



Commission & Council Quarterly Report

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Administrative Report Third Quarter April 1- June 30, 2014

I. EXECUTIVE DIRECTOR

The Interim Executive Director (IED) received an alert on March 31 that Hickory Creek had voluntarily given up their Medicare-Medicaid certification. Indiana’s Division of Disability and Rehabilitative Services (DDRS) was tasked to find and assist the 62 residents with alternative placements. IPAS’s management team developed a plan to reach out to residents, families, and guardians to offer advocacy services to ensure that placement decisions are based on individualized needs of each resident and not what would be expedient for the facility. Eleven of the residents or their guardians requested IPAS assistance in assuring appropriate alternate placement. Intensive fact-finding and advocacy services were employed with the last resident being moved to new placements by May 1. The interim director maintained communication with Mr. John Dickerson, Executive Director, Arc of Indiana, as well as Ms. Nicole Norvell, Director, DDRS, during the process to help coordinate efforts and concerns.

From April 1 to April 9, the IED completed various reports from the Disability Advocacy Database (DAD) used by IPAS staff for the completion of the second quarterly report. Additionally, he continued to make revisions in DAD to track staff’s work in projects for increased and consistent data collection.

Over the quarter, the IED worked directly with the State Auditor’s office to resolve several issues in the agency’s payroll and attended meetings at the State Auditor’s office on April 7 and May 19 as the agency migrated into the new payroll system. With concerns regarding the lack of clarity in the reports generated by Encompass, and PeopleSoft, the IED began reviewing the methods currently being used by IPAS’s fiscal staff in the accounting process to determine potential areas of improvement. The IED has embarked on assessing IPAS’s fiscal and accounting processes and use of Encompass, including attending several meetings and trainings with members of the state’s technical support staff during May and June. Several areas of improvement have been identified, which will increase accuracy in reporting, tracking, and monitoring expenses. In addition to working with state personnel concerning the state’s accounting software and procedures, The IED attended and participated in the state’s mandatory training regarding the use of credit cards for travel and procurement.

Working with Ms. Keyes, three contracts for services and software for exclusive use by IPAS legal staff were initiated and brought to resolution during the quarter.

The IED participated in five telephone conference calls between April 17 and May 29 where staff from the National Disability Rights Network (NDRN) discussed the needs and issues for potential support for the Interim Executive Director.

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While issues of possible support were identified by May 29, NDRN, by the quarter's end, had not provided a formal proposal and bid that outlined the parameters of the assistance and associated costs.

The IED represented IPAS on April 22 at the only meeting of the Council of People with Disabilities and Family Members held during the quarter. Information concerning updates of current projects dominated the meeting. Self-Advocates of Indiana announced the development of a Speakers Bureau and their continuing work on the "My Life, My Choice Project." In addition, two members of the Self-Advocates of Indiana provided an overview of their attendance at the National Annual Disability Policy Seminar in Washington, DC. Indiana Protection and Advocacy Services provides support to the Board members of the Self-Advocates of Indiana to help defray some of the travel costs associated with their work on the board.

On May 14 the IED represented IPAS at the Indiana Commission on Public Records meeting concerning electronic records. Requirements for retention, current best practices for managing, and the tools and systems currently being used by agencies for electronic records retention were presented.

On May 19, IPAS welcomed its latest addition; Mr. Grant Helms, who was hired as a staff attorney. Over the course of the following two weeks, the IED provided much of the one-on-one orientation and training for the new staff hire.

On June 10, the IED participated in the Governor's Council for People with Disabilities board meeting. IPAS, the Governor's Council, and the Institute, known collectively as the "DD Network," work closely together on mutual goals. IPAS representation on the Council helps IPAS work in partnership with the Council and the other agencies represented by Council members and affords an opportunity to network with our allies.

IPAS was the subject of a bi-annual fiscal audit of the Indiana State Board of Accounts (SBA). This particular review concerned IPAS's activities from March 2012 to December 31, 2013. SBA staff were on-site at IPAS at various times from June 9 to July 3.

On June 18, the Indiana Public Retirement System (INPRS) notified IPAS that the agency would be the target of an audit. In preparation, the IED participated in a web cast hosted by INPRS outlining the purpose of the audit as well as the documents required for review during the audit.

The IED participated in the Health Resources and Services Administration (HRSA) Grantee Quarterly Conference call held on May 27. HRSA is the federal administrator of the PATBI program. In addition to the teleconference, the IED participated in the HRSA TBI Program and Technical Assistance Center informational assistance teleconference.

On June 26, the IED met with new Commission appointee, Ms. Lisa Wells, for orientation to the Commission and IPAS.

Ms. Sondra Poe, a 20 plus year member of the IPAS staff, announced that she would be retiring at the end of August. Thus on June 30, the IED met with representatives from Knowledge Services to discuss the potential of hiring a temporary clerical staff to fill the vacancy that will occur upon Ms. Poe's departure. The hiring of a short term administrative support staff would allow the eventually hired executive director the latitude to establish the parameters of their choice for the position being vacated.

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On the financial front, IPAS has received its entire 2014 final grant awards during April 2014. For the year, IPAS received \$2,179,041 in grant funds, compared to \$2,135,857 last year, a 2% increase. As in prior years, there was no pre-warning of our full year's award amount until receiving a notice with the award allotment.

Spot Bonuses were awarded to two staff during the quarter for \$75 each. Please see the Spot Bonus Report included in your meeting packet. A new year began in April for purposes of tracking the awarding of spot bonuses.

Client Grievances: Two client grievances were received and processed this quarter. (1 CAP, 1 PAIMI.) In all instances, the IED affirmed the decision previously made by IPAS staff, in both cases the client was accepting of the explanation offered.

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II. STATISTICS (Agency Wide)

	3 rd Quarter	For the Year
Informational Inquiries	601	1471
Cases Carried over from Previous time period	211	221
New Cases Opened	72	265
Total Clients Served	283	486
Total Number of Individuals Served	884	1957
Cases Closed at End of time period	88	291
Cases on Hand at End of time period	195	195
Visitors to IPAS Website	9,085	
Total Number of Publications Distributed	5,265	18,000
Total number of General Public Information Events (booths)	7	17
Number of Individuals attending	201	3217
Education/Training Activities	30	107
Total Number of Individuals Trained	806	2074

III. LEGAL (Agency Wide)

IPAS welcomed a new staff attorney, Mr. Grant Helms, to the agency.

IPAS's legal staff transitioned from Lexis legal research database to Westlaw. The move also included gaining access to Westlaw's Disability Law and Civil Rights databases. This will allow staff attorneys to more quickly and easily research legal issues pertinent to IPAS's priorities and objectives.

A contract was also approved for the purchase of case management software. The program will better allow attorneys to manage case files and track time for the purpose of seeking attorney's fees. Additionally, the process for seeking and collecting attorney's fees was reviewed and is in the process of being revised.

The Legal Director participated in several online training seminars surrounding the new changes to the Home and Community Based Services (HCBS) rules for Medicaid. Ms. Keyes was also invited to attend the Four-State Forum on the new HCBS rules as a representative for Indiana and IPAS. She will serve as a resource to the agency as these new rules are implemented.

The Legal Director also attended trainings on special education, ADA updates, supported decision making and juvenile solitary confinement.

IPAS Legal Director participated in the bi-annual Ask-A-Lawyer program sponsored by the Indianapolis Bar Association. Following her participation, the LD met with the director of the legal aid referral service to ensure that IPAS would be included on the list of resources available for persons calling in with legal questions relating to disability.

During the quarter, IPAS legal staff met monthly with Anne Davis, Director of the Bureau of Quality Service (BQIS). The meeting provides an opportunity to collaborate and address concerns in a proactive forum. It is anticipated that these meetings will continue.

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IV. PRIORITIES AND OBJECTIVES

Priority 1: To assure the provision of high quality advocacy services.

Objectives:

101 Maintain or exceed 85% affirmative ratings of all responses on all assessed parameters of the Information and Referral Customer Satisfaction Survey.

During the quarter, a sample of 7% was included in the survey. All respondents indicated that they found IPAS information useful and 100% of the respondents indicated they would call IPAS back. For the year, IPAS has sampled 11.6% (goal is 10%) of those that have received informational and referral services, of which 99.1% found the information provided by IPAS as useful and 96.6% indicated that they would call IPAS again.

102 Maintain or exceed 89% affirmative ratings of all responses on all assessed parameters of the mailed Customer Satisfaction Survey for closed cases.

For the quarter, 16 closed case surveys have been returned. All but one respondent provided positive ratings on all target parameters, for an aggregate rating of 94% affirmative. For the year, 48 surveys have been returned with an aggregate rating of 96% affirmative.

Priority 2: Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services, and successes.

Objectives:

202 Develop and disseminate information regarding disability rights.

There were a total of 37 agency wide education/training events and seven public information activities to provide disability rights information and introducing IPAS services to approximately 1,407 individuals in the 3rd quarter.

For the quarter, 5,265 publications were distributed to the community at events and other activities.

203 Continue development of web-based resources to empower individuals and families.

There are now 276 likes on the IPAS Facebook page. The IPAS E-newsletter has a distribution list of 465 individuals. There are 55 followers on Twitter.

Note that the state has upgraded the software used to track activity associated with a website. While the new program is considered superior in many ways, a comparison to prior years' data would need to be viewed with extreme caution as the method used to define and collect data has changed, thus last year's data was not included.

During the period of April 1st to June 30th, 2014: The Indiana Protection and Advocacy Services website had 9,085 visitors and 15,146 page views.

The site had an average of 94.7 visitors per day, while 4,965 visitors were new to the site. On average,

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visitors stayed on the site for 5 minutes 51 seconds per visit and viewed 1.66 pages in that time, but 75.6 % of visitors viewed only one page and then left the site (this is the bounce rate).

May 6, Election Day, saw the most visits (224) and most new visitors (115).

The number of visitors to the IPAS site was directed from:

37 visitors were directed to the IPAS website directly from Facebook

33 from NDRN

28 from IDOE

4 from MHA of Indiana

4 from Autism Society of Indiana

3 from IN*Source

204 Promote, preserve and maximize the rights of individuals with disabilities as the Affordable Care Act is implemented in Indiana.

There has been no progress yet achieved in Indiana reaching agreement with the U.S. Department of Health and Human Services concerning the state administration's desire to use the Healthy Indiana Plan to expand insurance coverage to uninsured Hoosiers.

Priority 3: Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

Objectives:

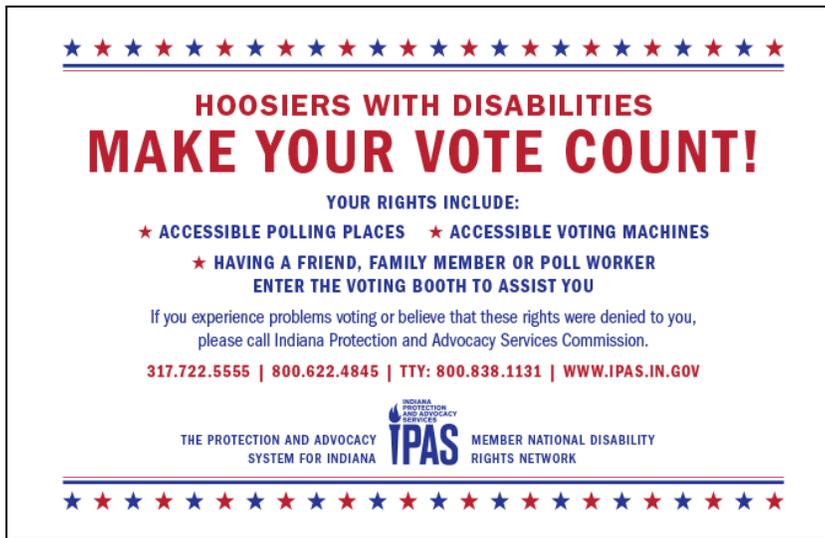
301 Implement one project targeted to outreach to underserved individuals with disabilities, concerning disability rights issues, IPAS services and successes.

During the 3rd quarter, there were again a number of presentations by staff to individuals that reside in nursing homes and a presentation was provided about individuals with disabilities that are affected by domestic violence and sexual assault. Both populations are seen as underserved.

302 Implement two projects targeted to outreach to minority populations with disabilities, concerning disability rights issues, IPAS services and successes.

IPAS presented to a number of individuals with disabilities, families and other members of the public in Fort Wayne which has a larger population of individuals of various minority groups. Additionally, a voting rights information postcard, below, was created, printed and mailed to an area of the state that has a large minority population (Lake County/Gary). Five thousand direct mail pieces were mailed one week prior to the May primary election.

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Priority 4: Provide the public with opportunities to make comments and suggestions concerning agency priorities and objectives.

Objectives:

401 Solicit input through the continued development of web-based resources to allow multiple means of submitting comments.

The proposed Priorities and Objectives are posted on the IPAS website with a call for comments and suggestions. All input received will be provided to the Commission and MIAC for consideration at the August meetings.

402 Publish and disseminate an annual IMPACT Newsletter and invite readers to submit comments.

Two thousand copies of the annual IMPACT Newsletter were printed during the first quarter and distribution at events has continued.

403 Provide opportunity for members of the public to comment about priorities and objectives during an annual public meeting.

The opportunity for the public to comment will occur during the August Commission meeting. The proposed priorities and objectives were posted on the agency website in June as well as the public announcement of the Commission's August Meeting.

404 Gather input as to critical disability rights barriers.

The results from the survey which were obtained during 2013 were provided to the Commission and MIAC prior to the February meetings. The contract with the Indiana Institute on Disability and Community (IIDC) was renewed this quarter and will expire February 28, 2015.

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Priority 5: Maintain a pool of qualified and diverse individuals who are eligible for appointment to the Commission and the Mental Illness Advisory Council.

Objectives:

502 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for Commission appointment.

Currently there are three eligible candidates for the Commission.

Outreach efforts continue at events, in the IPAS monthly E-Newsletter, on Facebook, and Twitter, etc. to recruit interested candidates.

An email is sent each quarter before the Commission meeting to eligible candidates to remind them of upcoming meetings and to invite them to attend. A copy of the quarterly report is included. Application packets continue to be sent to Commission interested individuals

503 Consistently maintain a pool of at least five qualified persons who have completed the prerequisite actions and are eligible for MIAC appointment.

Currently there are four eligible candidates for the MIAC. Emails are sent each quarter before the MIAC meeting to eligible candidates to remind them of upcoming meetings. A copy of the quarterly report is included.

Outreach efforts continue at events, in the IPAS monthly E-Newsletter, on Facebook, and Twitter, etc. to recruit interested candidates

Administrative Report End

Protection and Advocacy for Individuals with Developmental Disabilities, PADD

Amy Penrod, Program Coordinator

I. STATISTICS

Informational Inquiries	160
Cases Carried over from Previous Quarter	74
New Cases Opened	33
Total Clients Served	107
Total Number of Individuals Served	267
Cases Closed at End of Quarter	28
Cases on Hand at End of Quarter	79

II. REPRESENTATIVE CASE

“Todd” is six years old, and was evaluated for and denied acceptance into the Big Brothers Big Sisters Organization (BBBS). Todd’s mother, “Bev,” contacted IPAS regarding this denial of services as she believed it was discriminatory based on the fact that she was told by the program that the denial was due to Todd’s developmental disability. IPAS learned that a requirement for participation in the program is that a child be able to meet the agency standard for safety when entering into a one-to-one mentoring relationship. This is designed to prevent instances of child abuse from occurring. It was BBBS’s legal stance that Todd was denied participation for two reasons: it would require a fundamental alteration of BBBS services and it would create an undue burden. IPAS’s legal stance was that Todd’s denial was discrimination. An IPAS review of BBBS policies, however, indicated that to allow Todd into the program would, in fact, be a fundamental alteration in the services BBBS provides since Todd’s inability to identify danger or inappropriateness would place both he and his assigned “sibling” in an unprotected state of one-to-one interaction. IPAS legal determined that BBBS applied the same standard for determining eligibility for participation to Todd as is applied to all other applicants, and was therefore not discriminating on the basis of Todd’s disability. BBBS advised that Todd could reapply for the program at a later date.

III. LEGAL

Judicial Review: IPAS has been assisting a client with a second administrative review process of a decision related to the proposed reduction of Medicaid waiver funding/services in a subsequent budget year. The initial budget dispute with Division of Disability and Rehabilitation Services (DDRS) was discontinued at the request of the client’s guardian. The budget for the client’s services in the current year was issued with the same significant cuts as before, and was calculated consistent with the budget allowances under the algorithm policies adopted by DDRS. The algorithm policies make no allowance for the individual needs of the applicant/consumer, and are insufficient to provide for the client’s needs in this case. IPAS assisted the client’s guardian at administrative hearing, and the Administrative Law Judge (ALJ) ruled against the client finding the budget to be in compliance with established policy. IPAS assisted the client’s guardian in filing for agency review, and the agency upheld the ALJ’s decision upholding the budget. IPAS has assisted the client’s guardian in filing for judicial review of the ALJ and agency decisions. DDRS has since agreed to increase the client’s budget to a level that is acceptable to the client’s mother/guardian. IPAS believes that there is a good chance that a negotiated settlement covering multiple budget periods can be reached. IPAS is advocating for a settlement that includes an assurance that the budget will not be decreased in future years. A specific settlement agreement has been sent to DDRS. In a similar case it took a long time to get formal approval from the state as the Governor’s Office and Office of the Attorney General must

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sign off. However, the client's mother has already begun the budgeting process for the new fiscal year and it appears as if the higher budget amount will be granted.

Judicial Review: IPAS is representing a client in a Medicaid waiver services appeal hearing. The client lives in a group home with a roommate, and requires no less than 1:1 staffing during the time he is awake, and group staffing while he is asleep in order to provide for his health and safety. The client's staffing hours were reduced based on the algorithm funding calculation policy adopted by FSSA for determining staff hours. The policy does not make allowances or exceptions for the individual needs of the consumer. IPAS further contends that FSSA has failed to make a proper individual determination of the client's needs based on his health and safety as required under the Medicaid funding laws and regulations. An administrative hearing was held, following which the Administrative Law Judge (ALJ) issued a decision which upheld the State's budget. IPAS believes that the ALJ's decision upholds FSSA's algorithm calculation without taking into account our client's individual health and safety needs. IPAS assisted the client in filing for agency review of the decision, and that review affirmed the decision of the ALJ. IPAS counsel then assisted the client's guardian in filing a petition for judicial review. FSSA has since provided the client with a temporary budget increase that the guardian confirms provides for his needs. FSSA has further offered to make the budget increase permanent through the end of the current budget year, and has offered to provide an ALGO 5 level budget to the client for the following budget year. The client has been receiving the increased budgets throughout the process. After several months FSSA was finally able to receive approvals from the Office of Attorney General and the Governor and both parties have signed the Settlement Agreement and the case has now been dismissed.

Administrative Hearing: The mother of an IPAS client contacted IPAS because the school he was attending was refusing to transport him. The school system claimed that they could not safely do it because of our client's extreme behaviors. He would spit and force himself to vomit and fling it around the bus and at the bus driver. Our client's mother does not have a driver's license and is therefore unable to transport him. The school offered to reimburse our client's mother once each quarter for pay for a private company to transport him to school. Our client's mother could not afford this option. Additionally, because of the amount of time our client missed from school and the school's inability to deal with his behaviors, our client was not making academic progress.

The school system is required to provide appropriate transportation services. It is IPAS's position that only offering that our client's mother private pay for transportation and be reimbursed quarterly is, in effect, denial of transportation services. Further, IPAS believes that our client is being denied free and appropriate education services.

IPAS attempted to resolve these issues through advocacy, and those efforts were unsuccessful. IPAS then assisted our client's mother in filing a request for a Due Process Hearing. At the resolution meeting, the school offered to allow our client to ride the bus. There would be a bus driver, a bus assistant, and a special education assistant. We discussed having several de-escalation techniques in place if our client began to have behaviors. As a last resort, one of the assistants could put a temporary shower curtain up between the student and the driver, to allow the driver to continue safely driving.

Insofar as academic issues, the school agreed to increase the length of our client's day and have loftier Individualized Education Plan (IEP) goals. This new plan will be in place while our client attends extended school year services during the summer. The parties will hold a case conference

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committee meeting at the end of the summer to discuss his progress. The school will also conduct new evaluations at the beginning of the school year. Our client's mother was pleased with the plan and both parties signed a resolution agreement resolving the case.

Administrative Hearing: IPAS has agreed to represent the family of an infant born with developmental disabilities related to the denial of Medicaid coverage for the infant's hospitalization and care. The Family and Social Services Administration (FSSA) improperly denied Medicaid coverage for the infant's care while she was hospitalized after her birth. Under relevant Medicaid policies, the income of an infant's parents is not "deemed," or taken into account, to determine Medicaid eligibility. Further, a child under the age of three remains eligible for Medicaid benefits for twelve months after first being determined eligible. FSSA in this case, however, improperly deemed the parents' income during the eligibility process and denied Medicaid coverage. The family appealed this initial determination, and a hearing before an Administrative Law Judge (ALJ) took place on June 30, 2014. IPAS represented the family at that hearing. The ALJ has thirty days to review the case and issue a ruling.

Guardianship Hearing: IPAS opened a case to look into an allegation of abuse and neglect in a nursing home. While going through our standard procedure of determining if the client had a guardian, it was discovered that an individual had filed a motion in court for a temporary or emergency guardianship. An IPAS advocate in talking to the client determined that he was much smarter and capable of making decisions than people who typically have guardians and that the client did not want to have a guardian. An IPAS staff attorney met with the client and agreed to represent the client in contesting guardianship. A preliminary attorney conference was scheduled and the IPAS attorney advocated that a Guardian-Ad-Litem be assigned and the guardianship hearing be continued until the Guardian-Ad-Litem issue a report. The Guardian-Ad-Litem has issued a report finding that the client does not need a guardian. The two sides agreed to a settlement where the client would set up a "Springing Power-of-Attorney (POA)" of his choosing, such that someone he designated would be available to be his POA should his capacity decline. The client chose his uncle to fulfill this role. Opposing counsel filed a Motion to Dismiss once this was done, which the Court granted.

IV. PRIORITIES AND OBJECTIVES

Priority 1: To reduce or eliminate the abuse and neglect of individuals with intellectual disabilities/developmental disabilities.

Objectives:

106 Review 85 allegations of abuse and neglect on behalf of individuals with intellectual disabilities/developmental disabilities to ensure that the allegation is reported to the responsible entities and advocate for necessary action to protect the health, safety and welfare of the individual.

During this quarter, IPAS opened seven new service requests within this objective. Eight service requests were completed and closed. Twenty-eight service requests had been carried over from the second quarter and twenty-seven were left to be carried over into the fourth quarter.

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Amy Penrod, Program Coordinator

Specific outcomes achieved within this objective include:

- IPAS reviewed an allegation of abuse by a Medicaid waiver site staff member. Said allegation was investigated according to policy and was substantiated by the provider. Within this service request, IPAS advocated for changes to current policies. The client and guardian were provided with individual rights information as a waiver recipient and guardian, the provider's obligations regarding abuse/neglect and investigations and the right to file a complaint.
- IPAS received, reviewed, and substantiated an allegation of abuse. IPAS was able to verify the incident was reported to the appropriate entities and that the perpetrator was arrested and charged with a Class E felony and sentenced to one year probation. The guardian was provided information about her rights as a guardian.
- IPAS reviewed an allegation of neglect related to medication administration within a group home setting. Said incident was reviewed by the Indiana State Department of Health (ISDH) and no violations were noted. IPAS reviewed the client's records and found no missed medications or medication errors. IPAS also reviewed agency policies and, following completion of all reviews, could not substantiate the allegation. The client received appropriate medications and medical treatment.
- IPAS reviewed an allegation of abuse/neglect. IPAS reviewed the client's records and could not substantiate said allegation; however, IPAS did note the provider's failure to follow policy in that they did not investigate the allegation and failed to notify Adult Protective Services (APS) of the allegation. IPAS reviewed all relevant provider policies. Systemic policy change resulted from IPAS's recommendation that the provider update their policies with appropriate timelines for investigations and reporting responsibilities to APS.
- IPAS reviewed a suspicious death report of an individual living in a Medicaid Waiver setting. The provider failed to substantiate neglect as a contributing factor to the client's death. The responsible agency, accepting the provider's inability to substantiate the allegation, and closed the incident report without further investigation or follow-up. IPAS sent a letter to the Director of the Division of Disability and Rehabilitation Services (DDRS) regarding concerns that the provider failed to follow their policy regarding medical emergencies as well as disagreement with the decision of the responsible agency to not conduct further investigation. IPAS recommended a number of changes to policies to be addressed within the agency.
- IPAS reviewed an allegation of neglect of a person receiving Medicaid Waiver services. IPAS found the provider failed to follow their policy regarding incident reporting; they also failed to collect documentation in accordance with Bureau of Developmental Disability Services (BDDS) standards. IPAS notified the agency of this finding. The client received information regarding his rights, enabling him to further advocate on his own behalf.
- IPAS reviewed two allegations of neglect by staff in a Medicaid Waiver setting. Regarding each issue, IPAS reviewed the investigation reports from the Bureau of Quality Improvement Services (BQIS) and APS, noting that neither entity substantiated the allegation of neglect. IPAS concurred with these findings.

"Carter," a 68 year old man receiving Medicaid Waiver services passed away in his home after returning from a shopping trip. IPAS received a BQIS incident report regarding Carter's death. IPAS's investigation determined that Carter returned from the shopping trip and was having difficulty breathing. Staff made a phone call to the supervisor for instruction, and several additional phone calls

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were made between department heads and the staff member, none of which were to 911. While staff was on the phone with the residential supervisor, Carter stopped breathing. Staff had to hang up with the supervisor to call 911 who instructed her to begin Cardio Pulmonary Resuscitation (CPR). Upon arrival, paramedics continued CPR but were not able to resuscitate Carter. IPAS determined the staff member failed to follow protocol set within the provider's policies regarding emergency medical treatment and the provision of CPR because the staff member dialed agency supervisors in lieu of dialing 911 when Carter's conditions appeared "critical," as defined by policy. IPAS also determined a number of the provider's policies were inadequate. IPAS notified the provider of the failings. The provider made changes to some policies, but had to have changes approved through the Board of Directors prior to initiation. IPAS also noted BQIS closed the death notification without further investigation. IPAS contacted the Director of the DDRS expressing disagreement with the decision of the Mortality Review Committee to close the death report without further investigation as well as the concerns regarding the provider agency's policies. IPAS prompted systemic change with the provider agency's policy updates.

Priority 2: Reduce or eliminate the denial of rights and discrimination due to disability.

Objectives:

201 Review allegations on behalf of five students where the school has proposed or instituted a change of placement through suspension or expulsion.

During this quarter, IPAS opened one new service request within this objective. One service request was completed and closed and two had been carried over from the second quarter, leaving two service requests to be carried over into the fourth quarter.

Within the closed service request, IPAS advocacy efforts resulted in an individualized educational plan (IEP) that addressed:

- Provision of appropriate educational services within the least restrictive environment (LRE)
- Attendance at a local private school specializing in service to children with Autism Spectrum Disorders
- Functional behavioral assessment (FBA) and behavior intervention plan (BIP)
- Re-evaluation prior to a future change of placement
- Information and guidance to enhance the parent's self advocacy skills

"Sean," age 11 and an identified Article 7 student, was suspended with threat of expulsion. Sean's mother contacted IPAS following Sean's manifestation determination (MD) at which time it was determined that the behavior in question was a manifestation of Sean's disability. IPAS agreed to provide advocacy and informal resolution efforts to ensure that in his return to school, Sean would be receiving a free appropriate public education (FAPE) in the least restrictive environment (LRE) and that all the appropriate related services and would be written into his IEP. IPAS advocacy resulted in Sean's placement in a local private school, which also allowed him to remain in the family home for structure and support.

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203 Review 25 allegations of discrimination under Title II or III of the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

During this quarter, IPAS opened three new service requests under this objective. One service request was closed, and one service request was carried over from the second quarter. Three service requests were carried over into the fourth quarter.

Details of the one service request closed within this objective are described in the aforementioned "REPRESENTATIVE CASE."

204 Represent ten individuals in their appeal of reduced Medicaid waiver services when the alleged reduction in services will have a serious and negative impact on the health and safety of the individual, or when the reduction of services places the individual at risk of being placed in a more restrictive setting.

During this quarter, IPAS opened one new service request within this objective. No service requests were closed during this quarter. Five service requests had been carried over from the second quarter. Six service requests are being carried over into the fourth quarter.

205 Represent three individuals in their appeal of denied eligibility for Medicaid waiver.

During this quarter, IPAS did not open or close any service requests within this objective, and no service request carried over from the second quarter so. IPAS has currently met 67% of the annual goal set for appeal of three Medicaid waiver denials within this objective.

206 Review three allegations of disability based discrimination that may have systemic implications.

During the quarter, IPAS opened 11 new service requests under this objective. Four service requests were completed and closed. Two service requests were carried over from the second quarter. IPAS has nine open service requests under this objective being carried over into the fourth quarter.

The following was achieved within one of the four service requests closed in reference IPAS's advocacy efforts in monitoring the discharge plan/transition process necessary for clients' appropriate discharge from Warner Transitional Services (WTS), after WTS had lost Medicaid licensure:

- All appropriate and necessary transition/discharge paperwork was obtained and reviewed for completion, thoroughness and accuracy. Said paperwork included, but may not have been limited to: Health Risk Plan; Environmental Checklist; Transition Plan; Pre-Post Monitoring Checklist; Individual Support Plan (ISP); Behavior Support Plan (BSP); and Discharge Summary
- Client's transition process was monitored for appropriateness
- Clients were discharged from WTS and transitioned as individually appropriate, one to a state operated psychiatric facility

IPAS was notified that a large Intermediate Care Facility (ICF) for DD/ID operated by WTS, located in Carmel, had failed to qualify for Medicaid recertification, had lost its Medicaid funding source and would be closing. All residents were to be transferred within a very short period of time. Given the

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number of residents facing such a speedy discharge and transition to another provider and the obvious lack of any pre-planning for this event, IPAS offered services to WTS residents in the form of monitoring and advocating for individualized appropriate discharge planning, placement and services.

“Callie” is a WTS resident who, as her own guardian, accepted IPAS’s offer of assistance. Said acceptance authorized IPAS to access Callie’s confidential records so that the agency could provide individualized advocacy during her transition.

Federal regulations regarding an individual’s transition to/from service providers, in this instance, required that WTS, in coordination with the Bureau of Developmental Disabilities (BDDS), document within Callie’s record the fact that she was being transferred or discharged and that the transfer was being done for good cause. It is required by federal regulation that Callie be given “reasonable time” to prepare for the discharge/transfer and that a final, written summation of her developmental, behavioral, social, health and nutritional status be completed. There was also to be a plan of care, addressing Callie’s post-discharge needs.

Documentation showed that in the months prior to the decision for WTS to close Callie been exhibiting a great deal of increased physical aggression, such that she was being reviewed for return to placement within a state operated psychiatric facility. The placement review was completed while IPAS was assessing her discharge from WTS. The result of the review was the recommendation that Callie’s behavior warranted a return to inpatient care. She was transitioned to Madison State Hospital, with no further IPAS involvement.

208 Review five allegations of unregulated or under regulated use of restraint and/or seclusion by a school and advocate for adoption of policies that promote and protect the health and safety of students.

During this quarter, IPAS did not open any new service requests within this objective. No service requests had been carried over from the prior quarter and zero service requests will be carried into the fourth quarter.

IPAS also provided administrative rule comments regarding proposed seclusion and restraint rules. See “MULTIPLE PROGRAM PROJECTS” section on Administrative Rule Comment.

209 Review allegations on behalf of 15 students whose school is not providing appropriate educational services.

During this quarter, IPAS opened nine new service requests within this objective, in addition to the 33 service requests carried into the quarter. Twenty-one service requests were completed and closed during the quarter, leaving 21 to be carried into the fourth quarter.

Outcomes within those closed service requests include development and implementation of revised education plans based upon current educational evaluations that addressed:

- Attendance in a traditional school setting with the support of a paraprofessional
- Development of safety plans
- Need for and use of assistive technology
- Functional behavioral assessments (FBA) and behavior intervention plans (BIP)

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- Placement within private educational settings
- Provision of information and guidance to enhance self advocacy skills
- Strategies and interventions for bullying issues
- Technical assistance regarding both 504 and Article 7
- Training of staff regarding specific disability issues

“Justin,” age eight, had been identified and found eligible for Article 7 services but was being bullied and it was interfering with his educational progress. Justin’s mother contacted IPAS for assistance with obtaining necessary supports and services that would provide him a safe and free appropriate public education (FAPE). Justin’s Individual Education Plan (IEP) was amended so that he was separated from the child who was bullying him. The separation did not prove effective, and school administrators met with the bullying child and his parents. An agreed upon disciplinary plan was put into place so that increased discipline would be instituted with each additional act of bullying. Since the implementation of this plan, Justin’s mother is unaware of any further bullying. Justin is now afforded the opportunity to receive FAPE. IPAS’s involvement resulted in a systemic outcome in this case as well, based on the stated intent of school administrators to incorporate what they learned within resolution of this issue in the development of the school’s bullying prevention policy.

210 Review five cases involving alleged rights violations and the use of the internal complaint process of the provider, in situations not involving abuse or neglect.

During this quarter, IPAS opened one new service request within this objective, in addition to three service requests carried into the quarter. As no service requests were closed, four will be carried over into the fourth quarter.

Priority 3: Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with intellectual disabilities/developmental disabilities, parents, guardians, advocates, and/or service program providers.

During the third quarter, IPAS provided a total of five PADD-specific education/training and public information activity events, reaching approximately 169 individuals. IPAS also attended and provided information at 37 agency wide education/training and public information activity events held, introducing IPAS services, including PADD, to approximately 1,407 individuals.

302 Support education and training efforts of self advocacy organizations to increase awareness of disability rights.

Partnership efforts with various disability related agencies in Indiana continues.

Self Advocates of Indiana (SAI): IPAS has been working with SAI toward the creation of information cards that would inform individuals with disabilities of their various rights. Information on said cards informs individuals with disabilities they have the right to be safe, to work, to make decisions and to speak up. IPAS’s contact information is also shown on these cards. This

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collaborative effort was completed during this quarter. Three thousand of the rights information cards were printed. IPAS received 1,000 for distribution at IPAS events and 2,000 were delivered to the Arc of Indiana for distribution to My Life; My Choice, six Family Educators, and to the self-advocate groups.

The summer 2014 issue of The Self Advocates of Indiana *Nims News*, included the article, “Equal Access: Accessible Travel and Tourism” contributed by IPAS. The Self Advocates of Indiana (SAI) newsletter was distributed to over 200 individuals and was posted on line.

Two hundred, eighty self advocates attended trainings or meetings during this quarter.

The Arc of Indiana: The summer 2014 issue of The Arc News in Indiana went to print the last week of June and was mailed in the first week of July. Numbers regarding this mailing will be included in the fourth quarter report.

IPAS Legal developed a Fact Sheet on Employment Protections for Caregivers for the ARC. Additionally, three webinars focusing on special education topics were developed. Those webinars are available to the ARC’s pro bono listserv and will also be published on IPAS’s website once editing is complete.

Ten individuals were referred to IPAS by the ARC and SAI this quarter. One case involved school issues; three cases involved housing issues; one involved termination from employment and inappropriate accommodations; and five involved guardianship responsibility issues (i.e., can a guardian refuse medical treatment, lack of representation in guardianship proceedings and an individual seeking emancipation).

The Legal Network sign up form continues to be available through The Arc of Indiana and The Arc Master Trust websites. It is promoted through The Arc of Indiana E-Newsletter and on The Arc of Indiana and SAI Facebook pages. As of June 30, 2014, 56 people, including 51 people from the previous fiscal year, had signed up for The Legal Network.

IN*Source - Bullying Prevention Training Project: During the third quarter, IN*Source continued to offer the PACER Center’s bullying prevention training to Indiana families. The grant was extended to June 30, 2014 to allow for the makeup of trainings that were cancelled due to inclement weather during the second quarter.

A summary of the data collected by IN*Source staff who participated in the Bullying Prevention Training Project for Parents was provided to IPAS. The data clearly indicates a great deal of statewide community interest in bullying as a topic. Data also indicates that the partnership between these two agencies provides a method to address this interest and need. IN*Source is already receiving requests for this training to be provided in the fall.

There were 41 bullying training events held throughout the grant period, which involved 490 participants. Three trainings were in Spanish with 58 individuals in attendance. The results of the participant surveys were very positive. Trainings were held in 28 counties reaching all regions of the state. Three trainings were held as webinars.

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The Autism Society of Indiana (ASI): During this quarter the District 4 Ally supported 100 families and the Lead Ally supported 110 families within the statewide “ally” program, a peer-to-peer support program helping those who are affected by autism or a dual diagnosis of autism and mental illness.

ASI has direct relationships with the following providers and support organizations:

- Hamilton Boone Madison (HBM) Co-op
- Wayne Township Special Services
- Hamilton and Hendricks County Systems of Care (Aspire, HBM, Probation, Division of Child Services, and DDRS)
- Carmel Clay Schools
- IEP Resource Center
- Purdue University
- Arc Bridges
- Arc of Tippecanoe
- Arc Education Committee
- Children’s Mental Health Advisory Board
- Greater Lafayette Area Special Services Cooperative (GLASS)

ASI participated in the following district committees and task forces to understand the needs of the state and provide input to meet those needs:

- GLASS
- Alpha Xi Delta
- Carroll County Support Services
- Clinton County Support Services
- Systems of Care Advisory Committee
- Systems of Care local county groups
- First Steps Local Planning Coordinating Council (LPCC)
- Transition Councils

ASI provided the following training to families to increase their ability to meet the client’s needs:

- Developed new family advocacy group for parents, grandparents, and foster parents.
- Developed a new summer swimming program at Purdue University; SNAPS (Special Needs Aquatic Programs).

Institute for Disability & Community (IIDC) Family Council: IPAS attended the one meeting of the Council of People with Disabilities and Family Members held during the quarter. The meeting was dominated by information concerning updates of current projects.

Self-Advocates of Indiana announced the development of a Speakers Bureau and their continuing work on the “My Life, My Choice Project.” Additionally, two members of the Self-Advocates of Indiana provided an overview of their attendance at the National Annual Disability Policy Seminar in Washington, DC. IPAS has provided financial support to the SAI board members to help defray some of the travel costs associated with their work on the board.

Dr. Phil Stafford from the IIDC’s Center on Aging and Community provided an update on the

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Center's work in the areas of livable communities. It involves a five day training curriculum involving livable, i.e., easily accessible, community concepts for older adults and people with disabilities. The focus of the program is on teaching the participants to advocate for changes in the community that will benefit everyone, such as physical accessibility, zoning, etc. Workshops have already been conducted in Shelbyville and Crawfordsville. Additional workshops are planned for Bedford and Richmond to be completed yet this year.

"Advocates for Livable Communities: Working Together for Change" is a collaboration project between the IIDC, the Indiana Governor's Council for People with Disabilities and IPAS.

305 Strengthen policies and practices affecting the State's response to disability rights issues affecting individuals with intellectual disabilities/developmental disabilities through attending at least 50% of the meetings of select committees, groups and task forces.

Indiana Commission on Autism: No commission meetings were held during this quarter. As of June, Chairperson Head's administrative assistant verified with IPAS that the Indiana Commission on Autism has been dissolved due to legislative changes. IPAS has been informed that the Commission's business will continue to be addressed but the topics of concern will be included in other study committees such as the Public Health, Behavioral Health, and Human Services Committee. IPAS management is currently determining to what degree IPAS will be involved in attendance of said governmental committee.

Indiana Adult Guardianship State Taskforce: See "MULTIPLE PROGRAM PROJECTS" section on Indiana Adult Guardianship State Taskforce.

Hickory Creek ICF/IID Human Rights Committee: Hickory Creek did not conduct any Human Rights Committee meetings during this quarter. The facility ceased operations and closed its doors on April 30, 2014.

Hickory Creek ICF/IID Monitoring Activities: IPAS continued monitoring activities during this quarter, even as the facility announced on March 27, 2014 that the facility would close in thirty days. Management did not feel they could meet the compliance requirements set by ISDH during recent certification surveys necessary to remain open. Certified letters announcing the closure were sent to all guardians and residents on March 27, 2014 notifying them of the closure.

IPAS attended two parent/family/guardian meetings hosted by BDDS to provide families information regarding IPAS services and the rights of the individuals and guardians. Many families expressed concern about the transition, specifically regarding the short time frame to find new placements. Many residents had been at Hickory Creek for 20 plus years.

IPAS also attended the provider fair held at Hickory Creek. IPAS had a separate location in which to meet with families after they had talked with providers. Information was given to guardians regarding IPAS services. IPAS encouraged residents to attend the fair and ask questions even though they had not been invited by the facility and/or BDDS personnel. One resident, who asked IPAS to walk with him back to the residential building, expressed that he had fun, that it was nice to have people listen to him for a change. Another resident asked for IPAS to escort her back and she expressed that she felt like an adult for the first time in her life.

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IPAS conducted monitoring activities throughout April to ensure the health and safety of the residents of Hickory Creek of Gaston. As the facility's closure came closer, IPAS became increasingly concerned for the health and safety of the residents. Staff became more interested in commiserating with each other about the closure than actually interacting and ensuring the safety of the individuals residing at Hickory Creek. Meal time was of particular concern due to the lack of oversight of residents by staff. There were at least three choking incidents in the last week of operation. Residents who usually received close supervision were able to become aggressive, biting other residents and escape the facility, even with staff nearby as the staff to resident ratio dwindled.

The discharge meetings were of concern as receiving agencies did not appear to have conducted training with staff and may not have received sufficient information regarding the health of individuals. In at least one case, IPAS notified the new provider of a diagnosis of cancer that is currently stated to be in remission, but requires close monitoring. The provider was not aware of this prior to IPAS disclosure. IPAS also notified a new provider of a diet change. Transition documents provided did not state that the resident was on a pureed diet. The nurse from Hickory Creek argued with IPAS about this order. IPAS had observed the resident at meal time twice and both time had a pureed diet. A second nurse came into the meeting at that time and confirmed that due to a choking incident, the resident's diet had been changed. The new provider was not notified of the change, and new staff had to call to the home and request that the in home staff purchase a food processor so she could eat when she arrived at her new home.

IPAS reviewed all behavior plans and diet orders with the new providers, and had Hickory Creek staff provide training on the use of adaptive equipment such as wheelchairs and splints. IPAS also checked each resident's room to ensure that all of the belongings were sent with the resident at the time of discharge as many items were left behind during earlier discharges.

The facility closed on April 30, 2014 at 4:00 pm when the last resident was discharged.

IIACC Public Policy Meeting: The Director of the Division of Disability, Aging & Rehabilitative Services has informed IPAS the Indiana Interagency Autism Coordinating Council (IIACC) contract negotiation is still in process. Indiana University and the State are working out further details of the contract. IPAS will continue to monitor the negotiations, and plans to maintain involvement in said meetings.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI): See "MULTIPLE PROGRAM PROJECTS" section on Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI).

North Willow ICF/IID Human Rights Committee: IPAS attended each of the three HRC meetings held at North Willow during this quarter. During the quarter, 34 behavior support plans were reviewed for accuracy and thoroughness to ensure the patient's rights were kept intact. Twenty-nine psychotropic treatment plans were reviewed, five of which were tabled due to discrepancies within the plans regarding medication doses. Those plans will be corrected and brought back to the committee next quarter for another review pending approval. The committee reviewed and approved 32 pre-medication requests. Pre-medications are requested for dental and other medical appointments in which the patient has high anxiety and will likely be uncooperative or combative.

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Thirty-eight restrictions were reviewed for accuracy and thoroughness to again ensure the patient's rights were kept intact. Restrictive items are pelvic stabilizers (wheelchair seatbelts) for individuals with seizure disorders, electric razors for individuals unable to maintain the razor independently, closets for individuals unable to maintain and preserve their own clothing and for the door alarms for second and third floors which were put into place to prevent individuals from eloping. There was continued discussion regarding restrictions pertaining to the door alarms on second and third floors.

North Willow ICF/IID Monitoring Activities: IPAS visited North Willow three times this quarter for the purpose of monitoring the facility. During said visits, IPAS noted more individuals appear to be going to workshop now that it is offered in the facility's basement.

ISDH also completed its annual review during the quarter. At the time of this writing, North Willow had not yet had an exit interview to receive the survey findings.

Logansport State Hospital (LSH) Human Rights Committee Meeting: See "MULTIPLE PROGRAM PROJECTS" section on Logansport State Hospital (LSH) DD Human Rights Committee Meeting.

Marion ResCare Monitoring Activities: IPAS conducted five monitoring visits during this quarter at the ResCare facility in Marion. Monitoring activities include speaking with residents and staff as well as watching for signs of abuse/neglect and inappropriate interaction between staff and residents. The facility currently has 30 residents. All three units are now open.

IPAS did not observe any inappropriate interactions between staff and residents during the monitoring visits. There were two reports made to IPAS, one of physical abuse during a restraint and one of verbal abuse by staff. The allegation of physical abuse was reported to the Indiana State Department of Health surveyors and a complaint survey was conducted. This resulted in an Immediate Jeopardy citation being issued, as the facility failed to conduct a proper investigation and the staff accused was not suspended. The facility administrator considered the incident to be a job performance issue, and was found to have failed to properly respond to and investigate the issue. The staff did not carry out the restraint in an approved manner. A second, formal, investigation was completed and appropriate action was taken. The victim of the abuse reports that he now feels safe in the facility. The allegation of verbal abuse was investigated and found to be unsubstantiated. The facility continues to update policies to address abuse/neglect and incident investigation and reporting.

There were four admissions to the facility during the quarter. All have adapted to the new setting and ResCare rules/consequences. Two residents were discharged, are doing well, and are happy to be living in a home in the community. Another resident began working at the day program. IPAS expressed concern that a male resident was temporarily housed on the female unit due to his provoking behaviors. The resident was placed on the female unit with the consent of his guardian. The placement was short term until a more appropriate placement could be found.

ResCare is opening a new facility in July of this year and several of the residents will transition to that facility. Guardian consent has been obtained for all those targeted to move to the new facility, though no actual date of transfer has been determined. IPAS spoke with all of the residents targeted to transition and all report to be happy and excited about the move.

Though the majority of the residents continue to spend an enormous amount of time in their rooms

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and refuse to participate in life skills programs, all residents are participating in weekly group and individual outings.

Elder Justice Convening: See “MULTIPE PROGRAM PROJECTS” section on Elder Justice Convening.

BQIS Mortality Review Committee: IPAS is now participating in the BQIS Mortality Review Committee whose purpose is to review the deaths of those receiving waiver services or who had resided in nursing homes, group homes or other similar facilities at the time of their death. The goal of the group is to look for ways to reduce preventable deaths through policy change, training recommendations and provider monitoring. IPAS attended the one meeting held by this committee during the quarter. During said meeting, four focus cases were discussed. The meeting resulted in action items involving a need for increased training of direct care providers in handling g-tubes, a need for more individualized risk plans, and a discussion regarding the need to create better connections between direct care providers and facility management in reporting incidents.

Indiana Task Force on Disability And Health: See “MULTIPLE PROGRAM PROJECTS” section on Indiana Task Force on Disability and Health.

Sheltered Workshops Monitoring Activities: See “MULTIPLE PROGRAM PROJECTS” section on Sheltered Workshops Monitoring Activities.

Especially Kidz Monitoring Activities: IPAS visited Especially Kidz (EK) three times during this quarter for the purpose of monitoring the facility. The first monitoring visit was attended by both the assigned advocate and PADD program coordinator. Especially Kidz currently has four units identified as South Unit, lower South Unit, North Unit and lower North Unit. The children reside four residents to a room. In the North Wing are the facility’s adult residents who generally reside one or two to a room. In the newer lower south wing, you will find primarily teen and adults, separated by male and female, with either one or two residents in each room. These rooms are much larger.

During the first monitoring visit, IPAS brought to the attention of Especially Kidz administrators the fact that the required resident rights information (including IPAS and other agencies’ phone numbers) was posted too high for the average EK resident, a wheelchair user. IPAS informed administrators that on a previous visit, one resident stated he could not see the phone numbers as the sign was too high. This conversation occurred in May, with two follow up conversations with the Social Services Director. To date, the sign has not been lowered.

During two monitoring visits, there was discussion with EK administrators regarding IPAS’s newly printed PADD program rights posters. Initially, EK administrators planned to place them up at the facility. However, EK administration later decided that they would not be put up. The reason cited for their not being put up was that ISDH stated during their last survey that the facility did not appear home-like. Administration felt the plain white lettered sign (similar to a street sign) would not appear home-like.

IPAS had inquired of EK whether they are required to report allegations of child abuse to Child Protective Services. EK Social Services Director stated that although she did not know for certain, that she would research said requirement. She stated it would make sense if they were required to do so. It was later learned that allegations of child abuse are reported to ISDH who decides whether it is

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reported to the Attorney General's Office, who decides whether it will be investigated. If yes, said allegation is then forwarded to Child Protective Services (CPS).

During a survey in April, ISDH cited EK for failure to ensure maintenance of resident's dignity and respect regarding their bed. At that time, staff received in-service training on the resident rights policy and procedures, with focus on dignity and identification/reporting should any other concerns be observed. At a later visit, IPAS noticed that some beds had already been changed and even during the visit, a wooden bed was being assembled in the hallway. EK administrators stated these new type of beds were to assist in providing the facility with the home-like feel ISDH was requiring them to employ.

2014 Governor's Planning Council: IPAS attended the one meeting the Indiana Governor's Council for People with Disabilities Board (Council) held during this quarter. IPAS, by virtue of federal statute, automatically serves as a board member on the Governor's Planning Council.

This quarter's board meeting was dominated by updates and progress reports concerning the first two quarters of the fiscal year of 2014. IPAS continues to collaborate with the Council on efforts to support the Self Advocates of Indiana, Annual Critical Issues Survey and the Livable Community Group.

During the meeting, it was decided that the Council would incorporate their first town hall meeting into this year's annual conference to be held December 8 and 9, 2014. Town hall meetings are used to gather information to assist in their development of their three-year Priorities and Objectives.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with intellectual disabilities/developmental disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

IPAS provided information and referral services to 160 individuals during the 3rd quarter.

PADD Report End

**Protection and Advocacy for Individuals with Mental Illness
PAIMI, David Boes, Program Coordinator**

I. STATISTICS

Informational Inquiries	206
Cases Carried over from Previous Quarter	78
New Cases Opened	20
Total Clients Served	98
Total Number of Individuals Served	304
Cases Closed at End of Quarter	21
Cases on Hand at End of Quarter	77

II. REPRESENTATIVE CASE

“Carol” is a 51 year-old PAIMI eligible person desiring to live in the community instead of a nursing home. Carol contacted IPAS stating that she had been denied the Aged and Disabled (A&D) waiver. Such a waiver was necessary for her to fund the appropriate supportive services required for her to live in her desired setting.

During IPAS’s assessment, it was determined that Carol had not been denied eligibility for the Aged and Disabled waiver. In fact, she had also been found eligible for the Money Follows the Person (MFP) program. The Central Indiana Council on Aging, Inc. (CICOA), reported to IPAS that Carol had been given the option to enroll in one of two programs. CICOA believed Carol had chosen to enroll in the MFP program. IPAS explained that Carol was not even aware that she had been determined eligible for either program, let alone making the choice for the MFP enrollment. IPAS advocated for CICOA’s production of documentation to Carol explaining her rights and options for both programs

Carol evaluated her options carefully and decided to choose the A&D waiver. IPAS assisted Carol with communicating her decision to CICOA. Carol will now be able to live in the community as she desires.

III. LEGAL

Department of Correction Lawsuit: The litigation against the Indiana Department of Correction (IDOC) has continued into the remedy phase since the Order issued by Judge Tanya Walton-Pratt on December 31, 2012, held that IDOC had violated the constitutional rights of inmates with serious mental illness through its deliberate indifference to their need for care and continued harm caused by the segregation of those with serious mental illness. On June 4th, Plaintiff’s Counsel toured the mental health units and residential settings at the Indiana Women's Prison (IWP). The IWP Superintendent led the tour, which also included Corizon staff and the acting IDOC Mental Health Director. The Superintendent and mental health staff explained that all individuals who would be members of the class in the litigation, i.e. seriously mentally ill (SMI) individuals being held in segregation, would be held in the Restricted Housing Unit (RHU), also known as Unit 11. Adjacent to Unit 11 is the Special Needs Unit (SNU), also known as Unit 10. The RHU is made up of 25 single cell units and typically houses approximately 2-4 SMI individuals in segregation at any time. As of June 3rd, there were eight SMI individuals being held in segregation. It was disclosed that these individuals receive a minimum of ten hours of either group or individual counseling per week; daily access to shower facilities; one hour of recreation in one of three recreational areas five days each week; are allowed access to radios

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after being on the unit for 91 days; and are seen for weekly psychiatric checks, and monthly psychiatric reevaluations/updates performed by various mental health professionals. The restraint and isolation rooms were also observed. The remainder of this unit houses a combination of older vulnerable inmates who cannot function in general population and some disciplinary segregation inmates. There were designated rooms for recreation and therapy. IWP and Corizon staff will be providing the American Civil Liberties Union (ACLU) Counsel with the medical/psychiatric records for the current SMI individuals in segregation at the end of June or in July, after IDOC and Corizon complete installation and update of a more comprehensive record keeping system to track the daily activities and services being received by inmates on the unit. The SNU/Unit 10 consists of four single cells and 40 double occupancy cells, and this unit acts as a transitional unit for SMI individuals who have progressed such that they can be transferred out of segregation towards eventual re-entry into general population. Inmates in the SNU are out of their cells from 5:00 A.M. to 10:00 P.M. every day, with a brief period of in cell quiet time scheduled each day to allow inmates time to themselves. SNU inmates receive at least ten hours of counseling each week; access to recreation and showers; access to GED and other educational services; they eat in the mess hall with the general population inmates; have access to radios and televisions; and receive weekly, monthly, or as needed psychiatric and other mental health services. Plaintiff's counsel agreed following discussion that IWP appears to be in compliance with the settlement agreement tentatively reached by the parties and currently being implemented throughout IDOC facilities where SMI individuals are held in segregated settings. The parties filed an agreed "Joint Status Report" with the Court on June 26th and anticipate filing another report in two months after additional records are received; interviews of NCCF inmates are conducted; and IDOC completes the revision of its overall mental health record and time keeping systems to accurately track the treatment and out-of-cell times of inmates with serious mental illness. Plaintiff's Counsel has now received medical records related to inmates in the various units at New Castle Correctional Facility, and a visit to interview those inmates will occur in July.

IV. FEDERAL REQUIRED DISCLOSURES

There was one grievance filed during the quarter.

The complaint received by IPAS during the quarter concerned an individual currently housed in an IDOC facility. Unfortunately, due to IPAS's current class action litigation concerning the psychiatric treatment of inmates within the IDOC, the client's request that IPAS provide direct services was denied. The decision to deny services was based in part due to trial rules governing the discovery of evidence and in part due to the fact that IPAS cannot take on new cases and continue adding individuals to the class of persons represented.

There have been no grievances filed by PAIMI-eligible clients, including representatives or family-members of such individuals receiving services during this fiscal year.

Three grievances were filed by prospective PAIMI-eligible clients (those who were not served due to limited PAIMI Program resources or because of non-priority issues during this fiscal year).

None of the grievances were appealed to Chairperson of the IPAS Commission.

Third Quarter April 1- June 30, 2014

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V. MEETING STATISTICS OF MEMBERSHIP ATTENDANCE

Commission	Last meeting was held May 17, 2014	92.3% (12 of 13)	For the FFY , three meetings held	87.9%
MIAC	Last meeting was held May 5, 2014	85.7 % (6 of 7)	For the FFY, two meetings held	94.1 %

VI. PRIORITIES AND OBJECTIVES

Priority1: Reduce or eliminate the abuse and neglect of individuals with mental illness in community-based or long-term care facilities.

Objectives:

101 Review allegations of abuse or neglect of individuals residing in a facility operated by Indiana Department of Mental Health and Addiction and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

For the quarter, IPAS began with eight open cases and opened four additional service requests. One service request was completed and closed, leaving 11 cases carried over into the next quarter. For the year, 16 cases have been closed, thus achieving 68% of the target for the year.

Additionally, IPAS continued to visit and monitor each state hospital for incidents of patient abuse and neglect and rights violations. IPAS encourages the residents not only to contact IPAS but to review concerns with their treatment team and if an issue is not resolved to file an internal complaint. By far, the patients' most commonly asked question is when they will be released from the facility. At Larue Carter State Hospital, IPAS learned from residents that there had been a shortage of towels and snacks, and bingo prizes were stopped. Per discussion with the superintendent, these items were reinstated. These types of things make a difference to the daily quality of life of the residents. This increased visibility of IPAS staff has resulted in an increase of Information and Referral (I&R) contacts, with a 29% increase this quarter over last.

In the one case closed during the quarter, following the client's initial allegation to IPAS, the treatment facility moved the client to another unit. The client cited that with the move, the concern had been resolved, prompting the client to withdraw the authorization for IPAS to act on the client's behalf.

102 Review allegations of abuse or neglect of individuals residing in Community Mental Health Centers and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

IPAS began the quarter with four open cases and opened one additional service request. No service requests were completed and closed, leaving five cases carried over into the next quarter. For the year, four cases have been closed, thus achieving 27% of the target for the year.

103 Review allegations of abuse or neglect that resulted in the death of an individual who resided in a mental health treatment facility.

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IPAS began the quarter with one open case and did consider one new report but found insufficient evidence to invoke IPAS's probable cause authority; thus, no additional service requests were opened. The one service request had not been resolved and was carried into the next quarter. For the year, two cases have been closed, thus meeting the target for the year.

104 Review allegations of inappropriate use of restraint or seclusion and advocate that necessary actions are taken to protect the health, safety, and welfare of the individual.

IPAS began the quarter with four open cases and opened six additional service requests. Two service requests were completed and closed, leaving eight cases carried over into the next quarter. For the year, 12 cases have been closed thus exceeding the objective's target for the year.

In the one case closed during the quarter, after the client's initial allegation to IPAS, the client chose to self-advocate and chose not to provide authorization for IPAS to act on the client's behalf.

In the other case closed, IPAS advocacy resulted in Logansport State Hospital (LSH) compliance in reporting allegation of abuse and neglect per the Department of Mental Health and Addiction (DMHA) State Operated Facilities Reporting Protocol and Indiana Code. The allegation of verbal abuse was subsequently not substantiated by the facility's internal review, and IPAS's review concurred with the findings.

106 Continue to represent prisoners with serious mental illness in class action lawsuit to diminish the use of segregation.

See the "LEGAL" section on Department of Correction Lawsuit.

108 Review allegations of abuse or neglect of individuals residing in facilities designated as a psychiatric residential treatment facility (PRTF)

IPAS began the quarter with three open cases and opened no additional service requests. All three service requests were completed and closed, leaving no cases being carried into the next quarter. For the year 60% of the target had been met.

In one case, concerning allegations of abuse, the guardian failed to respond to IPAS's request for authorization to access the child's records. In this case, IPAS was able to assert its probable cause authority. IPAS did not substantiate the allegation of abuse; IPAS, however, found problems with an internal policy of the facility. Because of IPAS's assessment, Lutherwood modified its "Critical Incident Reporting Policy." The modification was made to Lutherwood's reporting policies pursuant to State Child Protective Services (CPS) reporting law, 42 CFR § 483.374(b) and IAC 2-11-36, to provide specific reporting requirements; time frames for making reports; and identifying who is responsible for making and documenting such reports. This modification could affect all current and future individuals receiving services from Lutherwood.

In a second closed case, the guardian failed to respond to IPAS's request for authorization to access the child's records. In this case, the allegation and facts did not permit IPAS to assert its probable cause authority to gain access to the child's records. Thus the case was closed as IPAS could not fully assess the situation.

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In the third closed case, IPAS could not substantiate that the client was neglected. IPAS's review found that client's incidents were thoroughly reviewed and concurred with the findings.

Priority 2: To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.

Objectives:

202 Review allegations of rights violations and discrimination under the Fair Housing Act, ADA (recreational opportunities only) or failure of a provider to obtain informed consent prior to treatment.

For the quarter, IPAS began with four open cases, and opened five additional service requests. Moreover, five service requests were completed during the quarter, leaving four cases for the start of the next quarter. For the year, the target of five completed cases has been exceeded.

In one case, IPAS successfully advocated on behalf of a client with the State Licensing Board to provide reasonable accommodations and modifications to enable the client to take the cosmetology licensing exam or an equivalent form of testing for licensure.

In another case, IPAS intervened on behalf of a client seeking a car loan. IPAS notified the general manager of Ray Skillman Hoosier Ford of the ADA Title III requirements and the importance of respecting an individual's privacy in regards to an individual's disability. At issue was upon completing the loan application, the client disclosed receiving Social Security Disability benefits, which prompted the car dealer to inquire of the client to disclose the type of disability.

In the remaining three cases closed, clients chose to self-advocate and chose not to provide authorization for IPAS to act on their behalf.

204 Review allegations of treatment rights violations of individuals with mental illness.

IPAS began the quarter with three open cases and opened one additional service request. Two service requests were completed and closed, leaving two cases carried over into the next quarter. For the year, the target of five completed cases has been exceeded.

See the quarter's "REPRESENTATIVE CASE" for outcome in one closed case.

In the other closed case, the client's guardian refused to provide authorization for IPAS to investigate the ward's allegation of a rights violation.

205 Review allegations on behalf of individuals residing in state operated facilities when there is proposed or instituted restriction of a conditional right.

For the quarter, IPAS began with nine open cases, and opened three additional service requests. Four service requests were completed during the quarter, leaving eight cases for the start of the next quarter. For the year, the target of twenty-five completed cases had nearly been met as 76% of the objective had been achieved.

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In two closed cases, IPAS staff could not validate that a rights violation had occurred, and clients were provided education and information concerning their rights and appropriate methods on how to grieve their concerns.

IPAS assisted an individual in requesting appropriate discharge planning from a state operated facility after being on a wait list for over two years. IPAS's advocacy brought awareness of such problems to the Bureau of Developmental Disabilities (BDDS), which resulted in BDDS accepting gatekeeper responsibilities for the dually diagnosed individual. With change and clarification of agency responsibilities to provide residential services, it is anticipated that the client will be moved into the community before the end of the summer.

209 Review allegations on behalf of students where the school is not providing appropriate educational services.

For the quarter, IPAS began with 12 service requests and no additional service requests. Six service requests were completed and closed, leaving six cases for the start of the next quarter. For the year, the target of ten completed cases has been exceeded.

In one case, IPAS's efforts resulted in the child progressing from receiving only homebound services to returning to full days at school as a result of IPAS advocating for changes in the child's IEP and for additional services.

In another case, IPAS became involved at the parent's request following the use of physical restraint by staff. IPAS advocated for changes in the child's IEP and implementation of additional services, resulting in no further use of physical restraint by school staff for the child's second semester of school.

In the other four cases closed during the quarter, the guardians chose to self-advocate and withdrew their authorization for IPAS to act in their behalf.

Priority 3: Increase awareness and effective self-advocacy by working with and supporting advocacy groups and organizations.

Objectives:

301 Participate on the Resident/Human Rights Committee meetings of the facilities operated by the Indiana Department of Mental Health and Addiction.

During the quarter, IPAS staff attended 11 meetings held at the various state operated facilities (SOF). Thus, for the year, IPAS's commitment of resources has resulted in staff participation in 32 meetings, exceeding the goal for the objective.

Evansville State Hospital (ESH): IPAS attended and participated in each of the three ESH Human Rights Committee meetings held this quarter. During these meetings, a total of 27 grievances were reviewed by the committee. Eight grievances were reviewed in the April meeting, eight during the May meeting, and 11 during the June meeting. Restraint and seclusion reports were reviewed at each meeting. IPAS advocated for ESH residents to be permitted to keep and use their personal possessions, specifically an adapter for an iPod docking station that had been purchased by a resident

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and his guardian. ESH's safety committee determined the adapter was a swallowing hazard due to its small size and, therefore, restricted its use. This prevented the resident from using the docking station for its intended purpose. IPAS advocacy resulted in ESH providing the resident with a larger iPod that could be connected directly to the docking station without an adapter. IPAS previously advocated for ESH to update the facility's existing policy on the use of electronics, as the policy provided no direction as to the rights of residents to have docking/charging stations for their MP3 players and iPods in their rooms. ESH's Human Rights Committee (HRC) had agreed that a policy update was needed to address the aforementioned issue and ESH's Administration was notified of the recommendation. ESH has reported the policy is currently being updated

Evansville Psychiatric Children's Center (EPCC): IPAS attended the two Human Rights Committee meeting held at EPCC during this quarter. IPAS advocated for EPCC staff to discuss the incidents with the resident. IPAS also advocated for all EPCC staff to be reminded of and/or retrained on the importance of respecting all residents and the need for staff to discuss resident related issues with other staff in a private area away from other residents.

Logansport State Hospital (LSH) Human Rights Committee Meeting: See "MULTIPLE PROGRAM PROJECTS" section on Logansport State Hospital (LSH) Human Rights Committee Meeting.

LaRue Carter Memorial Hospital (LCH): After many months and several discussions and IPAS requests, Larue Carter Memorial Hospital has invited IPAS to participate on their "Rights and Ethics Council." The Council will be meeting at the hospital the second and fourth Monday of each month. IPAS's role on the Council will be an advisory position with no voting authority. The first meeting for IPAS attendance will be in July 2014.

Madison State Hospital (MSH): IPAS attended one of the three Human Rights Committee meetings held at MSH during this quarter. IPAS staff participated in the standard reviews of the complaints and issues brought to the committee's attention. There were no specific topics or issues raised which needed further intervention from IPAS.

Richmond State Hospital (RSH): IPAS attended and participated in two of the three RSH Human Rights Committee meetings held during this quarter. IPAS brought to the committee's attention hearsay that clients would not be able to purchase sugary snacks with their money. The facility's stated justification was to address the perceived need to reduce clients' sugary food intake and additional education about healthy eating to be offered to all residents. IPAS expressed concern over residents not being able to purchase what food items they wanted to with their own money. IPAS reminded the committee that a similar issue was addressed by the HRC several months ago whereby residents were being restricted as to what food items they could purchase at a community outing. A committee chairperson responded that additional information will be forthcoming and will be shared with the HRC prior to implementation of any new policy or procedure.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with mental illness.

Presently IPAS staff is participating on five committees, groups, or task forces that have been deemed as having potential systemic impact for individuals with mental illness. During the quarter, IPAS staff attended six meetings held from the selected committees, groups, or task forces. Thus for the year,

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IPAS's commitment of resources has resulted in staff participation in 11 meetings, exceeding the goal for the objective.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI): See "MULTIPLE PROGRAM PROJECTS" section on Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI).

Elder Justice Convening: See "MULTIPLE PROGRAM PROJECTS" section on Elder Justice Convening.

Indiana Adult Guardianship State Taskforce: See "MULTIPLE PROGRAM PROJECTS" section on Indiana Adult Guardianship State Taskforce.

Indiana Taskforce on Disability and Health: See "MULTIPLE PROGRAM PROJECTS" section on Indiana Task Force on Disability and Health.

Administrative Rule Comment: See "MULTIPLE PROGRAM PROJECTS" section on Administrative Rule Comment.

Priority 4: Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights

Objectives:

401 Conduct training concerning the civil and disability rights of individuals with mental illness for family members.

During the 3rd quarter, there were no education/training events held.

402 Conduct resident rights training for consumers at selected Community Mental Health Centers.

During the quarter, IPAS staff conducted nine trainings attended by 98 residents among four different Community Mental Health Centers. For the year the objective has been met, as staff has conducted 30 trainings attended by 278 individuals. IPAS has presented at 11 different sites.

405 Support the education and training events of consumer-based organizations holding events for consumers to increase their awareness of disability rights.

IPAS attended and exhibited at the Mental Health Symposium and Annual Meeting (June 13, 2014). In a prior quarter the objective was met, as IPAS provided sponsorship at the NAMI state conference.

406 Support the creation of a Crisis Intervention Team program in an Indiana Law Enforcement entity.

IPAS has reached out to offer support, but to date there were no requests for IPAS assistance. On June 27, IPAS discussed the possible support of the CIT Training with staff of NAMI Indianapolis, who proposed supporting the Crisis Intervention Teams for Youth (CIT-Y) Expansion program.

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Priority 5: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with mental illness, their families, and professionals that are requesting information concerning disability rights and provide technical assistance concerning the exercise of these rights.

General Problem area as coded in the IPAS Database (DAD)	3rd Quarter's Total	
Abuse	24	11.7%
Education	12	5.8%
Employment Discrimination	7	3.4%
Healthcare	5	2.4%
Housing	9	4.4%
Neglect	32	15.5%
Not Selected*	73	35.4%
Rights Violations	44	21.4%
Grand Total	206	

*Not Selected includes those Informational and Referral contacts not entered into the DAD database. Typically, support staff addresses these contacts, which include requests such as a specific provider's telephone number or for IPAS publications. These contacts lack sufficient information to allow entry of the General Problem into the DAD database.

PAIMI Report End

**Protection and Advocacy of Individual Rights
PAIR, Tom Crishon, Program Coordinator**

I. STATISTICS

Informational Inquiries	155
Cases Carried over from Previous Quarter	37
New Cases Opened	9
Total Clients Served	46
Total Number of Individuals Served	201
Cases Closed at End of Quarter	20
Cases on Hand at End of Quarter	26

II. REPRESENTATIVE CASE

“Jack,” age 68, contacted IPAS about interpreter services at a recent medical appointment. Jack, a person who is deaf, requested a sign language interpreter before going to the appointment. The doctor's office stated that they do not provide interpreter services and that he would need to bring one with him. He did.

Jack then called IPAS about the issue. Under Title III of the Americans with Disabilities Act (ADA), a place of public accommodation – including an office of a health care provider – must take those steps necessary to ensure that no individual with a disability is excluded or denied services because of the absence of auxiliary aids and services. A qualified on-site interpreter is an example of an auxiliary aid or service. IPAS educated the doctor's office about its requirements under the ADA and advocated for the office to reimburse Jack for the costs of hiring the interpreter. The doctor's office did reimburse Jack for those costs.

As a result of IPAS advocacy, Jack was reimbursed all monies that were inappropriately expended. Additionally, the doctor's office was educated on its obligations under the ADA, which will hopefully prevent future violations.

III. LEGAL

Administrative Hearing: An IPAS client, through his legal guardian, wanted to go to an out-of-state rehabilitation center specifically designed for someone who has had a traumatic brain injury (TBI). The rehabilitation facility submitted a pre-authorization application to Medicaid to pay for this rehabilitation which was denied. FSSA found that the client did not have a TBI because his injuries were a result of having brain tumors not a traumatic injury or an anoxic event, meaning loss of oxygen to the brain. IPAS conducted extensive fact finding and determined that while the client did have a brain tumor he also had a fall while at a rehabilitation center for which he was hospitalized and given a CT scan. He also had an anoxic event while recovering from surgery. IPAS was able to obtain letters from two doctors where the doctors diagnosed the client as receiving a TBI from these events. Both doctors also found that it was medically necessary and a part of generally-accepted medical practice for him to receive the rehabilitation offered at the out-of-state facility. They found this facility could offer him a chance to rehabilitate that in-state facilities could not. It was IPAS belief that this testimony meant all the regulatory requirements for approval of the pre-authorization request had been met and he should have been approved.

IPAS learned that FSSA planned to argue that the guardian had not submitted his appeal timely. The appeal was filed prior to IPAS representation. The assigned IPAS attorney researched this issue and

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PAIR, Tom Crishon, Program Coordinator**

found that the appeal was filed timely. The Medicaid regulation states that a person has 33 calendar days from date of notice to file the appeal. The denial letter was dated October 30, 2013, postmarked Monday, November 4, 2013 and the appeal was filed December 4, 2013. Date of notice is not defined in the Medicaid Regulations but is defined in Indiana's Administrative Orders and Procedures Act (AOPA) which controls the rules for Administrative Hearings. In AOPA, date of notice is the date that the letter was deposited in the mailbox, plus three additional days are allowed to receive the letter. So, the end date should have been 36 days after November 4, 2013, and the appeal was filed well within that deadline. Unfortunately, the Hearing Officer decided to count the date of notice as the date on the letter and not grant three extra days for mailing. Therefore, she ruled that an appeal was not timely filed and dismissed the case. No explanation was given in the decision for not following AOPA.

IPAS believes that this decision was erroneous and that an appeal would be successful. IPAS discussed the various options with the guardian who decided that the best option for the client was to reapply. The client could reapply right away and IPAS believed that application could be better this time. Specifically, it would include the doctors' recommendations diagnosing the client with TBI and explaining the medical necessity of the rehabilitation center. The reapplication process would be quicker as completing Judicial Review is a lengthy process and a successful Judicial Review would result in a new hearing. If the new pre-authorization application is denied again it would also result in a new hearing only quicker and based on a better application. IPAS agreed to assist in submitting the new application. The new application was submitted and prior authorization was granted this time.

IV. PRIORITIES AND OBJECTIVES

Priority 1: Reduce or eliminate abuse and neglect of individuals with disabilities.

Objectives:

101 Review 20 allegations of abuse and neglect on behalf of individuals with disabilities to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

Two service requests were opened this quarter and one was closed. Five service requests remain open. This objective is 60% met for the fiscal year.

Outcomes achieved for the closed service requests this quarter included:

- Reviewing the medical treatment of an inmate at Pendleton Correctional Facility and ensuring that Indiana Department of Corrections provide appropriate medication to control his diabetes.

Priority 2: Reduce or eliminate discrimination or the denial of rights due to disability.

Objectives:

201 Review 30 allegations of discrimination under the Americans with Disabilities Act, Fair Housing Act, or other disability discrimination law.

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Eight service requests were opened this quarter and nine were closed. Fourteen service requests remain open. This objective has been met for the fiscal year.

Outcomes achieved for the closed service requests this quarter included:

- Successfully advocating for a private business to take appropriate steps to remove barriers to make the facility more accessible, as required under Title III of the ADA;
- Ensuring that a local sheriff's department was aware of its requirements to provide effective communication under Title II of the ADA;
- Successfully advocating for an individual who uses a service animal to be permitted to use that animal on campus and in their residence at a local university;
- Successfully advocating for an employer to provide appropriate reasonable accommodations under Title I of the ADA for a person with mobility impairments; and
- Assisting a client to obtain a reasonable accommodation under the Fair Housing Act.

203 Review three allegations of disability based discrimination that may have systemic implications.

One project was opened and one project was closed this quarter. Ten projects remain open under this objective. This objective has been met for the fiscal year.

National Railroad Passenger Corporation (Amtrak): The first project involves IPAS's survey of the National Railroad Passenger Corporation, d/b/a Amtrak stations in Indiana. When the Americans with Disabilities Act (ADA) was enacted in 1990, Amtrak was given 20 years to make its rail system (trains and stations) fully accessible. It has been 23 years since the ADA became law and Amtrak is still largely inaccessible to individuals with a disability. Even today, Amtrak refuses to sell tickets to individuals with a disability to some destinations because there is no way for those individuals to get off the train once they arrive. While accessibility problems exist nationwide, this project was limited to accessibility concerns found at stations located in Indiana. In the fourth quarter of last fiscal year, IPAS, in coordination with NDRN and other protection and advocacy systems across the country, surveyed the accessibility of Amtrak train stations. IPAS surveyed all 11 Amtrak locations in Indiana for compliance with the relevant accessibility laws, including the ADA, and found accessibility concerns at all locations. These 11 locations include stations in Connersville, Crawfordsville, Dyer, Elkhart, Hammond-Whiting, Indianapolis, Lafayette, Michigan City, Rensselaer, South Bend, and Waterloo. IPAS submitted its results in a complaint to the United States Department of Justice (USDOJ), requesting that the USDOJ fully investigate these claims and ensure that Amtrak make the necessary changes to stations in Indiana to become fully accessible to individuals with a disability. There has been no new activity for this project this quarter. IPAS awaits contact by the USDOJ concerning that disability discrimination complaint.

Gas America: The second project involves accessibility at Gas America convenience stores and gas stations. Gas America was acquired by Speedway LLC, the nation's fourth largest company-owned and operated convenience store chain and an indirect wholly owned subsidiary of Marathon Petroleum Corporation. IPAS legal continues to correspond with legal counsel from Speedway to discuss the accessibility problems found at the Gas America locations prior to the Speedway acquisition and to ascertain how that company has addressed or plans to address any ADA compliance issues at these newly-acquired locations.

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Indiana Statehouse: The third project involves surveying street parking areas located near the Indiana Statehouse for compliance with applicable accessibility laws. This quarter, IPAS completed a site survey. IPAS then advised the City of Indianapolis of the compliance problems IPAS found. These problems included some accessible parking spaces lacking appropriate signage and the need for curb ramps from some access aisles to the sidewalk. IPAS recommended that the City of Indianapolis review the United States Access Board's Proposed Rights-of-Way Guidelines (2011), which might contain additional accessibility standards that will be required once adopted. This project was closed this quarter since IPAS ultimately determined that there were a sufficient number of accessible parking spaces provided in the area.

Indianapolis Museum of Art: The fourth project involves reviewing the accessibility of an outdoor exhibit at the Indianapolis Museum of Art. That entity initially committed to making changes and modifications to the pavilion, the signage, and paths. However, this quarter, IPAS emailed the 100 Acre Director with a request to respond to our concerns by June 30, 2014. No response was received. IPAS intends to file a disability discrimination complaint with the U.S. Department of Justice in the next quarter.

Royal Pin: The fifth project was opened to review the accessibility at four Indianapolis bowling centers. The goal is for these highly visible recreational centers to make any needed changes to their locations to bring them into compliance with the ADA. This quarter, IPAS completed comprehensive ADA accessible surveys at the four locations. Work on the project is ongoing.

National Center for Access to Justice: The sixth project was opened in response to a National Center for Access to Justice (NCAJ) report finding that Indiana ranked last in the use of best practices for making courts available to individuals with disabilities. IPAS reached out to the Division of State Court Administration (DSCA) to make them aware of the report and to begin a dialogue to better improve the use of best practices in Indiana courts. The DSCA responded favorably and invited IPAS to meet with DSCA about ways to address the findings in the report. IPAS also contacted NCAJ to inquire about more information that IPAS could use in discussions with DSCA. The NCAJ responded that it was currently assigning attorneys to each state to help address concerns. The NCAJ invited IPAS to be the contact for issues relating to access to the courts for individuals with disabilities. The NCAJ Executive Director indicated that discussions would start soon after the attorneys were appointed. IPAS will be a part of those discussions.

This quarter, DSCA sent a letter to the IPAS legal director indicating that upon review of the report, it was determined by DSCA that the ranking was in error based on a misunderstanding of Indiana's unique court system and the report not utilizing the correct Indiana rules and statutes to generate its scores. DSCA indicated it was in the process of updating its website to better present information on how to request accommodations when utilizing the court system. DSCA also indicated that it has since hired a staff attorney whose responsibilities will include addressing court users with special needs. DSCA also indicated it is working with the Office of the Indiana Attorney General regarding the results of the report.

Indiana University Tuition Refund Policy: The seventh project was opened to review and advocate for changes in the tuition refund policy at Indiana University, should the policy be found overtly restrictive in the application concerning individuals with disabilities. This quarter, IPAS legal reviewed the Indiana University policy and made an Access to Public Records Act request from the

Protection and Advocacy of Individual Rights PAIR, Tom Crishon, Program Coordinator

University for more information. Once the information is received, it will be assessed along with all other related information to determine if a recommendation for a policy change is warranted.

Parking Lot Compliance: The eighth and ninth projects remain open to advocate for business parking lots found to be out of compliance with ADA to make necessary corrections.

Municipal Swimming Pool Surveys: See “MULTIPLE PROGRAM PROJECTS” section on Municipal Swimming Pool Surveys.

Eskenazi Health: The closed project was initially opened to ensure that a Wishard Memorial Hospital policy concerning service animals was compliant with the relative provisions of the ADA and Indiana law concerning service animals. Last quarter, IPAS legal sent Eskenazi Health a letter informing them that the Eskenazi policy contradicts the ADA and requested that appropriate changes be made. Eskenazi did amend the policy to be compliant with the ADA. That project was closed this quarter.

204 Review allegations on behalf of five students where the school is not providing appropriate educational services.

One service request was opened this quarter and ten were closed. Eight service requests remain open. The closed service requests involved ensuring that IPAS clients were receiving Free Appropriate Public Education. This objective has been met for the fiscal year.

Additionally, IPAS provided comments on the proposed restraint and seclusion rules. See “MULTIPLE PROGRAM PROJECTS” section on Administrative Rule Comment.

Priority 3: Increase awareness and effective self-advocacy by providing education and training about disability rights and the exercise of these rights.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, advocates, and/or service program providers.

During the third quarter, there were eight education/training events and one public information activity under this objective, reaching approximately 469 individuals. There were a total of 37 agency-wide education/training and public information activities (AW202) introducing IPAS services, including PAIR, to approximately 1,407 individuals. These numbers include the Fair Housing Center of Central Indiana’s 2014 Fair Housing Conference, where IPAS legal staff were asked to present at two sessions, and the National Disability Rights Network 2014 P&A/CAP Annual Meeting, where an IPAS attorney was asked to co-present two sessions on ADA Accessibility Surveys.

Additionally, a project remains open under this objective to conduct resident rights training – focusing on abuse/neglect and grievance procedures – at select Indiana nursing facilities.

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the rights of individuals with disabilities.

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IPAS now participates in six committees, groups or task forces under this objective. IPAS continues to participate in the ADA-Indiana Steering Committee; the Back Home in Indiana Alliance Steering Committee; Indiana Task Force on Disability and Health; and the Adult Guardianship Task Force. This quarter, IPAS has additionally begun to participate in the Elder Justice Convening. Participation in the Indiana Criminal Justice Institute's (ICJI) STOP (Services, Training, Officers, Prosecutors) Implementation Planning Group concluded last quarter.

ADA Steering Committee: IPAS was represented at three of three meetings during the quarter. Throughout the quarter, the committee's focus included the ongoing ADA Audio Conference series sponsored by ADA Indiana and the Disability and Business Technical Assistance Center (DBTAC); the Legal Issues Webinar Series; ADA Community grants that are available to entities wanting to promote accessibility in their communities; ongoing referrals; and technical assistance and information dissemination. New business included further discussion and planning for the July 24 training on Indiana building codes.

Back Home in Indiana Alliance Steering Committee: During the third quarter, IPAS was represented at the quarterly Back Home in Indiana Alliance Steering Committee meeting. Discussion included 2014-2016 Back Home in Indiana Alliance priorities; Aging in Place/Communities for a Lifetime; Indiana Housing and Community Development Authority and low income tax credits; home modification coalitions; visitability; and *Olmstead*. A presentation was also made by Tom Hedderich (Hallmark Home Mortgage) about reverse mortgages and possible benefits for individuals with disabilities who own their homes.

Indiana Task Force on Disability and Health: See "MULTIPLE PROGRAM PROJECTS" section on Indiana Task Force on Disability and Health.

Indiana Adult Guardianship Task Force: See "MULTIPLE PROGRAM PROJECTS" section on Indiana Adult Guardianship Task Force.

ICJI STOP Implementation Planning Group: Participation concluded in FY 2014 Q2.

Elder Justice Convening: See "MULTIPLE PROGRAM PROJECTS" section on Elder Justice Convening.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

During the third quarter, IPAS responded to 155 PAIR information and referral inquiries.

PAIR Report End

**Client Assistance Program CAP
Cathy Wingard, Program Coordinator**

I. STATISTICS

Informational Inquiries	32
Cases Carried over from Previous Quarter	13
New Cases Opened	4
Total Clients Served	17
Total Number of Individuals Served	49
Cases Closed at End of Quarter	8
Cases on Hand at End of Quarter	9

II. REPRESENTATIVE CASE

“Marcus” contacted IPAS because Indiana Vocational Rehabilitation Services (VRS) was not providing the services as had been agreed upon in Marcus’s Individualized Plan for Employment (IPE). The Client Assistant Program (CAP) advocate’s fact-finding revealed that Marcus was trying to start a small business (a garden shop). VRS had approved Marcus’s Small Business Enterprise business plan per VRS policy and procedure, but the VRS Counselor had failed to develop his employment plan in a timely manner. The business plan and a proposed employment plan amendment (which should include the services that are to be provided to meet the establishment and initial start-up costs of the business) are to be submitted together for review and approval according to policy. Once his business plan was approved, Marcus understood from his counselor that VRS would reimburse him for purchases he had made for the business. However, when Marcus asked VRS for reimbursement, they refused and told Marcus that they had not authorized for the purchases nor were they contained in his IPE. IPAS assisted in reestablishing communication that had broken down between VRS and Marcus, gathered supporting business expenditure documentation for VRS, mediated reimbursement amounts and advocated for Marcus to have a thorough written employment plan in order for him to achieve his dream of being a small business owner.

III. LEGAL

Judicial Review Petition: IPAS is representing a client in the judicial review of Vocational Rehabilitation Services (VRS) denial of replacement hearing aids. The Administrative Law Judge (ALJ) determined that the client did not qualify for replacement hearing aids because the client did not have a substantially revised prescription, the client continues to have the same job duties, and is not being threatened with job loss. The client’s initial judicial review petition resulted in the case being remanded to VRS, and subsequently VRS again denied the client’s requested services. A second judicial review petition was filed and is now pending, and the record from the second administrative denial has been filed with the Court. After consultation with the client and another IPAS client that has a pending judicial review petition for denial of post-secondary educational assistance, IPAS counsel initiated a collaborative effort with the Indiana Civil Liberties Union (ICLU). IPAS and ICLU counsel agreed that the best way to address the issue of the lack of promulgation of the PPM was to file a class action to ask that the VRS PPM be declared void under ARPA. The parties have agreed to a settlement agreement where the client gets specific relief and now has received hearing aids. VRS is working on promulgating the rules and has set up several workgroups to go over specific language. They are including IPAS employees in several of these workgroups.

**Client Assistance Program CAP
Cathy Wingard, Program Coordinator**

Judicial Review Petition: IPAS is representing a client in his appeal of the denial of educational financial assistance by Vocational Rehabilitation Services (VRS). VRS adopted a new process and calculation for determining the upper limit of financial assistance/need for post-secondary educational expenses in late 2011 without issuance of a new or amended policy or procedure. The primary argument in the case is that the Policy and Procedure Manual (PPM) used by VRS meets the Indiana common law definition of a “rule”; is subject to the “Administrative Rules and Procedures Act” (ARPA) and its rule promulgation provisions; that the PPM has not been promulgated; and therefore, under ARPA, the PPM is void. Based on the settlement reached in October 2013, through which IPAS’s client was reimbursed for his educational expenses as provided for in his Individual Plan for Employment, FSSA/VRS has now determined that it will promulgate its entire Policy and Procedure Manual (PPM) as a whole, rather than in parts over an extended period of time. Towards that end, VRS convened work groups to review, amend, and compile the PPM to be promulgated. VRS has stated that it is approaching the end of the compilation process and is assembling the revised PPM to be proposed for adoption under ARPA. Ken Falk, Legal Director of the Indiana Civil Liberties Union and Counsel for the class members, has stated that FSSA/VRS has targeted October 2014 to have the PPM ready for filing of notice to rule make, which is the first step in the promulgation process. The case will remain open based on the fact that IPAS’s client’s case is one of the named causes in the class action. IPAS will close the case upon the resolution of the class action claim through completion of promulgation of the PPM.

Administrative Hearing: IPAS has agreed to represent the client in the case described immediately above in a separate appeal on the same issue involving denial of educational assistance (tuition and books) for the fall 2013 semester. FSSA/VRS declined to settle the individual reimbursement issue along the same lines as was done in the above case and is not admitting in the class action that it is legally required to promulgate its Policy and Procedure Manual (PPM). The administrative hearing for this case is now indefinitely continued pending the resolution of the class action in which the promulgation of VRS’s PPM continues as an unresolved issue. IPAS cannot begin separate litigation using the “Administrative Rules and Procedures” promulgation argument while the promulgation issue remains open and formally unresolved in the class action.

IV. PRIORITIES AND OBJECTIVES

Priority 1: Assure that eligible individuals receive appropriate Vocational Rehabilitation Services (VRS) and services through Centers for Independent Living (CIL)

Objectives:

101 Review complaints on behalf of individuals seeking employment services regarding VRS or CIL eligibility determination.

There were three active investigations of alleged rights violations being conducted by advocates at the beginning of this quarter. These complaints were responded to and each is now closed. This brings the total number of complaints received and reviewed to eight this fiscal year. Currently there are no active cases under this objective.

During the third quarter, “Karl” called IPAS. Karl was a 19-year-old individual diagnosed with a mental illness. He had never worked before and wanted a job so he applied to Vocational Rehabilitation Services (VRS) for assistance with finding employment. VRS decided that Karl was

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not eligible for services because his disability was too severe for him to benefit from employment. Karl asked IPAS for assistance to appeal the VRS decision. IPAS's fact-finding revealed that VRS had not completed a Trial Work Experience (TWE) to allow Karl to demonstrate his ability to work. A TWE is a tool available to VR Counselors that allows them to explore the individual's abilities, capabilities, and capacity to perform work in realistic work situations in order to determine whether or not there is clear and convincing evidence to support the counselor's severity determination. IPAS successfully negotiated for VRS to reopen Karl's case and to obtain the TWE that would enable VRS to better understand Karl's skills and abilities.

In the other cases worked this quarter, IPAS was able to provide the caller with information about appeal rights related to VRS closing her case and in another case IPAS encouraged VRS to obtain an up-to-date assessment of an individual's abilities resulting in the determination that the client was eligible for services from VRS.

Priority 2: Assure that Vocational Rehabilitation Services (VRS) and Centers for Independent Living (CIL) applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS and independent living processes.

Objectives:

201 Review complaints regarding failure of VRS and CIL in providing choice to individuals seeking services under these programs.

IPAS received a total of four complaints from individuals alleging that VRS failed to provide "informed choice" during the employment seeking process. Advocates successfully assisted four other individuals and closed those cases. There have been no reports received from applicants or clients of the Centers for Independent Living. CAP advocates have opened a total of 22 cases under this objective this year.

"Kyle" contacted IPAS because he was not able to communicate effectively with his VRS Counselor, which he believed, was preventing him from reaching his employment goal. Fact-finding revealed that Kyle's disabilities resulted in significant problems with reading. Kyle's VR Counselor communicated primarily through written texts due to his own disability. IPAS successfully negotiated for the provision of multiple services to address Kyle's other barriers to employment. These included tutoring services, taking tests with accommodations and accessing mental health counseling services near his home. However, even after amending Kyle's employment plan to include these services, Kyle and the VR Counselor continued to have communication difficulties. IPAS then successfully advocated for VRS to transfer Kyle's case to a different VRS Counselor. As the result of IPAS's interventions, Kyle is receiving the VRS supports that he needs so he can obtain his employment goal.

Other fact finding outcomes under this objective this quarter included a determination that VRS had appropriately closed the client's case after he was successfully employed per his agreed-upon plan for services and an explanation to a client about what VRS services are available, how the VRS process works, and the right to appeal any decision made or action taken by the VRS Counselor.

202 Review the quality and completeness of Individual Plan for Employment documents developed by VRS as they relate to the individual's identified vocational services and supports as well as choice(s).

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During this quarter, IPAS advocates reviewed four employment plans to ensure that they reflected the individuals' choices in terms of employment outcome, services to be provided, and service providers.

203 Review the quality and completeness of Plan of Services documents developed by the CILs as they relate to the individual's identified services and supports as well as choice(s).

As IPAS did not receive any calls from individuals who receive services from the Centers on Independent Living this quarter, there was no review of service plans. However, IPAS has continued to provide CAP information and brochures to Independent Living Centers and to the Indiana Council on Independent Living (ICOIL) during the monthly council meetings in order to generate service requests.

Priority 3: Assure that VRS continues to provide services as mandated per the Federal Rehabilitation Act of 1973, as amended.

Objectives:

302 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices to assure compliance with the Rehabilitation Act of 1973, as amended.

During this quarter, the Indiana Commission on Rehabilitation Services met in May. The policy oversight committee, which IPAS chairs, met ahead of the regular meeting and reviewed four hearing decisions. Two VRS decisions were affirmed and two were not affirmed. The findings were found to be based on applicable policy and the federal regulations. The hearing officer found in two cases that "training" was vocationally relevant and necessary, that VR was not responsible to provide a consumer with a personal computer for job search purposes, and that hearing aids can be purchased by VRS under certain circumstances. Several committee and Commission members voiced concerns to VRS management about the upcoming changes that VRS will be making to the appeal process. VR is phasing out the use of independent hearing officers (IHOs) that are currently conducting hearings. VRS will replace the IHOs with State employees (attorneys) from the Office of Hearing and Appeals through FSSA.

Committee members also asked that VRS keep the Commission informed as to the policy amendment proposals from the five policy work groups that are working currently on revision recommendations. Several IPAS staff provided input as members of several of the work groups this quarter in preparation for policy promulgation. The existing written policies on small business enterprise, post-secondary education, hearing aid provision, and vehicle and home modifications were reviewed and reworked. While the final policy drafts were provided to the VRS Commission Policy Oversight Committee to review, a very short comment time frame was provided. Public hearings will be the next opportunity for comment prior to promulgation. VRS management reported that they are on target to meet an October 1, 2014, deadline to have revisions ready for promulgation to begin.

During this quarter, IPAS also attended the three scheduled monthly meetings of the Council on Independent Living. IPAS also attended an emergency meeting held on May 29 to address the Council's concerns that the Indiana Bureau of Rehabilitation Services (BRS) ended its contracts with the ICOIL's Executive Director and Brilljent. Brilljent is the company that assisted ICOIL with the development of its goals and objectives for the State Plan for Independent Living (SPIL). IPAS and

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the Council provided input on the SPIL, which has now been approved by the Federal Rehabilitation Services Administration (RSA). ICOIL has begun working on SPIL goals/objectives, although this has been delayed by the changes in the ICOIL administration/staff. IPAS voiced its concerns to BRS that ICOIL would not be in compliance with federal requirements and laws if the contracts are not renegotiated and filled.

303 Provide education and training about employment, disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.

During the 3rd quarter there were no education/training events conducted under this objective, but there were four public information activities provided, reaching approximately 241 individuals. There were also a total of 37 agency wide education/training and public information activities introducing IPAS services including CAP to approximately 1,407 individuals.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals regarding VRS or CIL.

IPAS intake advocates responded to 32 individuals in need of information/referral or technical assistance. Four new cases were opened this quarter to review specific complaints, and a total of 49 individuals were served under this objective.

402 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

See "MULTIPLE PROGRAM PROJECTS" section on Transition Materials.

CAP Report End

**Protection and Advocacy for Assistive Technology
PAAT, Keith Butler, Program Coordinator**

I. STATISTIC

Informational Inquiries	7
Cases Carried over from Previous Quarter	5
New Cases Opened	0
Total Clients Served	5
Total Number of Individuals Served	12
Cases Closed at End of Quarter	5
Cases on Hand at End of Quarter	0

II. REPRESENTATIVE CASE

“Mike’s” guardian contacted IPAS because his wheelchair was old and did not properly fit him. Mike is 39-years-old and resides at a long-term care facility. He has multiple disabilities, including mobility impairment. An Occupational Therapist recommended that he obtain a new wheelchair to alleviate pressure points and other issues/problems caused by the old wheelchair. Medicaid approved payment of most of the wheelchair, but some parts were determined to be the responsibility of the long-term care facility under its per diem. IPAS made formal written requests that the facility pay for the additional specialized items for the wheelchair. The facility agreed to pay for these items so that Mike could receive an appropriately-fitting new wheelchair.

III. LEGAL

Administrative Hearing: An IPAS client was in need of a power wheelchair. He applied to Medicaid for prior authorization. The request was rejected as not being medically necessary. Two separate experts, a physiatrist and an Occupational Therapist concluded for medical reasons that a power wheelchair was a medically reasonable and necessary service. Our client’s respiratory function was compromised by using a manual wheelchair. The power wheelchair can prevent pressure sores, is good for his back and decreases risk of deep vein thrombosis and edema. IPAS agreed to represent the client in an administrative hearing.

A hearing was held on December 19, 2013. The decision sustained the state’s decision to deny a request for prior authorization of a power wheelchair and accessories. The decision rests on two conclusions, both of which IPAS believes are inaccurate. The paragraph explaining the denial states: “In order for any prior authorization request to be approved, consideration must be given to whether the item is medically reasonable and necessary for the treatment of an illness or injury or to improve the functioning of the body member. The evidence supports that the non-standard equipment is more to allow the appellant to position so that he would tilt to the left and to avoid potential medical conditions. State regulations do not allow for Prior authorization of DME for the prevention of a condition, but the improvement of the condition. It further does not allow for positioning of an individual.”

IPAS disagrees with this decision because there is no state regulation that states the Durable Medical Equipment (DME) cannot be used to prevent a condition. Second, there is no evidence in the record, including the two evaluations provided by the Appellant and the two reviews submitted by the state, that state the primary purpose of the chair is so that our client would tilt to the left. Even if that were true, there is no regulation that states the Medicaid funding of wheelchairs does not allow for the positioning of an individual.

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PAAT, Keith Butler, Program Coordinator**

The client was undecided about whether to pursue an appeal or pay for a power wheelchair on his own. IPAS advised the client that we believed he had an appealable issue but also advised him of the time frame to pursue a Judicial Review which would be a minimum of six months and that, if we received a favorable decision, the case would be remanded for another administrative hearing. He had not decided which course to take by the time the Administrative Review appeal was due. So, IPAS filed for Administrative Review on his behalf. Administrative Review essentially always results in a decision favorable to the state. The administrative appeal was denied and the client ultimately decided to purchase the wheelchair rather than continue with a Judicial Review.

IV. PRIORITIES AND OBJECTIVES

Priority 1: Increase independence and participation in communities by assuring access to assistive technology services and devices.

Objectives:

101 Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications.

IPAS represented five individuals under this objective this quarter. All five cases closed during the quarter. In addition to the representative case and legal case described above, IPAS worked on the following cases:

- IPAS advocated for a long-term facility to provide a properly-fitting wheelchair to a client whose current chair was over 11 years old. Medicaid approved payment of most of the wheelchair and IPAS advocated for the facility to pay non-covered costs under its per diem. The wheelchair vendor decided to underwrite these costs so the client obtained a wheelchair that meets her needs.
- IPAS ensured that the Indiana Department of Corrections (IDOC) returned a client to the general population with a new cane for his mobility.
- IPAS determined that an IDOC offender had been provided with a wheelchair, thereby resolving his complaint.

Additionally, IPAS began a project to assess the accessibility of municipal swimming pools in Indiana. See "MULTIPLE PROGRAM PROJECTS" section on Municipal Swimming Pool Surveys.

102 Provide education and training about assistive technology, disability rights, self-advocacy skills and IPAS to individuals with disabilities, parents, guardians, families, advocates, and/or service program providers.

During the third quarter, the PAAT program coordinator spoke at the Indiana Assistive Technology Project's (INDATA) Assistive Technology 101 course with approximately 100 people in attendance and IPAS had another public information activity reaching approximately 200 individuals. There were 37 agency-wide education/training and public information activities (AW202) introducing IPAS services, including PAAT, to approximately 1,407 individuals.

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PAAT, Keith Butler, Program Coordinator**

103 Participate in one assistive technology conference.

IPAS attended the Indiana Assistive Technology Project's (INDATA) Assistive Technology 101 course which was an all day conference regarding AT.

Priority 2: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

201 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about assistive technology.

IPAS responded to seven requests for information and referral this quarter.

PAAT Report End

**Protection and Advocacy for Traumatic Brain Injury
PATBI, Cathy Wingard Program Coordinator**

I. STATISTICS

Informational Inquiries	17
Cases Carried over from Previous Quarter	1
New Cases Opened	1
Total Clients Served	2
Total Number of Individuals Served	19
Cases Closed at End of Quarter	0
Cases on Hand at End of Quarter	2

II. REPRESENTATIVE CASE

“Tim” is a person with a traumatic brain injury (TBI). Tim claims that he has suffered a rights violation as a result of his involuntary placement in a nursing home by the local Adult Protective Services (APS) Office. He was previously living in a home owned by his family. Recently, Tim claims that he had some difficulty sitting in a chair which resulted in what a family member assumed was a fall and he was transported to the hospital.

After two days in the hospital, a person from APS came to his room. She told him that he was homeless and he had to go to a nursing home. He disagreed. APS told him that if he didn't agree to go to the home, APS would take steps to permanently place him in a nursing home. He transferred to the nursing home after his hospitalization. Tim has been told by APS that he must remain in the home until he can prove that he is not a danger to fall ever again. Tim's family has sold the home where he was living and he believes that his rights have been violated. Tim has been assigned an advocate to review the decision by APS to have him placed at the home against his will. IPAS continues to review the facts of the case to determine if Tim can successfully and safely live in the community and if so, what services will be needed to make that happen.

II. LEGAL

There are no legal cases for this quarter.

IV. PRIORITIES AND OBJECTIVES

Priority 1: To reduce or eliminate abuse and neglect of individuals with traumatic brain injury.

Objectives:

101 Review five allegations of abuse and neglect on behalf of individuals with traumatic brain injuries to ensure that the allegation is reported to the responsible entities and advocate that necessary actions are taken to protect the health, safety and welfare of the individual.

The target number of cases is five. There have been no cases opened or closed in this objective this fiscal year. The objective has not been met.

**Protection and Advocacy for Traumatic Brain Injury
PATBI, Cathy Wingard Program Coordinator**

Priority 2: Assure access to services for individuals that have traumatic brain injury.

Objectives:

201 Review allegations of discrimination on behalf of three individuals with traumatic brain injury who have been denied services under the ADA Title II and III, or Fair Housing Act and take appropriate action.

The review of two allegations from last quarter continued into this quarter. Advocates are currently completing fact finding with regard to reports of ADA violations. IPAS has exceeded the goal of reviewing three reports of discrimination over the course of the first three quarters.

203 Review complaints on behalf of five individuals with traumatic brain injury seeking employment services from Indiana Vocational Rehabilitation Services.

There were no complaints received by IPAS under this objective and therefore this objective has not been met. Concerted efforts at outreach will continue into the next quarter in hopes of reaching this goal by the end of the fourth quarter.

204 Review allegations that the school is not providing appropriate educational services on behalf of three students with traumatic brain injury.

IPAS did not receive any calls alleging that students were not receiving appropriate educational services this quarter. However, in previous quarters IPAS reviewed three students' education services to assure they were receiving a Free Appropriate Public Education. This objective has been met for the year.

Priority 3: Increase awareness about IPAS' services and disability rights for individuals with traumatic brain injuries, their families and service providers.

Objectives:

301 Provide education and training about disability rights, self-advocacy skills and IPAS to individuals with Traumatic brain injury, parents, guardians, advocates, and/or service program providers.

During the third quarter, there was one education/training event and three public information activities under this objective, reaching approximately 225 individuals. A total of 37 agency-wide education/training and public information activities were conducted which introduced IPAS services, including PATBI, to approximately 1,407 individuals.

302 Assist the Brain Injury Association of Indiana (BIAI) in planning and sponsoring of the Annual BIAI Conference.

The Indiana Brain Injury Association (BIAI) President has been in communication with the PATBI program coordinator with regard to the upcoming annual conference. The conference this year will be held September 12-13 and will offer one day of resource facilitation training for Vocational Rehabilitation (VR) Counselors and the next day will be informational with vendors and conference

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PATBI, Cathy Wingard Program Coordinator**

presenters. IPAS has committed to assisting with a portion of the cost of the conference and intends to be represented at the conference in the vendor area. IPAS awaits the conference announcement and registration.

303 Participate on selected committees, groups or task forces that have systemic implications concerning policies and practices affecting the disability rights issues of individuals with traumatic brain injuries.

The BIAI President attended the May VR Commission meeting at IPAS's invitation to discuss the Association's priorities and goals, including the resource facilitation services for individuals with traumatic brain injury who are attempting to enter or return to employment.

IPAS has also been notified this quarter that the Indiana Department of Correction (IDOC) has been awarded a four-year grant from Health Resources and Services Administration (HRSA) to assist inmates with TBI as they transition back into their community and employment. IPAS continues as a member on the Leadership Board that will now assist IDOC in the implementation of this latest HRSA grant.

Priority 4: Provide timely and accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

401 Respond to requests for information and referral and technical assistance to individuals with traumatic brain injury, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of these rights.

Seventeen informational inquiries were received this quarter by IPAS. Two individuals were assigned advocates to investigate complaints involving ADA/fair housing discrimination.

PATBI Report End

**Protection and Advocacy for Voting Access
PAVA, Keith Butler, Program Coordinator**

I. STATISTICS

Informational Inquiries	7
Cases Carried over from Previous Quarter	0
New Cases Opened	1
Total Clients Served	1
Total Number of Individuals Served	8
Cases Closed at End of Quarter	1
Cases on Hand at End of Quarter	0

II. REPRESENTATIVE CASE

IPAS opened and closed one case under this objective during the quarter as a result of a complaint filed following the May primary. The case involved a client who encountered several access issues during the May primaries. The client had a previous case with IPAS involving a Help America Vote Act (“HAVA”) complaint through which it appeared that his access issues had been resolved. Unfortunately, access problems still existed in the latest election. While several of the compliance issues actionable under the Americans with Disabilities Act (“ADA”) were still present, it was determined that there was no viable issue under HAVA. HAVA is limited to only issues involving the electronic voting machine, and the precinct’s voting machine was present and available. Additionally, HAVA does not create any private right of action that can be pursued through court. The client and IPAS decided that it was strategically better to pursue this case under ADA. Therefore, an ADA complaint is being pursued through a case opened under the PAIR program.

III. LEGAL

There are no legal cases for this quarter.

IV. PRIORITIES AND OBJECTIVES

Priority 1: To ensure full participation in the electoral process for Individuals with disabilities.

Objectives:

101 Develop and distribute information concerning voter registration, access to polling places and the right to cast a vote, including information regarding the state’s grievance procedure and the role of IPAS in representing individuals.

Materials continue to be ordered and revised as needed. A voting rights information postcard was developed and 5,000 postcards were mailed to a minority populated area of the state in the 3rd quarter. The cards were mailed to the Lake County area. It was mailed one week prior to the May primary election. The postcard informed people with disabilities of their right to accessible voting and informed them that IPAS was available if they were denied accessible voting and wanted to file a complaint.

**Protection and Advocacy for Voting Access
PAVA, Keith Butler, Program Coordinator**

Priority 2: To provide education, training and assistance to individuals with disabilities that will promote their participation in the electoral process.

Objectives:

201 Respond to education, training and assistance requests to individuals with disabilities that will promote their participation in the electoral process.

During the 3rd quarter, there were seven education/training events under this project reaching 263 individuals. IPAS attended a total of 37 agency wide education/training and public information activities (AW 202), through which it introduced IPAS' services including PAVA to approximately 1,407 individuals. A total of 1,285 voting related publications were distributed to the public at events and activities during this quarter. A total of 5,485 IPAS publications were distributed to the community at events and other activities during this quarter.

Priority 3: Participate in advocacy and education efforts revolving around HAVA implementation efforts in their State or Territory.

Objectives:

301 Respond to request for information or training material regarding Help America Vote Act.

During the 3rd quarter, a total of 1,285 pieces of IPAS created HAVA informational materials were distributed by IPAS employees under all objectives. The materials distributed included:

349 Voting Guides
508 PAVA Brochures
428 Voting Information Bookmarks

Priority 4: Training and education of election officials, and poll workers, about best practices in working with individuals with disabilities.

Objectives:

401 Respond to request by election officials, poll workers, and election volunteers regarding the rights of voters with disabilities and best practices in working with individuals with disabilities.

There was no activity under this objective during the 3rd quarter.

Priority 5: To assist individuals with disabilities in filing complaints required by HAVA and represent individuals with disabilities in any hearing that may be held regarding the complaint.

**Protection and Advocacy for Voting Access
PAVA, Keith Butler, Program Coordinator**

Objectives:

501 Respond to requests for information and referral and technical assistance to individuals with disabilities, their families, and professionals about the Help America Vote Act.

IPAS received and responded to seven requests for information and referrals related to voting this quarter.

502 Assist or represent individuals with disabilities in the grievance procedure set forth in the Indiana HAVA plan.

There was one case opened and closed under this objective during the quarter. This case is discussed in the "REPRESENTATIVE CASE" section above.

Priority 6: To provide assistance to State and other governmental entities regarding the physical accessibility of polling places.

Objectives:

601 Respond to requests from governmental entities regarding the physical accessibility of polling places.

There was no activity to report under this objective during the 3rd quarter.

Priority 7: To obtain training and technical assistance on voting issues, including education regarding accessible voting equipment and systems.

Objectives:

701 As needed provide in-service training to IPAS staff regarding voting issues, including education regarding accessible voting equipment and systems.

Materials continue to be developed and made available to IPAS staff to assist in the activities performed under this objective.

PAVA Report End

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

I. STATISTICS

Informational Inquiries	17
Cases Carried over from Previous Quarter	3
New Cases Opened	4
Total Clients Served	7
Total Number of Individuals Served	24
Cases Closed at End of Quarter	5
Cases on Hand at End of Quarter	2

II. REPRESENTATIVE CASE

“Walter” is an individual with a physical impairment. He depends on a power wheelchair for mobility. Indiana Vocational Rehabilitation Services (VRS) assisted Walter in obtaining his current job as a customer services representative. After being employed for a period of time, he asked VRS to provide several types of assistive technology (AT) that he needed at his workplace in order to perform the functions of his job. He also informed VRS that his current van modifications and his wheelchair were in a state of disrepair which was causing him to miss work. Walter contacted Indiana Protection and Advocacy Services (IPAS) for assistance with an appeal after VRS denied his requests for repairs to the van and wheelchair. IPAS’s fact-finding revealed that VRS’s policies and procedures did allow VRS to provide Walter with the repairs and workplace accommodations he requested. IPAS argued that these were essential for Walter to maintain his employment. IPAS assisted in the development and implementation of an appropriate Individualized Employment Plan (IPE) that contained all necessary services so that Walter could maintain his employment. IPAS monitored the delivery of services in the plan and negotiated with VRS in the interim for cab transportation for Walter so that he could get to and from work. Due to IPAS’s advocacy, VRS has provided Walter with the necessary workplace accommodations/modifications, transportation and assistive technology which ensures his ability to remain independent and to continue to work in his community.

III. LEGAL

There are no legal projects for this quarter.

IV. PRIORITIES AND OBJECTIVES

Priority 1: Provide assistance to Social Security beneficiaries to secure or restore employment and support services from employment networks.

Objectives:

101 Review complaints of improper or inadequate services provided to a beneficiary by a service provider, employer or other entity involved in the beneficiary’s return to work effort.

During the third quarter, IPAS reviewed three new complaints received from Social Security beneficiaries about employment services that they were or were not receiving from employment networks, including VRS. Fourteen reports of this nature have been received by IPAS intake advocates since the beginning of the fiscal year. As demonstrated in the representative case above,

Protection and Advocacy for Beneficiaries of Social Security PABSS, Program Cathy Wingard, Coordinator

IPAS has been very successful in negotiating with service providers, specifically VRS, which in turn avoids a lengthy appeal processes. Due to IPAS involvement, VRS also reversed a decision to close a client's case and determined that she was eligible for job placement services after further review of the assessments, another client learned about the VR process and her rights if she moved to a different service area, and yet another individual learned about his rights and responsibilities during a VRS trial work assessment.

Priority 2: Provide information and referral to Social Security beneficiaries about work incentives and employment.

Objectives:

201 Respond to requests for information and referral and technical assistance to Social Security beneficiaries about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment.

There have been four new cases open this quarter and case-based advocacy services are currently being provided to seven individuals. IPAS intake advocates also responded to 17 requests for information and technical assistance about employment and work incentives.

202 Develop and disseminate transition materials to all transition aged students, aged 14 years through 22 years, in three Indiana school districts.

See "MULTIPLE PROGRAM PROJECTS" section on Transition Materials.

203 Conduct other outreach activities.

See "MULTIPLE PROGRAM PROJECTS" section on Sheltered Workshops Monitoring Activities.

Priority 3: Representative Payee Monitoring

Objectives:

301 Conduct financial review and interviews of SSDI and/or SSI beneficiaries whose benefits are being managed by a Representative Payee for the purpose of ensuring that their living conditions are safe (when the Representative Payee is also providing housing) and that their needs are being met.

The Social Security Administration (SSA) contracted with NDRN and IPAS to conduct five Representative (Rep) Payee surveys during this quarter and the next. Two surveys were completed and reports submitted and approved by NDRN this quarter, one survey was cancelled by SSA, and two others are scheduled during the fourth quarter. NDRN has indicated that SSA may assign IPAS another review due to the one cancellation. The reviews continue to generate additional referrals to IPAS and other entities as problems not related to the Rep Payee services are identified by either the payee or the beneficiary.

PABSS end

Multiple Program Projects

Administrative Rule Comment: (PADD/PAIMI/PAIR/PATBI) In April, IPAS submitted concerns and comments relative to the Indiana Commission on Seclusion and Restraint in Schools' proposed rules. Generally, IPAS raised questions regarding consistency and ambiguity in the use of terms and definitions.

IPAS also pointed out ambiguity regarding issues of notification and training requirements. In the area of training IPAS recommended it not be provided by "any person who is trained." Rather, each school/LEA should have a team in place that has been trained to train others so that the information does not become watered down. IPAS also requested that there be more detail on the minimum number of staff or type of staff that must be trained, the minimum number of hours required for training and the frequency of subsequent refreshers or other trainings.

Contained within the proposed definition for physical restraint, IPAS expressed concerns that the terms "briefly" and "undue force" are ambiguous and should be better defined. IPAS expressed concern that schools would use this ambiguity to argue something was not a physical restraint when it actually was.

IPAS asked that regulations include language stating whether the rules apply to school-sanctioned after-hours or outside of school activities.

Furthermore, IPAS requested that there be a process for challenging the plan's content as well as a mechanism for consequences for schools who do not abide by their plan. A private cause of action would be preferable but at the very least, the school should be held accountable for what is in its plan and ensuring that its plan is being followed.

IPAS also suggested a process for both general education or special education students when a student is subjected to a certain number of restraints/seclusions during the course of a specific time frame, to have staff renew those instances to see if there is a better way to handle the child's behavior. For special education students, this could be similar to (or encompassed in) the Case Conference Committee (CCC). For general education students, IPAS suggested that a similar process be utilized.

IPAS is currently waiting on a response from the Indiana Commission on Seclusion and Restraint in Schools.

Elder Justice Convening: (PADD/PAIMI/PAIR) Indiana Association of Area Agencies on Aging and the Division of Aging invited representatives of many organizations serving the aged and disabled to meet. IPAS involvement and concern for this particular population is warranted by the prevalence of eligible clients as outlined in a report by the Centers for Disease Control and Prevention (CDC). In the CDC publication, the CDC cited an article published in the American Association of Geriatric Psychiatry (June 23, 2008), it is estimated that 20% of people age 55 years or older experience some type of mental health concern. The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder).

This quarter, IPAS was represented at The Elder Justice Convening with individuals representing various organizations devoted to the delivery of services to the elderly community and protecting their rights and safety. The conference was attended by representatives from state agencies (i.e., FSSA and the Division of Aging, APS, etc.), non-profit entities, and other private organizations. The group engaged in a discussion and dialogue about the problems facing those who deliver services to

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the elderly community and the problems related to protecting the rights of an increasingly aging population in Indiana. A main theme throughout the discussion was the need for better collaboration between state-run entities and other private organizations in order to deliver services more efficiently and with better quality. The group ended the session by agreeing to maintain contact and dialogue over email with a distribution list to be provided.

Indiana Adult Guardianship State Taskforce: (PADD/PAIMI/PAIR) IPAS attended the Indiana Adult Guardianship State Task Force quarterly meeting. Attendees were provided with updates regarding the pilot pro bono/volunteer guardianship program as well as the legislation relating to creation and maintenance of a guardianship registry. Also discussed were the upcoming year's action items based on the following recommendations: (1) Establishing as a department of the Indiana Supreme Court, Division of State Court Administration, a state supported and funded Office of Adult Guardianship; (2) establishing a state supported and funded system of community-based volunteer guardian services; (3) mandatory guardian education, certification and registry for all attorney/professional/ non-family member guardians; (4) creation of an adult guardianship registry to collect data and issue reports on all adult guardianship cases and guardians; (5) undertaking a review of the Indiana Probate Code regarding guardianship; and (6) establishing a referral resource center to assist families for substitute decision-making. IPAS contributed to these discussions and urged action to incorporate aspects of supported decision-making as well.

In addition, IPAS Legal Director met with staff from the Arc of Indiana regarding options for awareness and implementation of supported decision-making. Those conversations will be on-going as a strategy is developed.

Indiana Task Force on Disability and Health: (PADD/PAIMI/PAIR) During this quarter, the Task Force on Disability and Health met three times, during which they heard from experts on data regarding health disparities of chronic illnesses. The members shared insight into the issues, needs and challenges associated with chronic illness among people with disabilities. The chronic illnesses that were discussed this quarter included diabetes, cardiovascular disease (CVD) and cancer. The team is considering recommendations for each specific health content area. At each meeting an expert in each health content area provides an overall picture of the burden of that health issue in Indiana, following which there is discussion regarding the concerns and issues from the perspective of people with disabilities. By the end of September, the task force will offer recommendations around priorities for further research and action.

Logansport State Hospital (LSH) Human Rights Committee Meeting: (PADD/PAIMI) IPAS attended each of the three Human Rights Committee meetings held at LSH during this quarter. IPAS staff participated in the standard reviews of the complaints and issues brought to the committee's attention. There were no specific topics or issues raised which needed further intervention from IPAS.

There were five contact intentional incidents, i.e., physical attacks/contact by staff or residents directed at other residents, occurring during this quarter with no patients being significantly injured. There was only one complaint resolution form filed for Larson 1 South, the DD/IID unit, and no calls to either the internal human rights phone line or the consumer service line were received. The facility recorded no rights violations on this unit during the quarter, although there was one allegation of sexual abuse. The allegation was investigated, but not substantiated. No ethical issues were brought to the committee for discussion during the quarter. During this quarter, conditional rights were reviewed

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with residents within each of the eight units. Patient responsibility and medical emergency procedures were also reviewed.

Mental Health America of Greater Indianapolis Adult Guardianship Committee (MHAGI): (PADD/PAIMI) IPAS attended the one meeting Mental Health America of Greater Indianapolis (MHAGI) Adult Guardianship Services (AGS) held during this quarter. The census of the MHAGI AGS is currently 37 wards. The committee lost two volunteers and is currently seeking more volunteers.

During this quarter's meeting, there was discussion regarding one ward who was recently found to have carbon monoxide poisoning, though the gas company could find no source of carbon monoxide in the ward's home. Discussion included possibly finding another placement for the ward.

Also discussed were the availability of newer nursing homes and the potential of moving wards to other facilities. The committee felt all provider changes should be made on a case by case basis, giving consideration of the quality of care the ward receives at his or her current placement.

The committee reviewed the Indiana State Department of Health document Indiana Physician Orders for Scope of Treatment (POST) form. Several nursing homes have requested this form be completed for MHAGI's wards. Committee consensus was that the form would be a useful tool for those wards requiring a detailed description of care besides DNR, as it included very specific interventions, such as CPR, level of medication intervention, use of antibiotics, and artificially administered nutrition. The decision was made that MHAGI will continue to make case by case decisions of care directives and the use of this form.

MHAGI AGS program has and will continue to work with the Adult Guardianship Coalition to persuade Indianapolis area hospitals to provide sustainable funding for the purpose of securing guardianships over the numerous incapacitated individuals receiving care at their facilities. The Center for At Risk Elders (CARE) is providing training for volunteers interested in being guardians. MHAGI has accepted a third year medical student as a volunteer to work with MHAGI's medically frail wards.

Municipal Swimming Pool Surveys: (PAIR/PAAT) IPAS advocates are in the process of surveying pools in several cities throughout Indiana. The surveys will be completed by the end of July. After the surveys are completed, IPAS legal will make determinations regarding whether each city's swimming pools are accessible pursuant to Title II of the Americans with Disabilities Act. If IPAS determines that a city's pools are inaccessible, IPAS will begin discussions with that city regarding making the pools accessible and leaving open the possibility for litigation, if necessary.

Additionally, IPAS legal staff met with representatives for the City of Indianapolis to discuss the project and its intended outcomes. The meeting resulted in a greater collaborative relationship between IPAS and the City of Indianapolis and will assist IPAS legal in future discussions regarding the outcome from this project.

Sheltered Workshops Monitoring Activities: (PADD/PABSS) IPAS has undertaken the task of assuring that employees working in the state's sheltered workshops (facility-based work centers) have access to assistive technology and reasonable accommodations; that they are provided a safe environment to work in; that they have choice in the work that they perform, and that they have opportunity to move in to community-based employment. The primary areas of focus are: the

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facility's program goals, employees' access to Vocational Rehabilitation Services (VRS); employees' access to reasonable accommodations (RA); employees' access to Assistive Technology (AT); and employees' choice in work assignments. Secondary areas of focus are: facility policies on client rights and facility grievance policies regarding pay (hourly vs. piece rate).

During this quarter, IPAS surveyed three additional sheltered workshop programs. They were Goodwill Industries of Central Indiana, Gibson County Area Rehabilitation Center (GCARC) and Posey County Rehabilitation Services (PCRS). These surveys involved approximately 3,165 employees, of which 2,205 were people with disabilities. As of the third quarter, IPAS has surveyed ten centers, and will survey an additional five centers in the next quarter to complete the annual goal. Three additional centers and two schools have been contacted to schedule survey visits in the next quarter. Individuals with disabilities who are working in this type of setting are receiving information about their rights, about IPAS services, and referrals to other services.

Findings from the three surveys conducted this quarter included a discovery that Goodwill Industries in Indiana no longer utilizes its' Department of Labor 14(c) certificate. As of December 2013, Goodwill discontinued all sub-minimum wages and allowed its 14(c) certificate to expire. Goodwill reported that all employees are paid at least minimum wages for all jobs performed for the employer. Goodwill no longer houses a sheltered workshop. All clients are provided with options for employment in the community and many are involved in this program.

IPAS discovered that not all of the facilities had specific policies in place to address consumers' needs for workplace accommodations or assistive technology. All three facilities have policies to address safe work environments and ensure that clients receive training on safe ways to perform their jobs. Clients are provided gloves and other equipment by their employers. Clients are offered choices in the work they perform and their schedules. Some clients work in community-based employment and have opportunities for promotion. Many of the clients know about VR, although VR centers are often not involved after clients are employed past the dates identified on the individualized plan of employment. All three agencies have a handbook that describes client rights, grievances, pay, safety, drug screening, dress code and code of conduct. Clients generally report that they like their jobs and their employers.

During this quarter IPAS communicated completed survey findings to Indiana Vocation Rehabilitation (VR) and to the Indiana Association of Rehabilitation Facilities (INARF) and discussed areas of accomplishment and concerns. When asked about VR's involvement at each program, many consumers expressed a good working relationship with their local VR. On average and not unexpected, wages earned at the workshops were very low. A large proportion of workers that were interviewed expressed an interest in working in the community. IPAS referred these individuals to VR. The number of individuals that "graduated" to community jobs over the last year was very small.

Transition Materials: (CAP/PABSS) IPAS advocates have attended, distributed transition materials, and informed individuals with disabilities about IPAS services at four transition events this quarter. These counties/districts include Jackson, Monroe/Owen, Floyd, and Mooresville. Three school corporations, Plainfield Community Schools, Johnson County Community Schools, and Vigo County have agreed to disseminate the IPAS Transition Guides to over 500 students this quarter. Due to a database malfunction, it is impossible this quarter to know the exact number of transitions publications that were distributed to the transition-aged youths. This objective has been met.

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**TASC/NDRN
Commonly Used Acronyms**

ACF -	Administration for Children and Families
AC -	Advisory Council
ADA-	Americans with Disabilities Act
ADD -	Administration on Development Disabilities
ATC -	Assistive Technology Center
ATTAC -	Advocacy Training and Technical Assistance Center
CMHS -	Center for Mental Health Services
CAP -	Client Assistance Program
CCD -	Consortium of Citizens with Disabilities
CMS -	Center for Medicare and Medicaid Services (formerly HCFA)
DAD -	Disability Advocacy Database
DDARS	Division of Aging and Rehabilitation Services
DD -	Developmental Disabilities
DD Act -	Developmental Disabilities Assistance and Bill of Rights Act
DDC -	Developmental Disabilities Council
DSA -	Designated State Agency
EEOC	Equal Employment Opportunity Commission
HAVA-	Help America Vote Act
HCFA -	Health Care Financing Administration
HRSA -	Health Resources and Services Administration
IDEA -	Individual with Disabilities Education Act
ILCs -	Independent Living Centers
LD -	Learning Disability
MI -	Mental Illness
MR -	Mental Retardation
MTARS -	Monitoring and Technical Assistance Review System
NAPAS -	National Association of Protection & Advocacy Systems (Now NDRN)
NDRN-	National Disabilities Rights Network
NIDRR -	National Institute on Disability Rehabilitation Research
OMB -	Office of Management & Budget
OSERS -	Office of Special Education Rehabilitation Services
P&A -	Protection & Advocacy System
PAAT -	Protection & Advocacy for Obtaining Assistive Technology
PABSS -	Protection & Advocacy for Beneficiaries of Social Security
PADD -	Protection & Advocacy for Persons with Developmental Disabilities
PAIMI -	Protection & Advocacy for Individuals with Mental Illness
PAIR -	Protection & Advocacy for Individual Rights
PATBI -	Protection & Advocacy for Persons with Traumatic Brain Injury
PPR -	Program Performance Report
PR -	Public Relations
SAMHSA-	Substance Abuse and Mental Health Services Administration
SOP -	Statement of Objectives & Priorities
SSA -	Social Security Administration
RSA -	Rehabilitation Services Administration
Rehab Act -	Rehabilitation Act
TASC -	Training and Advocacy Support Center
TASR -	Technical Assistance Site Review (CMHS)
TBI -	Traumatic Brain Injury
Tech Act -	Technology-Related Assistance for Individuals with Disabilities Act
UAP -	University Affiliated Program
UCDD -	University Centers for Excellence in Development Disabilities Education, Research and Service

The Following are more Acronyms Commonly used at IPAS:

ACLU	American Civil Liberties Union
APS	Adult Protective Services
ARC	State and local organizations for developmental disability advocacy
ARTICLE 7	Special Education Regulations (INDIANA)
DCS	Department of Child Services
DDRS	Division of Disability and Rehabilitative Services
DMHA	Division of Mental Health and Addictions
DOC	Indiana Department of Corrections
DOE	Department of Education
EEOC	Equal Employment Opportunity Commission
IDEA	Individuals with Disabilities Education Act (Federal)
ICF	Intermediate Care Facility
ICLU	Indiana Civil Liberties Union
IPE	Individual plan for employment
Institute,	The Indiana Institute on Disability and Community
IPIN	Indiana Parent Information Network based in Indianapolis
IN*SOURE	Indiana's Parent Training Information Project based in South Bend
IPE	Individual Plan for Employment a VR term
OCR	Office of Civil Rights
QRMP	Qualified Mental Retardation Person
QRMP-D	Qualified Mental Retardation Person-Designee (Unique to Indiana, RULE 7)
RULE 7	Part of Nursing Home Regulations (Indian) concerning the facility's requirements for programming for MR residents used in QMRP-D Training
USDOE	United States Department of Education
VR / Voc Rehab	Vocational Rehabilitation Services
504	Section 504 of the Rehabilitation Act of 1973-504

State Hospitals (SOFs):

LCH	Larue Carter Hospital
LSH	Logansport State Hospital
EPCC	Evansville Psychiatric Children's Center
ESH	Evansville State Hospital
MSH	Madison State Hospital
RSH	Richmond State Hospital