to be sent home. At one IEP meeting, the district proposed placing Ivan in a county-run more restrictive program. The school is in a small rural district with very limited resources and placement options. Ivan's parents did not accept the county program because they felt Ivan's language and cognitive skills were much higher than the other students in that classroom and his behaviors could be addressed effectively at his neighborhood school. When school started again in the fall, the suspensions began again. The district filed for due process to compel placement in the county program. OCRA attended the pre-hearing mediation with the district and the County Office of Education. OCRA asserted that the choice between general education and proposed county program did not provide the required continuum of options and that more resources were needed in this small district. The county and district ultimately withdrew their hearing request and agreed to complete a comprehensive behavioral assessment, develop an appropriate behavior plan, provide additional staff training, and work with the family to develop better strategies.

Tammy Receives Additional Speech Services.

Tammy has been receiving her education as home instruction from the school district because of her ongoing medical conditions. Tammy has a g-tube and requires hourly feeding and medication, uses oxygen, has weakness and stiffness of her right hand, and has an impaired immune system. Her doctor recommended that she remain on home instruction and services for an additional period of time. With the school home program, Tammy has demonstrated some growth. OCRA attended an IEP meeting to obtain additional educational supports and services in the home. The IEP team agreed to provide 6 hours per week of home instruction, an

increase to 45 minutes per week of speech services in the home, and 30 minutes per week of occupation therapy in the home. In addition, the school district agreed to conduct an alternative communication assessment to determine whether Tammy needs assistive technology in the home.

Christina Gets the Behavioral And Health Support Services She Needs In Order To Attend School.

Christina's mother contacted OCRA for advocacy to obtain the appropriate educational services she needs in order to attend her local elementary school. Christina ran away or attempted to run away up to fifty times in a six-hour school day. Christina's mother had tried to advocate on her behalf and requested a functional behavior assessment from the school district. Even after the functional behavior assessment confirmed Christina's mother's suspicions about this behavior in the school environment, the school district denied her request for a 1:1 aide. The school district provided Christina's mother with her due process rights to file for a hearing if she disagreed with the offer of not providing a 1:1 aide. In addition to Christina's behavioral needs related to her autism, she also has several food allergies which can lead to emergency hospital visits if she comes into contact with any of the foods to which she is allergic. As such, Christina's mother was extremely concerned that she does not have a 1:1 aide assigned to her. OCRA agreed to review her school records and provide direct representation at an IEP meeting to try to resolve the dispute. At the IEP meeting, OCRA convinced the school district to change its position. The school district agreed to provide a 1:1 aide for the whole school day, including summer school, and a behavioral supervisor to provide consultation to her special education teacher and 1:1 aide.

First-Grader Remains in Dual Immersion Program.

Alfonso is a first grade student who transferred from his home school district to a neighboring district so he could attend a school with a dual immersion program to learn Spanish. Because Alfonso has autism and a history of language delays, his parents carefully considered the impact that the demanding program would have on him. They felt that Alfonso was ready for the program because after receiving interventions, he was reading and writing at or above grade level. Alfonso started school and was enjoying the program. He was interested in learning Spanish and started asking his parents the names for things in Spanish. His father, who

speaks Spanish fluently, started speaking more Spanish with Alfonso at home. Shortly after Alfonso started school, the school psychologist and principal told his mother that students with IEPs cannot participate in the dual immersion program, and particularly students like Alfonso, who have speech and language goals in their IEPs, and they could not provide his IEP services at that school site. Alfonso's mother believed that the district had not realized Alfonso had a disability when they accepted him and the staff started talking about exiting him from the program as soon as they learned of his disability. She feared that the team would try to exit him from the dual immersion program at his 30-day IEP meeting. OCRA knew from past cases that his new school district had gone to great lengths to fully include students with disabilities in mainstream programs, and that the problem might be isolated to the particular school site. OCRA contacted the school district's special education department and spoke with the coordinator responsible for Alfonso's school site. The coordinator spoke to the immersion school staff and reminded them of Alfonso's right to be in the program, cautioning them that the district must not discriminate on the basis of disability. The team agreed not to further discuss exiting him from the program. OCRA provided his mother with advice so that she could focus on requesting the services he needs at his IEP meeting, knowing that his placement was secure.

Functional Behavior Assessment Approved for Adrian.

Adrian's mother felt that his IEP team was not listening to her concerns. She believed that 8-year-old Adrian had issues with transitions at school and needed a 1:1 aide. OCRA advised Adrian's mother that the first step would be to obtain a functional behavior assessment from the school. OCRA represented Adrian at his IEP meeting. At the meeting, OCRA explained that the behaviors his teachers describe are significantly different from the behaviors that his mother describes, so it would be beneficial to conduct a functional behavior assessment to identify Adrian's school behaviors and how to address them in the school setting. The IEP team agreed to conduct a functional behavior assessment that will recommend to improve transitions and functioning in school.