



Protection and Advocacy and Client Assistance Program  
Services in Arkansas

Fiscal Year 2024

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## **BACKGROUND**

**DISABILITY RIGHTS ARKANSAS (DRA)** is a private non-profit agency located in Little Rock, Arkansas. Since 1977, the Governor of Arkansas has designated DRA 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, service agencies, the private bar, and legal services 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 through the Arkansas Governor's Council on Developmental Disabilities.

### **Protection & Advocacy for Individuals with Developmental Disabilities (PADD)**

PADD serves individuals with developmental disabilities, including intellectual disabilities, autism, 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.*

### **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.*

### **Client Assistance Program (CAP)**

The CAP assists individuals with disabilities who have questions or have encountered problems while receiving or applying for 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. PABBS 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 places 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 consisted of an alliance of advocacy programs that worked 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 was 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 provided advocacy training and leadership development to people with disabilities across Arkansas; and Community of Champions, a community project that provided people the tools to be disability advocates in their everyday life. The AADA program was terminated in June 2024.

#### **Arkansas Access to Justice Commission (AAJC)**

AAJC awarded DRA a \$17,500 grant in May 2024 to provide representation to families who are experiencing challenges in accessing special education and related services for their children. This grant has allowed us to help families with children who have significant developmental disabilities and have been removed from school due to inadequate behavior programming, with a goal of ensuring they transition back to school with ongoing access to behavior support professionals in community settings. This is the only funding DRA receives that is earmarked for the purpose of handling special education work, which is our most requested service.

## **CLIENTS**

Arkansas is known for having one of the higher per capita rates of residents with disabilities in the country; however, because our total population is relatively low, Arkansas is a minimum allotment state for the federal grants that fund DRA's work. The United States Census Bureau's 2023 population estimate indicates the state's total population to be approximately 3,067,732, of which 18% of the total civilian noninstitutionalized population has a disability; only Kentucky and West Virginia possess a higher percentage of residents with a disability. The following chart provides a breakdown of the 307 active service requests in FY2024, by age range and disability.

### **Clients by Age and Disability**

DRA assisted individuals from ages five to 79 in FY2024. A breakdown of the age demographic showed 48% of the service requests represented individuals between the ages of 19 and 64, which is often considered "working age", while 2% of the service requests represented individuals 65 and older and 50% of the service requests represented individuals 18 and younger.

The following chart shows a breakdown of the service requests by an individual's disability:

<b>Disability</b>	<b>Number of Service Requests</b>	<b>Percentage of Service Requests</b>
<b>Mental Illness</b>	73	23.8%
<b>Developmental/Intellectual Disability, including Autism</b>	145	47.2%
<b>Physical/Orthopedic</b>	19	6.2%
<b>Visual/Hearing</b>	19	6.2%
<b>Brain Injury</b>	11	3.6%
<b>Learning Disabilities</b>	9	2.9%
<b>Neurological Disorders</b>	20	6.5%
<b>Other Disabilities</b>	11	3.6%

## **SERVICE REQUESTS**

DRA handled 307 requests for services in FY2024; the charts below show the distribution of the requests by grant funding and by problem area. The "Other" category in problem area represents issues with a small number of requests for services.

### **Service Requests by Program**

<b>Funding Source</b>	<b>PAIMI</b>	<b>PADD</b>	<b>CAP</b>	<b>PAIR</b>	<b>PAAT</b>	<b>PABSS</b>	<b>PATBI</b>	<b>ATJ</b>
<b>Count of Service Requests</b>	51	120	33	59	13	17	11	3

### Problem Areas Covered by Service Requests

Problem Area	Count of Service Requests
Education	75
Home- and community-based services (HCBS)	65
Abuse, Neglect, Suspicious Death	56
Rehabilitation Services	37
Employment	14
Assistive Technology	12
Access (architectural and programmatic)	11
Financial Entitlements/Gov't Benefits/Services	8
Guardianship	6
Post-secondary Education	5
Healthcare	5
Housing	3
Other	10

The three issue areas with the most requests for services continued to be abuse/neglect, education, and home- and community-based services (HCBS); however, while education remained the number one most requested service, abuse/neglect decreased while HCBS increased almost 20%, causing a shift between the second and third spots. Because education is not a mandated service and DRA possesses limited resources, DRA prioritizes issues involving suspension, expulsion, exclusion from school, and referral to the justice system resulting from a failure to address a student's need for services related to their disabilities. Although the demand for assistance with less serious education issues is significant, we lack sufficient resources to serve everyone who requests our help and must limit education cases to the most serious issues in our ongoing attempts to stem the flow of students into the school-to-prison pipeline. Despite limiting case acceptance to only the most egregious cases, however, almost 25% of DRA's cases statewide involved students with disabilities not receiving appropriate (or any) special education services. Issues with home- and community-based services, almost exclusively involving a significant reduction in services by Medicaid managed care organizations, continued to increase substantially. These callers are individuals for whom cuts to their supported living services could lead to an institutional placement, which in most cases would cost significantly more than receiving services in their own home. DRA continued in-person monitoring of facilities, particularly the human development centers (HDCs) and psychiatric residential treatment facilities (PRTFs), although investigators rely primarily on acquiring facility surveys and incident reports from state regulatory entities as a means of ensuring we are aware of the most serious incidents and are able to identify the most troubling trends occurring in various facilities. Serious incidents are not likely to occur in the presence of investigators, so monitoring and following up on incident reports allows investigators to better identify concerning trends and practices. Issues with rehabilitation services were the fourth most requested service statewide this year, and thanks to our CAP grant, we were

able to assist almost everyone who had applied for or was receiving rehabilitation services, most commonly through Arkansas Rehabilitation Services, and encountered some type of problem. Employment issues continue to elicit calls to DRA, usually involving discrimination in hiring or firing or the need for accommodations for a disability, which are usually easily achieved and are of little or no financial burden to an employer. Architectural accessibility and program access issues like effective communication during medical appointments or reasonable accommodations in post-secondary settings continue to be common complaints and were nearly tied in FY2024 with assistive technology issues. Thanks to our PAAT grant, we were able to assist callers with assistive technology issues, although we remain concerned that individuals in institutional settings are not always provided with needed technology, particularly technology that facilitates communication. DRA continues to assist individuals with guardianship issues by representing them in court to undo an oppressive guardianship or to prevent their being adjudicated incompetent. Our PAVA work does not tend to be reflected in individual casework; however, we monitored extensively for accessibility issues at polling sites prior to the 2024 election and generally noted improvements in polling site accessibility across the state, other than the reduction in the number of polling sites. Callers with housing issues are generally provided information and referral due to DRA's limited resources and the availability of other resources to assist with housing issues. Information and referral services are provided to clients with issues that do not meet DRA priorities, or for which DRA does not have sufficient resources to provide a higher level of assistance.

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 means by which DRA can serve more individuals with fewer resources.

### **Case Examples of DRA work in FY2024**

**Example 1:** DRA received a Serious Occurrence Report (SOR) stating a resident of a PRTF alleged he was punched in the eye by a staff member during an Emergency Safety Intervention (ESI). DRA staff investigated the allegations by reviewing reports and video of the incident. Prior to our investigators' request for access to the video, this facility had chosen to retrain and retain the perpetrator. After DRA requested the video, the facility decided to terminate the staff member. Either they had not previously investigated the resident's allegations and watched the video, or they were hoping the incident would not be investigated by DRA and planned to retain the staff member despite video evidence of her punching the resident. This case demonstrates how critical our PAIMI work is; if DRA had not investigated this allegation, the assailant would still be employed by this facility.

**Example 2:** An individual contacted DRA on behalf of a 16-year-old they previously provided services for who was now living at one of the HDCs, alleging the resident was being medically neglected and malnourished. DRA requested medical records from multiple healthcare providers and, upon reviewing records, we determined that "immediate jeopardy" existed and made a further records request, in addition to interviewing family members and staff at the facility. We

filed a complaint with the Office of Long-term Care (OLTC) specific to this resident and also included him in an additional OLTC complaint filed in December 2023 regarding malnutrition issues involving several residents at this facility. The facility did file an incident report with DHS as a result of our records request filed under "immediate jeopardy", although the superintendent did not substantiate the maltreatment claim. Per the report, the superintendent "determined that proper care was provided by staff, and special measures were implemented regarding diet and chair." While the facility made necessary changes, it still does not address the fact that this resident was malnourished prior to these "special measures," and they were not implemented until after we had brought attention to the issues through our records request. The OLTC investigation substantiated violations, but only in regard to the resident's wheelchair.

**Example 3:** DRA received an anonymous report that a resident of a PRTF was assaulted by a peer who slammed her head on a table several times, resulting in a concussion and the resident being sent to a hospital for evaluation. The PRTF also did not report this incident to the P&A as should have occurred. DRA investigated this complaint of a peer-to-peer physical assault and the failure to report the incident by reviewing facility, emergency department, and emergency medical services records, in addition to reviewing facility video and body-worn camera (BWC) footage from police. DRA found that the facility delayed medical treatment for the victim despite an altercation involving the assailant slamming the victim's head on the table so hard it broke the table and resulted in a concussion and the victim having to wear a cervical collar for a week. BWC footage following the altercation demonstrated that the facility attempted to stop the youth from being transported to the hospital, citing an elopement risk. Video of the incident also confirmed that the facility was out of compliance with their staff-to-resident ratio during at least part of the incident and, finally, the facility failed to report the incident to the P&A as a serious occurrence. DRA investigators communicated their findings in writing to facility administrators, describing facility failures and providing recommendations to prevent similar incidents; facility administrators reviewed DRA's findings and agreed to report concussions as serious occurrences moving forward. We also reported our concerns to the Placement and Residential Licensing Unit (PRLU) and the Office of Long-term Care (OLTC), particularly our concerns about the facility's delay and attempts to stop the victim from being transported to the hospital, in the hopes that the PRLU would address these issues that were not known to them, as DRA only discovered the issue of the facility attempting to prevent transportation to an emergency department through our review of police BWC footage. The PRLU initially had only reviewed video of the incident and issued citation 907.3 for being out of compliance with a staff-to-resident ratio of 1:9; this incident will hopefully demonstrate the importance of including police BWC footage in investigations.

**Example 4:** DRA staff conducted a secondary investigation into allegations of sexual and physical abuse of a youth by a staff member of a PRTF after receiving a "Notice of Incident" report in response to our routine requests for these reports. We reviewed facility records, investigatory agency records, and video from both the local police department and the state's Placement and Residential Licensing Unit (PRLU), the agency responsible for enforcing the Child Welfare Agency Licensing Act 1041 of 1997. We visited the facility, met with the onsite facility director, met with the program administrator for the corporation that operates this and other PRTF's, and spoke with



the resident's guardian. We identified a lack of safeguards that may have prevented this abuse from occurring as well as significant deficiencies in the facility's response to the allegation. We also identified a much larger issue with this corporation's overall approach to maltreatment allegations across their facilities. Our investigation allowed us to validate the victim's experience through substantiation of the abuse allegations and by sharing pertinent information with the victim's guardian. We confronted this corporation's administrators and their legal counsel with numerous deficiencies we identified through our investigation, and they agreed to review their insufficient internal processes for documenting and investigating maltreatment allegations, and to implement policies and procedures to address deficiencies.

**Example 5:** Through an incident tracking system DRA investigators have developed, we noticed that an HDC had submitted multiple incident reports on a resident who was non-verbal, and ascertained this resident had not received any augmentative communication devices or assistive technology (AT) services, including an evaluation, since she was admitted to this facility. The client previously resided at one of the other HDC's and had not received any AT devices or services there either. A DRA attorney investigated the failure of the state-operated institutional system to ensure this resident had access to adequate augmentative communication. DRA was able to secure assurances through demand to the state's Division of Developmental Disabilities Services (DDS) that the resident's guardian could choose a service provider to evaluate the resident's assistive technology needs at the state's expense. Unfortunately, the resident experienced a serious illness requiring lengthy hospitalizations and an elevated level of care, which DRA is also monitoring; however, this series of events precluded her evaluation until she can safely discharge from her current intensive level of care.

**Example 6:** An individual contacted the CAP when her case was about to be closed at the Arkansas Division of Services for the Blind (DSB) due to her making slower progress than they anticipated towards completing her GED, which she wanted to do before pursuing an associate's degree and then a job. The client also mentioned potentially needing a new prosthetic eye, which DSB was allegedly not receptive to purchasing for her. DRA's CAP advocate assisted the client with communicating her needs to her DSB counselor, including keeping her case open, assisting with obtaining reasonable accommodations during GED testing, and considering the need for a new prosthetic eye. DSB did keep the client's case open and assisted her with obtaining testing accommodations; as a result, communication improved between the client and her DSB counselor. The client has obtained her GED, and DSB will be assisting her with obtaining her associate's degree.

**Example 7:** An individual's mother contacted DRA after encountering continued barriers requesting an augmentative and alternative communication (AAC) device for her son over the years in both the educational setting and through Medicaid Waiver services. The client's mother stated that she believed her son had skills that would allow him to work in the community if he could communicate more effectively. A DRA advocate referred the client to Arkansas Rehabilitation Services (ARS) for supported and customized employment services. As part of this request, both the DRA advocate and the client's mother requested an evaluation for an AAC device

to assist with his employment goal. The evaluation resulted in a recommendation for the purchase of an iPad with a specialized speech application/software. ARS purchased this device for the client and is assisting with the provision of training on the device with a speech language pathologist.

**Example 8:** An individual who lost the use of three limbs after a spinal cord injury was receiving services from ARS and contacted the CAP upon being told that the truck he had purchased for modifications would not be modified with ARS support, ARS having recommended the purchase of a van. DRA's CAP advocate spoke extensively with ARS and the client regarding the specific needs for the client's lift and adaptive driving equipment. While the truck could have supported a lift modification, it would not have supported the additional driving customizations and fit both the client and his wheelchair safely. The CAP advocate explained to the client that if ARS were recommending alternative vehicles they could modify, they were not denying a service. The client sold his truck and purchased a minivan that could be modified with the appropriate lift and driving modifications, and ARS authorized the funding of modifications. The client has acquired his modified vehicle and is now driving independently.

**Example 9:** A parent of a 16-year-old receiving services through Arkansas' Medicaid managed care system requested DRA's assistance with a reduction in personal care hours. A DRA attorney represented the client in a Level One appeal to his Provider-Led Arkansas Shared Savings Entity (PASSE), or Medicaid managed care organization. The basis of the appeal involved the client needing continued care due to elopement issues and dangerous behaviors related to his intellectual disability and Prader-Willi syndrome. His mother had submitted an appeal to DHS, but that appeal was premature because she had not appealed to the PASSE first. The DRA attorney withdrew the DHS appeal, then appealed to the PASSE concerning the client's level of care. The PASSE agreed to increase our client's hours to his previous level. Some hours that had previously been personal care hours were now approved as supportive living hours, but the outcome essentially resulted in a restoration of his previous level of services.

**Example 10:** The parent of a student requested DRA's assistance when the student's school district set an expulsion hearing due to behaviors they determined were not a manifestation of her disability. The parent wanted DRA to assist them with the denial of an IEP (the student was receiving some services under Section 504 of the Rehabilitation Act), suspensions due to behaviors, and the denial of school-based speech and occupational therapies. The school had also warned the parent that if the student missed school for private therapy sessions, the absences would not be excused, and they were risking court intervention if she received numerous unexcused absences. Although the family had requested an IEP, the school had continuously refused to provide services under IDEA. A DRA attorney attended meetings with the parent but filed for due process when the issues were not resolved. The school subsequently vacated the manifestation determination review (MOR) decision and the expulsion and arranged tutoring for the classes the student failed due to suspensions. The student is now being served under an IEP.

**Example 11:** A client who is blind contacted DRA when his girlfriend received a ticket for parking in an accessible parking space on the University of Arkansas, Fayetteville (UA) campus without a

school-issued accessible parking permit, although she had parked there while transporting him to his dorm and used his state-issued tag. The UA had no policy in place to assist students who needed to utilize multiple drivers throughout the year to get around campus. A DRA attorney and advocate worked with a UA attorney to devise a plan for this student that would also benefit other similarly situated students. The university ultimately decided to allow four school-issued parking permits to be linked to the client to allow him to ride/park with multiple people throughout the year, a solution deemed satisfactory by the client, and which can be used for other similarly situated students in the future.

**Example 12:** An individual who had sustained a traumatic brain injury was reportedly happy living with his aunt; however, his son went to court to obtain guardianship of him and tried to force the client to move in with him. Adult Protective Services and law enforcement became involved and determined the client was happy where he was and should not be forced to move in with his son. The client's aunt contacted DRA to request assistance in fighting the guardianship. A DRA attorney confirmed through talking to the client that he did want to continue living with his aunt and he felt he was capable of making his own decisions and did not want a guardian. The DRA attorney then represented the client before the circuit court to seek termination of the guardianship. The court ordered the client to be evaluated; the guardian did not seek to ratify the guardianship following the evaluation, so DRA moved for the court to terminate the guardianship, which the court did. The client is no longer under a guardianship, and is living with his aunt, as is his preference.

## **PROJECTS**

### **Achieving impactful systems change for people with disabilities**

DRA continues to conduct investigations at the Arkansas State Hospital (ASH) which, as our only state-operated acute psychiatric inpatient hospital, serves individuals from across Arkansas. These investigations sometimes benefit one individual but often benefit numerous patients, particularly through changes in facility policies and procedures. We continue to launch several investigations based on allegations submitted anonymously to us, which tend to ebb and flow; while not consistently substantiated, they have brought several valid concerns to our attention and have resulted in positive changes at the hospital. Some examples from FY2024 include:

- A patient who was committed to ASH to restore competency; however, due to a language barrier that was not being addressed, he was languishing due to a lack of effective treatment.
- A patient who was repeatedly denied medical treatment until he became septic and required a six-day hospitalization.
- A patient who was assaulted by another patient without hospital staff intervention to prevent or stop the attack.
- A patient who was not allowed to treat his medical condition with a biologic.

DRA's PRTF database continues to be- as far as we know- the largest public collection of videos from inside these types of facilities. In FY2024, we collaborated with P&As in other states to try to

make facility conditions more transparent across the nation, particularly in light of how many states send children and youth to Arkansas' facilities. We are grateful for the Senate Finance Committee's interest in the issues that are affecting these children and youth, and we were very proud for our Abuse and Neglect Managing Attorney to provide testimony about the prevalent, troubling conditions our staff see and learn about through routine requests for incident reports which detail the harm to the health and well-being of these residents that occurs on a frequent basis.

We conducted approximately 20 investigations involving individuals with serious mental illness at the Arkansas State Hospital and the state's numerous PRTF's that resulted in policy or procedure changes which impacted not only our client, but everyone on their unit, or even every resident in that facility.

DRA investigators also completed 12 abuse/neglect investigations involving individuals with developmental disabilities in FY2024, with all but one of these investigations involving just two of the state's HDCs. Because of one particularly disturbing case, we expanded our investigation into malnutrition and underweight residents at one of these facilities. Ten residents were identified in FY2024, seven of whom were underweight at the time of their deaths. We have also identified inadequacies in the internal maltreatment investigations conducted at this facility.

By assisting one student in one school district, we impacted an unknown number of students in that school district by getting the school district to agree to modify its policies related to expulsion and Child Find and to receive training related to the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, which will codify the process for ensuring significant due process for students who are proposed for expulsion, ensuring the school district provides education to children with and without disabilities who are expelled, and specifying the process through which the school district will gather records when it receives a transfer student.

Through DRA's investigation at a PRTF in which we met with the CEO, we obtained significant changes to the operating procedures of this facility. While credit must be given to a CEO who was open to criticism and willing to make changes, these changes may not have occurred had we not conducted our investigation and shared our findings. The CEO agreed to designate a sensory room for residents so they could remove themselves from the environment when needed, revise evening schedules to add more activities, including structured group meetings with therapists, nurses, and other staff, and implement trainings with staff to improve their interaction with the residents and increase their level of professionalism.

Through our investigation and advocacy on behalf of an ASH patient who was not receiving necessary services due to a language barrier, we identified issues with the translation of and lack of necessary context in the Spanish version of the hospital's competency handbook. We also identified issues with the English language version of the handbook, particularly the reading level. These concerns were communicated to ASH administrators, and they are now in the process of revising the handbook. ASH also instituted a policy for limited English proficient (LEP) patients and

developed and implemented a training for staff on working with LEP and deaf patients. As for our client, the hospital eventually began providing an interpreter so he could receive competency restoration services. He was restored to competency and then acquitted and was able to be discharged from the hospital.

While DRA continues to obtain quantifiable results in the area of Medicaid advocacy, it is worth noting the strides we continue to make in how we manage cases involving our state's managed care organizations (MCOs), which are referred to as Provider-Led Arkansas Shared Savings Entities (PASSEs). 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 succeeded in developing precedent at the administrative level that enables 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 great benefit to our clients that we can expect an administrative order requiring a PASSE to supply care coordination consistent with state and federal regulations, our clients are left with little recourse if the PASSE fails to adhere to the orders, which we have witnessed occurring repeatedly. We anticipate this will be a continuing issue for DRA to prioritize in the coming fiscal years.

Another ongoing endeavor is trying to ensure access to professional educational services 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 also recipients of our state's Medicaid managed care system through that system. In leveraging the obligations of our state's MCOs 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, we have seen school districts utilize those services for students who DRA is not representing; in other words, the school districts are by their own initiative obtaining services for students through the managed care system rather than allowing students to go without services due to the financial strain on the school district to do so. We hope that our continued work in this area will improve access to educational services such as therapies and behavioral analysis and intervention programming statewide.

For the first time in memory, the state of Arkansas promulgated specific regulations regarding providers of supportive living services. We believe our complaints about the inability or unwillingness of the PASSEs to exercise predictable control over their service providers necessitated the State to take a more active role. To the State's credit, many of the regulations meaningfully addressed specific complaints we have repeated to them, both formally and informally. Even so, once the comment period concluded, the State supplied meaningful responses to our comments and even incorporated some changes to the policies based on our suggestions. Overall, we see this as a positive step forward for the individuals we serve, and we appreciate the significance of influencing services at the policy level, as this will impact everyone receiving supported living services in the state.

DRA staff conducted 289 surveys of polling sites in 31 counties in Arkansas in FY2024. In general, the number of polling sites with accessibility issues seems to have decreased since DRA began surveying sites and bringing accessibility issues to the attention of local election officials. In concert with that effort, our PAVA staff created an online map tool which allows voters and election officials to look up their polling sites to see if there are barriers to accessibility. Regarding polling site inaccessibility in Newton County, Arkansas, which was identified by both DRA and the U.S. Department of Justice (DOJ) as having significant polling site accessibility issues, Newton County entered into a settlement agreement with the DOJ, and DRA's PAVA staff provided training to election officials and poll workers in accordance with that agreement. DRA did conduct polling site surveys on election day, which will be formally reported in FY2025, but PAVA staff found no access issues in what used to be considered the worst county in Arkansas for polling site accessibility.

While remedying architectural barriers is not a mandated service under the P&A system, and limited resources prevent us from taking on more of these projects, we do try to tackle accessibility issues when we can. One such endeavor involved a popular restaurant in Central Arkansas with an inaccessible patio whose manager did not respond to a customer's bringing the issue to their attention in an informal manner; this customer happened to be a DRA attorney who is a wheelchair user. After initially ignoring their customer's expressed concern about the lack of accessibility and the potential danger when the only means of exit for a wheelchair user is through the restaurant, the customer provided her DRA business card on a subsequent visit and this time received a call from the restaurant's corporate office. Very soon thereafter, this customer visited the restaurant and found her concerns had been addressed with the installation of a wheelchair ramp from the patio to the parking lot as well as the installation of accessible picnic tables. The restaurant's corporate office is adding a crosswalk and accessible parking spaces near the patio area as well. Another effort involved a large, upscale apartment complex in Little Rock; after receiving a complaint from a tenant about the inaccessibility of communal areas, DRA staff conducted an access survey of the communal areas of complex, including the pool, the clubhouse, and an adjacent parking lot. While the pool is a zero-entry pool, we did validate issues with the clubhouse and the parking lot. In response to our access survey, the apartment complex management changed the layout of the furniture in communal areas and restriped the parking lot to include an access aisle for van spaces.

In a goal of being as efficient as possible with limited resources, DRA has pivoted in recent years to providing educational opportunities via online seminars and podcasts. In FY2024, DRA produced an online seminar for parents of students with disabilities about how to advocate for students needing and/or receiving special education services, including reviewing students' rights under the Individuals with Disabilities Education Act (IDEA) and strategies to obtain needed services, including transition services. For little cost, we educated 244 participants. A second online seminar was developed to educate home- and community-based services (HCBS) providers and individuals with disabilities who live in these settings about the new HCBS settings rule. This online seminar focused primarily on the rights of residents and how they can advocate for what

they want; 115 individuals participated. DRA produced an employment podcast in FY2024 that was downloaded 77 times; the podcast focused on CAP and PABSS services for individuals with disabilities pursuing employment, and how these two programs can assist them. We also continued to provide information and education on our website and through several social media channels, including Facebook, YouTube, X, and Instagram.

We do, however, still provide in-person training at various conferences and outreach events. A DRA attorney who works in the CAP presented at the Arkansas Trauma Symposium to 230 medical professionals about the importance of and process for returning to work after a traumatic injury or disability. The objectives of the presentation were to help medical professionals understand the impact of a spinal cord injury on the ability to work, to articulate the importance of returning to work, and to identify resources for returning to work after sustaining a traumatic injury or disability. The attorney, who spoke from personal experience about returning to work after a traumatic injury, responded to numerous questions from participants and received several requests to speak to other groups in the future.

### **Coalition Building**

DRA is always exploring opportunities for new collaborations, while remaining committed to numerous long-term collaborations. We continued 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 FY2024 included the Arkansas Alliance for Disability Advocacy (AADA), which was terminated in June 2024, and the Breakfast Club. The AADA initiative, as a collaboration between DRA and the GCDD, consisted of three components: Partners in Policymaking, Community of Champions, and Self-Advocacy Network Development, and was working to develop the self-advocacy movement in the state as well as developing materials and training courses for parents wanting to be proficient advocates for their children with respect to special education services. DRA continued collaborating with UAMS' Brain Injury Program (BIP) and held 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 continued 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 while 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 continued through FY2024.

### **Veterans' Issues**

DRA welcomes the opportunity to serve our 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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