Disability Rights Arkansas

Protection and Advocacy and Client Assistance Programs Services in the 1st Congressional District

Fiscal Year 2023

CONTENTS

DISABILITY RIGHTS ARKANSAS (DRA) is a private, non-profit agency located in Little Rock, Arkansas. Since 1977, DRA has been designated by the Governor of Arkansas as the independent Protection and Advocacy system for persons with disabilities in Arkansas. DRA operates under authority outlined in federal law, is funded primarily by the federal government, and is governed by a board of directors. DRA collaborates with other disability rights and civil rights organizations, social service agencies, the private bar, and legal services agencies to accomplish identified goals and objectives. DRA's services are offered statewide at no cost to individuals with disabilities. Following is a description of DRA's nine federal Protection and Advocacy grants, as well as a grant awarded though the Arkansas Governor's Council on Developmental Disabilities.

Protection & Advocacy for Individuals with Mental Illness (PAIMI)
PAIMI serves individuals with a diagnosis of serious mental illness. PAIMI prioritizes services to individuals receiving care and treatment in a facility and has a mandate to investigate complaints of neglect and abuse. See the Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended, 42 U.S.C. § 10801 *et seq.*

Protection & Advocacy for Individuals with Developmental Disabilities (PADD)
PADD serves individuals with developmental disabilities, including intellectual disabilities, autism spectrum disorder, epilepsy, cerebral palsy, and neurological impairments. A developmental disability is a mental or physical impairment beginning before the age of 22 which is likely to continue indefinitely, limits certain major life activities, and reflects a need for special care, treatment, and/or individualized planning. See the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. § 15001, *et seq.*

Client Assistance Program (CAP)
The CAP assists individuals with disabilities who have questions about or who have encountered problems with applying for or receiving vocational rehabilitation (VR) services from state VR agencies. CAP also advocates for those who receive services from independent living centers (ILCs), the Division of Services for the Blind (DSB), and for those applying for or receiving services from tribal VR offices. See the Rehabilitation Act of 1973, as amended, Title I, Part B, Sec. 112, 29 U.S.C. § 732.

Protection & Advocacy of Individual Rights (PAIR)
PAIR serves individuals with disabilities who do not qualify for the protection and advocacy services described above. It is not limited to individuals with a specific disability or a particular disability rights issue. See the Protection and Advocacy of Individual Rights Program of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794e.

Protection & Advocacy for Assistive Technology (PAAT)
PAAT serves individuals with disabilities with issues related to assistive technology devices and services. This includes investigating the denial of, and negotiating access to, assistive technology devices and services. See the Assistive Technology Act of 2004, 29 U.S.C. § 3004.

Protection & Advocacy for Beneficiaries of Social Security (PABSS)
PABSS serves individuals with disabilities who receive Social Security Disability Insurance (SSDI) or Supplementary Security Income (SSI) and who are trying to return to work, obtain employment, or receive certain employment-related training and services. PABBS educates beneficiaries about Social Security's work incentives and provides vocational rehabilitation and employment services advice. PABSS also assists beneficiaries with understanding their rights regarding representative payees. See the Ticket to Work and Work Incentives Improvement Act of 1999, as amended, 42 U.S.C. § 1320b-21.

Protection & Advocacy for Traumatic Brain Injury (PATBI)
PATBI serves individuals diagnosed with a traumatic brain injury (TBI). PATBI works to ensure that individuals with traumatic brain injuries and their families have access to information, referrals and advice, individual and family advocacy services, legal representation, and support and assistance with self-advocacy. See the Traumatic Brain Injury Act, authorized as part of the Children's Health Act of 2000, 42 U.S.C. § 300d-53.

Protection & Advocacy for Voting Access (PAVA)
PAVA educates and assists individuals with disabilities so they may enjoy full participation in the electoral process. These efforts include ensuring physical accessibility of polling sites and informing individuals about the rights of voters with disabilities. See the Protection and Advocacy for Voting Access program of the Help America Vote Act of 2002, 42 U.S.C. § 15461-15462.

Strengthening Protections for Social Security Beneficiaries (SPSSB)
SPSSB, also known as the Representative Payee program, serves individuals with disabilities whose social security benefits are managed by a representative payee. DRA coordinates with the Social Security Administration to conduct periodic onsite reviews as well as additional discretionary reviews to determine whether a representative payee is performing their duties in keeping a beneficiary safe and ensuring their needs are being met. See the Strengthening Protections for Social Security Beneficiaries Act of 2018, 42 U.S.C. § 405(j).

Arkansas Alliance for Disability Advocacy (AADA)
AADA consists of an alliance of advocacy programs that work in concert to provide self-advocates, parents, peer advocates, and state leaders with the tools they need to be active within the disability advocacy movement. AADA is comprised of Partners in Policymaking, a training program focusing on developing relationships with elected officials to influence public policy impacting people with disabilities; Self-Advocate Network Development, which provides advocacy training and leadership development to people with disabilities across Arkansas; and Community of Champions, a community project that provides people the tools to be disability advocates in their everyday life.

CLIENTS

The United States Census Bureau's 2022 American Community Survey estimates the 1st District's total population to be 747,672, with a civilian, noninstitutionalized population of 726,158. Of that total, 154,943 (21.3%) have a disability. In FY2023 (October 1, 2022-September 30, 2023), DRA worked 53 active service requests from the 1st District. DRA received a total of 1,946 requests for services statewide, in addition to investigating abuse and neglect and addressing critical systemic issues, including cuts to vital services by Medicaid managed care organizations.

Clients by Age

While DRA assisted every age demographic in the district, this table shows that 66% of service requests were for clients under the age of 20 and 8% of requests were for those 56 or older.

Age Group	Number of Service Requests	Percentage
Unknown	0	----
0-9 Years	11	21%
10-19 Years	24	45%
20-39 Years	6	11%
40-55 Years	8	15%
56-65 Years	3	6%
66 or Older	1	2%

Clients by Race and Ethnicity

DRA strives to provide services to underrepresented groups in our state. The following chart compares race and ethnicity demographics for the entire 1st Congressional District with that of DRA's requests for services in the 1st Congressional District. The district's Hispanic population of 29,466 comprises almost 4% of the population, while 2% of the service requests worked by DRA were for individuals who identify as Hispanic.

Race	Estimate	As Percentage	DRA SR's	As Percentage
Total Population	747,672	---	53	---
One Race	698,210	93.4%	51	96%
White	559,626	74.8%	35	66%
Black or African American	116,579	15.6%	11	20.5%
American Indian and Alaska Native	2,757	0.4%	2	4%
Asian	4,924	0.7%	0	0%
Native Hawaiian/Other Pacific Islander	2,160	0.3%	0	0%
Unknown or some other race	12,164	1.6%	3	5.5%
Two or more races	49,462	6.6%	2	4%

SERVICE REQUESTS

DRA worked 53 requests for services in FY2023 from residents of the 1st Congressional District. The charts below show the distribution of the requests by grant funding and by issue (problem) area. Callers with issues that do not meet a priority are still provided assistance, but usually will be offered information and referral services rather than case-level advocacy.

Service Requests by Program

Program Funding Source	CAP	PAAT	PABSS	PADD	PAIMI	PAIR	PATBI	PAVA
Count of Service Requests	1	4	3	21	7	17	0	0

Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Education	25
Abuse/Neglect/Suspicious Death	9
Home- and community-based services	9
Architectural and Programmatic Access	3
Assistive Technology	1
Rehabilitation Services	1
Employment	2
Other	3

Service Requests in the 1st Congressional District continue to include issues related to DRA's efforts to tackle abuse and neglect, including suspicious deaths in facilities, which tied for the second highest number of service requests in the District in FY2023. DRA staff continued to focus on monitoring residential facilities, particularly the state's human development centers (HDC) and psychiatric residential treatment facilities (PRTF), by various methods, including reviewing incident reports filed with state regulatory agencies, reviewing surveys conducted by regulatory agencies, and in-person monitoring. Because issues impacting youth through placement in treatment and detention facilities remain a major focus for our attorneys and advocates, much of DRA's abuse and neglect work evolved from issues identified through regulatory surveys and incident reports. Meanwhile, the most requested service in not only the 1st District but throughout the state involves students who are not receiving appropriate special education services. DRA continues to prioritize education issues involving suspension, expulsion, and referral to the justice system resulting from a failure to address a student's need for services related to their disabilities. While we understand the need for assistance with less serious education issues is significant, we are not provided with the resources necessary to serve everyone who requests our help and must limit education cases to the most serious issues. Despite limiting case acceptance to only the most egregious cases, DRA still worked significantly more education cases in District One than any other problem category. By focusing

on the most consequential of cases, we are attempting to staunch the school-to-prison pipeline, recognizing not only the benefit to a student when they stay in school rather than being expelled or routed to a juvenile placement, but also the cost benefit to the state of providing services in a school setting versus residential placement. DRA received a number of requests from clients experiencing cuts to their community-based services; we are increasingly targeting cases where a decrease in services authorized through the state's Medicaid managed care system threatens an individual's ability to remain in the community, which could lead to costly institutional care. Architectural accessibility and program access issues like effective communication during medical appointments or reasonable accommodations in post-secondary settings continue to be common complaints; problems with employment discrimination remain a focus for callers as well, even as limited resources curtail the number of cases DRA can accept.

Whenever possible, DRA seeks to inform and educate clients so they may effectively self-advocate. In addition to empowering an individual to resolve issues for themselves, this serves to make the relationship between the client and the other party less adversarial than when a third party such as DRA intervenes and is also a way for DRA to serve more individuals with fewer resources.

Service Requests Specific to the 1pst District

Example 1: A parent requested DRA's assistance when her daughter, who is deaf, was not provided an American Sign Language (ASL) interpreter at school. The student, a third grader, had never been provided with a certified interpreter. The school utilized a paraprofessional who knew some signs, but this was inconsistent. The student also had severe allergies that required epinephrine injections (via EpiPens), and the parent was encountering push back from school officials about who could carry and administer the EpiPens. A DRA attorney began attending the student's Individualized Education Program (IEP) meetings and advocating for the district to hire a certified interpreter and allow the student to carry her own EpiPens. The school subsequently hired a paraprofessional who is in training to become a certified ASL interpreter and is currently providing a certified interpreter who will work with the student until the paraprofessional receives her certification. The student also now carries a bag with her EpiPens so that she is always prepared for allergy attacks. The parent said she can tell a dramatic difference in her daughter's confidence and happiness now that she can communicate more freely and can use her EpiPens when needed without delay.

Example 2: DRA initiated an investigation at a PRTF upon receiving a complaint from a resident during a monitoring visit. She stated she was restrained by three staff, including male staff, stripped, and placed in paper scrubs while in seclusion. DRA investigators interviewed the client and other residents, reviewed records, and discussed the issue with facility administration. No video of the incident was available, and no written documentation definitively supported the claim; however, there was one chart note that confirmed the resident was in paper scrubs, but lacked such details as how long they were used, why they were ordered, or how she was placed in them. The lack of documentation, along with the

statements of the victim and a resident witness, favor substantiating the allegation. DRA has since recommended the facility implement a monitoring protocol that would track when, why, and for how long residents are placed in paper scrubs. The facility's Risk Manager indicated they are receptive to this, and she will discuss with the physicians and nurses that orders should provide a more descriptive rationale of the need for paper scrubs as well as at least a tentative duration for their use.

Example 3: A parent requested assistance from DRA when her son was experiencing severe bullying at school. He arrived home multiple times with blood or food on his clothes and alleged he was called names on the bus. His mother attempted to discuss these incidents at an IEP meeting and was told that "kids will be kids," so she felt her concerns were not being taken seriously. A DRA attorney called the superintendent for the district and explained the situation; the superintendent attended a subsequent interdisciplinary team meeting and promised to be more proactive in this situation, beginning with creating avenues for communication with the parents. This student is now arriving home happier, and his parents feel like the school is more aware of the situation and more willing to address concerns when they arise.

Example 4: An individual receiving community-based services received a notice from the Arkansas Department of Human Services (DHS) that his Community and Employment Support (CES) Waiver eligibility was canceled. His brother, who serves as his authorized representative and helps him with DHS paperwork, insisted he submitted the required forms when requested. A DRA attorney submitted a request for a fair hearing to DHS and included a request that the county office investigate the matter to try to resolve what appeared to be an administrative error. The DHS attorney notified DRA in writing that the proper paperwork was submitted on time, and the client is now approved for the CES waiver, so we were able to withdraw the request for a fair hearing.

Example 5: An 18-year-old Social Security beneficiary diagnosed with autism spectrum disorder (ASD) and an intellectual disability had attended his high school's transition program throughout the school year; however, upon trying to register for classes for the upcoming year, he discovered he had been rejected for the final year of the school's transition program without explanation. DRA's PABSS advocate contacted the school on the student's behalf and was informed that he had not fulfilled the program's mandatory attendance requirements. The advocate pointed out to school officials that the attendance requirement for the program was arbitrary and did not relieve the school of its obligation to provide the student with meaningful transition services. The school relented in applying the attendance requirement to our client, and he was permitted to participate in the transition program for the coming year.

Example 6: A student's mother requested DRA's assistance when the student was being consistently suspended rather than being provided the services he needed to be successful in the school setting. A DRA attorney filed a due process complaint against the school district, and the mother agreed to settle with the district after the student was offered Applied Behavior Analysis (ABA) therapy in a private setting. The student also received compensatory education to help him get caught up academically after the suspensions caused him to fall behind.

PROJECTS

Achieving impactful systems change for people with disabilities

As a result of several individual investigations conducted by DRA at the Arkansas State Hospital (ASH), changes in policies and procedures have been implemented at ASH that have the potential to impact every patient. We launched several investigations based on allegations submitted anonymously to us; these allegations involved profoundly serious issues, to include:

- A patient who repeatedly ingested harmful items, which then led to restraints. Ten incidents of foreign body ingestion in six months at ASH resulted in the patient enduring four gastroenterology procedures to remove the items.

- A patient hospitalized after his bowel issues were minimally addressed with over-the-counter medications despite his vomiting a putrid green substance and having a history of bowel obstructions severe enough to result in hospital admissions at least three times in the previous two years.

- A patient's whose hip was fractured when she was attacked by another patient, who subsequently walked around for 25 days with a fractured hip that ultimately required surgery, despite the fracture being confirmed through imaging on 12 of those days. Post-surgical attempts at physical therapy were then not initiated for at least two months, and the patient now walks with a limp.

- A new patient who allegedly did not receive treatment for HIV despite testing positive. While this allegation was not substantiated, our investigation did identify issues with reporting critical lab results and charting missteps. For nearly a month it appeared there had been a positive HIV test result, but that information was not relayed or acted upon. While the test result was ultimately negative, at least some staff appeared to not be following universal precautions.

- A patient who lost a testicle after experiencing scrotal pain for at least two weeks without receiving treatment. Our investigation concluded that both the action and inaction of facility staff amounted to medical neglect resulting in the patient having to endure a significant amount of pain and ultimately requiring his testicle be surgically removed. The patient records make no mention of his complaint other than a delayed entry made after he was admitted to the hospital, despite his being able to clearly articulate his pain to the emergency room doctor.

- A patient involved in several incidents that could result in head trauma, including banging her head on walls, who did not receive proper medical assessments for head trauma. Our investigation concluded that ordered neurological checks were not being completed or documented and that vital signs had also not been checked in multiple incidents involving head trauma.

- A patient whose stimulus money was stolen by hospital staff. DRA investigators substantiated the allegation after reviewing financial records and interviewing the victim and

relevant staff. Staff withdrew an amount of money from an ATM above what the patient had requested, which she kept, after taking the patient's ATM card alone to withdraw money, which was allowed by hospital policy at the time. Although ASH administrators were aware of the theft, they had not initiated any relevant changes to hospital policies or practices to prevent this situation from occurring again.

After charting issues were identified in several of our investigations, hospital administration developed and implemented a Nurse Manger Performance Improvement Tool and conducted additional training with staff related to charting. Upon learning that ASH did not have a formal bowel tracking protocol, DRA advocated for implementation of a protocol, which is currently being developed by hospital staff. Following a DRA investigation into the allegation that neurological checks were not performed on a patient with a potential head injury, ASH responded to DRA's concerns by adding an update to the Electronic Health Record system that flags and forces neurological checks. Following several DRA investigations into allegations about the care and treatment of patients, particularly the excessive use of mechanical and chemical restraints and the lack of appropriate treatment for injuries and illness, a new therapeutic milieu process called Project Safe and Caring was implemented. As part of this new process, a weekly clinical leadership team review process will occur to ensure all aspects of milieu operations are therapeutic, safe, and caring. Phase Two, to be implemented in 2024, will include new violence prevention training. And while DRA was not successful in recovering a patient's stolen funds, as a result of our investigation and advocacy efforts regarding the theft of a patient's funds by a staff member, ASH did implement a new policy regarding the process for a patient to obtain funds through debit card withdrawals that will minimize opportunities for funds to be stolen.

DRA investigated a school district's use of an alternative learning environment (ALE) to determine whether they are complying with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the Individuals with Disabilities Education Act (IDEA). Several parents of students in this district were concerned the district was attempting to use the ALE as a sort of "special school," sending a number of students with behavior-related disabilities there. Through our investigation, DRA learned about the school district's practices involving this ALE setting, including several instances of failed policies concerning elopement, restraint, and a lack of educational services. We have assisted a number of students with transitioning back to general education settings from the ALE, and because several students were successful in this transition, we are confident this school district will discontinue its use of a third-party provider to provide educational services in this alternative environment.

DRA conducted two secondary investigations at PRTF's involving incidents where residents were seriously injured, with one resident requiring surgery for a broken occipital lobe. The agency responsible for enforcing the state Minimum Licensing Standards for Child Welfare Agencies, DHS's Division of Childcare & Early Childhood Education (DCECE), investigated the incidents but did not substantiate any licensing concerns. DRA's reviews revealed several concerns, which were forwarded to the DHS Program Manager, along with relevant video clips and pictures, with a request that another investigation be conducted. DCECE did return to the

facilities and conduct another review of the incidents; this time they documented findings and cited the facilities for being out of compliance with Standard 907.2, which states, “Childcare staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child’s age, individual differences and abilities, surrounding circumstances, hazards, and risks.”

In FY2023, DRA added video footage of incidents occurring in various PRTF’s across the state to our online PRTF database. As far as we can discern, this is the largest public collection of videos from inside these types of facilities. Visitors to the database can now hear from law enforcement, staff, and residents firsthand by viewing video clips from police body cameras of law enforcement responses to incidents at these facilities. Visitors can also view youth interactions with staff and law enforcement and see the physical environment inside some of these facilities. Sometimes law enforcement is utilized as a form of behavior management to threaten or scare youth; sometimes they are called in response to riots or other chaotic incidents that can be traumatizing and dangerous for everyone present. We have added video footage of incidents to the database to provide a much broader perspective of how incidents with residents, who are there to receive psychiatric treatment, are managed by facility staff, which can be punitive and retaliatory rather than therapeutic. The database is located at: https://disabilityrightsar.org/prtf/

DRA created a project in FY2023 to track causes of death in the state’s five HDC’s as detailed in incident reports submitted to the state, to identify potential patterns and whether abuse or neglect contributed to any of the deaths. The objective was to determine whether systemic issues could be identified in these facilities, and if certain policies or practices needed to be changed to reduce the likelihood of deaths occurring under similar circumstances. DRA investigators developed a tracking system to capture causes of death for residents to identify any trends, and determined aspiration pneumonia and constipation were recurrent causes of death. We were subsequently able to persuade DDS and the HDC’s to revise their bowel protocols based on some residents experiencing constipation resulting in bowel obstructions. Since this issue was successfully addressed, we have discussed developing a tracking system for people with chronic constipation to see if further improvements in protocols could be developed, which is a potential project in FY2024.

An unquestioned practice in place since the 1980's at one of the HDC’s was changed as a result of a DRA investigation and resulted in the removal of telemetry devices from 23 facility residents. The facility administrator confirmed they had been using some type of telemetry device since the 1980’s but no longer possessed the names and job titles of the staff who initially permitted the use of these devices. DRA investigators spoke with residents and with the facility superintendent, who estimated about a dozen people were wearing the devices. DRA investigators then shared their concerns with a Division of Developmental Disabilities Services (DDS) assistant director, who reviewed telemetry information about one particular resident and determined the use of the device was appropriate. DRA then submitted a records request to the facility for a list of residents currently wearing telemetry devices and guardian contact information for each resident; a list of 26 residents was subsequently provided to DRA,

and in the course of an investigation involving another resident, it was determined he had been wearing a device as well. The devices had been removed from two residents, and they were then removed from six additional residents in October and early November 2022. Sixteen more residents had their devices removed mid-November 2022, upon the determination that it was "best for the facility to become mostly telemetry free for the clients [they] serve." During a phone call between DRA's Executive Director Tom Masseau and DDS Director Melissa Weatherton in December 2022, she stated she instructed the facility administrator to remove the devices immediately from any resident still wearing them.

DRA investigated several complaints about a program called Deaf Start at a PRTF; specifically, that residents of this program were not receiving mental health treatment and staff were falsifying records to reflect services being provided that were not. Our investigation substantiated an allegation that the Clinical Director, who was also the primary therapist for the program, was not routinely providing therapy to the residents and was falsifying documentation, which resulted in his being terminated. His termination paperwork states, "between February 2021 and 2022, Disability Rights found documentation deceitful towards parents and therapist documentation did not align with the Acadia standard for therapy licenses…" Discrepancies were identified in the notes of additional therapists, but none as egregious as those of the Clinical Director. Based on our findings and method of investigation, facility administrators stated they planned to implement similar internal review processes. They admitted they had never implemented a process of internally auditing therapy notes and were now planning to continue cross-checking daily documentation sheets with note entries as they see how this can be a beneficial quality control practice. Upon attempting to confirm an internal process had been implemented before closing out the investigation, DRA then requested "all…internal audits related to the provision of therapy services." The facility response stated, "do not exist. We have no issue in the clinical department in regards to therapy services." This response indicates the facility had not instituted a process to ensure the issue DRA cited was fully resolved and would not recur. Our investigation subsequently remained open to continue monitoring the situation and advocating for internal quality control procedures at this facility by communicating with informants, reviewing reports, and conducting facility visits; however, we did not determine therapy services were not consistently being provided. In June 2023, DRA monitors spoke with the new Clinical Director, who stated he is spot-checking notes to ensure they are entered in a timely manner by therapists but does not have a plan to cross-check or attempt to ensure notes are not being fabricated. DRA monitors discussed their concerns with him, and he has since expanded his monitoring.

A major effort of our education advocacy involves ensuring access to professional providers for students who are subject to inequitable or illegal discipline in school. We have developed a practice of seeking services for our clients who are recipients of our state's Medicaid managed care system for individuals with developmental disabilities or behavioral health needs through that system. In leveraging the obligations of our state's managed care organizations (MCO) to enhance the services available to students we serve, we are relieving school districts of a significant financial burden of providing these services. As a result of this work, we have witnessed school districts utilize those services for students with whom DRA does not have a

representational relationship; in other words, this work is having a systemic impact, as many more students will benefit than just those represented by DRA. It is our hope that our continued work in this area will continue to improve access to those services across the state.

Thanks to a Public Health Workforce (PHWF) grant the P&A's received from the Administration on Community Living in 2022 and 2023, DRA was able to finance a thorough investigation at three Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) locations due to concerns about living conditions; each facility was found to be in a severe state of disrepair, featuring potentially hazardous conditions that significantly jeopardized the well-being and safety of its residents. Issues found included:

Facility One: the presence of mold, sagging mattresses, roaches in bedrooms, broken and hazardous structures such as rotted decking, and bathroom doors that were too narrow.

Facility Two: rusted or missing sprinklers, reports of rodent infestations, broken picnic tables, dirty and damaged carpets, and missing wood on bathroom vanities.

Facility Three: gaps in walls and doors leaving living units exposed to the outdoors, stained bedding, a strong odor of waste, and multiple structural and aesthetic issues like sagging curtain rods and missing caulk in the bathroom.

These conditions were extensively documented, with a link provided to photographs highlighting each issue observed during the investigation. The findings were promptly reported to the Office of Long-Term Care (OLTC) on 03/23/23, detailing each deficiency found during the visits on 03/17/23. Despite assurances from the facilities' management that, for example, all sprinklers were functional, we later received the results of a survey conducted on 03/28/23 that revealed multiple deficiencies in the sprinkler systems. DRA utilized various strategies to address these issues, including reporting the serious occurrences and the buildings and grounds issues to the OLTC, informing the Placement & Residential Licensing Unit (PRLU) of the conditions we uncovered, as well as the lack of interest and effort by one of their own staff who happened to be surveying the facility at the same time DRA was monitoring, and sharing our findings with the P&A in New Hampshire because children from their state were living at one of the facilities. Upon receiving DRA's complaint about the living conditions in these facilities, the OLTC investigated our allegations and cited the facilities for the terrible conditions, mandating the facilities rectify all reported deficiencies. This investigation effort exemplifies a successful P&A intervention resulting in hazardous conditions and deficiencies in youth treatment facilities being addressed to ensure the safety and well-being of the residents.

FY2023 witnessed DRA making great strides in how we manage cases involving our state's MCO's. These organizations are obligated to ensure Medicaid services are delivered to two populations: individuals eligible for developmental disability services through our state's developmental disabilities waiver, and individuals with behavioral health needs. DRA attorneys have managed to develop precedent at the administrative level that has enabled us to work on a greater number of cases involving an issue that is affecting all recipients – access to care coordination as defined by federal and state regulations. We have also identified and continue to work toward resolving the issue of a systemic lack of enforcement mechanisms for our

state's administrative due process proceedings. While it is a tremendous benefit to our clients that we can expect an administrative order requiring the MCO to supply care coordination consistent with state and federal regulations, our clients are left with little recourse if the MCO fails to adhere to the orders, which has occurred repeatedly. We anticipate this will be a continuing issue for DRA to prioritize in the coming fiscal years.

The State Rehabilitation Council's (SRC) CAP representative and other CAP staff participated in an SRC working group to revise the current Arkansas Rehabilitation Services (ARS) consumer satisfaction survey, with DRA's CAP staff providing input on the content of the survey and distribution methodology. ARS intends to implement the new survey in hopes of improving consumer participation, which will lead to increased data collection on service delivery experiences by consumers. CAP staff also met with Rehabilitation Services Administration (RSA) staff prior to their monitoring of ARS in August 2023. While it is too soon to know if this discussion will lead to policy change, the report from ARS's Chief of Field Services during the September SRC board meeting touched on areas DRA brought to the attention of RSA, which incidentally are areas CAP staff previously discussed with RSA prior to the monitoring of ARS in 2022. ARS is now revisiting their rate setting methodology specific to the purchase of hearing aids. New guidance has not yet been released for this and it is unclear if the changes will expand to other services or equipment. ARS also intends to address the $5,000 tuition threshold (cap) it has imposed on postsecondary tuition for the past several years. CAP staff successfully defeated these tuition caps for several ARS clients; however, the CAP could only assist clients who contacted the CAP, so it is unknown how many ARS clients were negatively impacted by the imposition of tuition caps. ARS also intends to review their use and calculation of consumer financial participation, which could be a result of a continued review of the large amount of rehabilitation services funds being returned to the federal government. The CAP hopes to report in FY2024 that these anticipated changes to ARS policies and practices have been implemented.

The greatest opportunity we have to ensure individuals under guardianship are able to vote is through litigation – assisting individuals with restoring their right to vote by seeking a court order to that effect. While we have been successful in achieving this goal for clients, litigation is not an approved activity under PAVA regulations; therefore, our best opportunity to ensure individuals under guardianship are allowed to vote is through educating everyone we can on this topic. We have continued to train attorneys, service providers, and advocates in our state who are interested in assisting individuals under guardianship with various issues related to guardianship. Not only have we provided training about the rights of individuals under guardianship to regain the right to vote, we have also integrated voting rights into any trainings we provide about guardianship, alternatives to guardianship, and supported decision-making.

Coalition Building

DRA is not only committed to numerous long-term collaborations; we also continuously explore opportunities for new collaborations. DRA continues to partner with the Governor's Council on Developmental Disabilities (GCDD) and Partners for Inclusive Communities (Arkansas' UCEDD)

on issues impacting the developmental disabilities community. Most of these initiatives are multi-year efforts and focus on achieving impactful, systemic changes in Arkansas. Collaborations in FY2023 include the Arkansas Alliance for Disability Advocacy (AADA) and the Breakfast Club. The AADA initiative, which is a collaboration between DRA and the GCDD, consists of three components: Partners in Policymaking, Community of Champions, and Self-Advocacy Network Development. The AADA is working to develop the self-advocacy movement in the state, and partners with both the PAVA program to educate new self-advocates about voting rights and with the PADD program to develop materials and training courses for parents wanting to be proficient advocates for their children with respect to special education services. DRA continues collaborating with other agencies in the TBI State Partnership Program (SPP) and holds a position on the Arkansas Brain Injury Council (ABIC), whose mission is "to improve upon Arkansas's TBI infrastructure in an effort to maximize independence, well-being and health of persons living with TBI, their family members, caregivers, and providers." DRA continues collaborating with the Federal Emergency Management Agency (FEMA), the Red Cross, and the Arkansas Department of Human Services (DHS) to ensure that the needs of Arkansans with disabilities are appropriately addressed in emergency preparedness planning. This effort is actually a hybrid of collaborating and monitoring activities, since we are collaborating to develop plans that are inclusive, but we are also monitoring the participating agencies' efforts to ensure they incorporate the needs of people with disabilities in their planning efforts. This collaboration began in FY2019 and is now expected to continue as a long-term collaboration.

Veterans' Issues

DRA welcomes the opportunity to work with veterans; we occasionally receive requests for assistance from veterans, typically involving an accommodation they need on the job or at a business or some other public venue because of a traumatic brain injury or PTSD. Should your offices receive requests for assistance from veterans regarding these types of issues, we would encourage your staff to refer them to DRA for assistance.

We hope this report has proven beneficial in providing an overview of our programs and services. Please do not hesitate to reach out to us if we can answer any questions or provide your office with further information about our work.

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