

Alabama Disabilities Advocacy Program

January 2010

First Anniversary of ADAP in South Alabama

By Dave Slawkowski, Staff Attorney



February 11 will mark the first anniversary of ADAP establishing an office in Mobile. Although its staff had served clients in the southern counties of Alabama for many years, the decision was made that in view of the size of the population in Mobile, Baldwin, and other south Alabama counties, a physical ADAP presence could provide more extensive as well as more efficient services. 2010 shows every sign of being a busy year for ADAP in Mobile. The planned sale of Bryce Hospital and possible relocation and re-sizing of Searcy Hospital in Mt. Vernon are expected to lead to an increased need for advocacy services as individuals served in those institutions face a transition to new living arrangements. Also, steps are being taken to monitor conditions at the Strickland Youth Center, in addition to providing ongoing assistance to clients seeking individual assistance in the areas of disability rights encompassed within ADAP's various missions.

Is Everyone an Advocate?

By Ellen B. Gillespie, Ph.D., Executive Director

Over the years, I have heard almost everyone who works with people with disabilities in any capacity say that they are "advocates". Often that is true, but, unfortunately, sometimes people lose sight of the purpose of advocacy. I see people advocating for the growth of their own agencies, even for benefits for themselves, sometimes making the needs and desires of their customers a lower priority. Because I attend so many meetings, I like to listen to how many times references are made to money, and how few times discussion focuses on the needs of people. We all know that money is (Advocate, continued on page 3)

Bryce Hospital to be Relocated

By Patrick Hackney, Senior Staff Attorney



On December 30, 2009, Governor Bob Riley announced that the University of Alabama will purchase the property where Bryce Hospital currently sits. Under the terms of the sale, the University will pay roughly \$50 million for the property and \$10 million for environmental clean-up and historical preservation. A state bond will fund the remaining \$22 million of the purchase price. A portion of the funds paid by the University will be used to renovate and preserve the main, domed building on the Bryce Campus. The sale does not include the Harper Geriatric Center and Bryce cemetery.

Although no formal plans have been announced regarding the building of a new mental health facility, officials have indicated a smaller facility will be built adjacent to Partlow Developmental Center in Tuscaloosa. Based on this indication, the City of Tuscaloosa dropped a lawsuit to prevent the sale.

To accommodate a smaller facility, Kathy Sawyer, former Commissioner of the Department of Mental Health and consultant hired by Governor Riley to facilitate the sale, proposes following the State Mental Health (Bryce, continued on page 2)

Who's new at ADAP



Katie Gramling

Katie Gramling graduated from the University of North Carolina-Chapel Hill with a Bachelor of Arts degree in Psychology. After working for almost two years at a non-profit organization as an in-home family counselor for children with behavior problems, Katie started

law school at Wake Forest University School of Law. While in law school Katie served as a staff member on the Intellectual Property Law Journal and as a GAL volunteer. Katie graduated in May 2009 with a J.D. and began working at ADAP as a law fellow in September 2009.



Katara Hundley

Katara V. Hundley is originally from Waynesboro, MS. She completed undergraduate studies at Jackson State University with a Bachelor of Social Work. Katara decided to pursue graduate education at the University of Alabama because she wanted a change in environment and to

enhance her scope of knowledge of social work.

She is currently enrolled in the Master of Social Work 2 year program at the School of Social Work. Katara chose the 2 year program because she wanted to become adjusted to new surroundings, to give her time to decide which area of social work she wishes to practice, and to develop the necessary skills to be a successful advocate.

Katara is delighted to be placed at Alabama Disabilities Advocacy Program as it is enhancing prior skills obtained and providing an opportunity to expand her depth of knowledge about persons with disabilities.



Tracey Barnett

Tracey Barnett, an ADAP intern for the spring semester of 2010 is a graduate student at the University of Alabama pursuing a Masters of Social Work degree. She is originally from Ripley, MS.

Tracey decided to further her education and enroll in graduate school at the University of Alabama. She received a

graduate assistantship as the Assistant Community Director at the Riverside Residential Hall on campus.

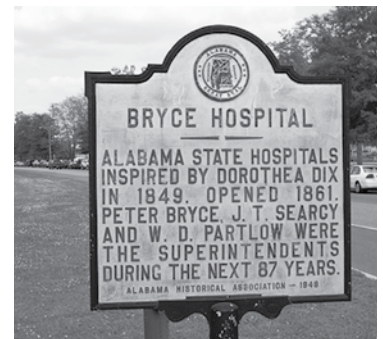
While interning at ADAP, Tracey hopes to gain knowledge on how to be an effective advocate. She looks forward to attending IEP meetings and advocating for children with disabilities in order for them to receive the best free and appropriate education attainable. Tracey is excited about participating in research topics relating to the frequency of "misdiagnosis", and the number of discharged psychiatric patients who are re-admitted within a specified time after discharge from a hospital.

(BRYCE, continued from page 1)

Reconfiguration Plan, reducing the number of acute and extended care beds. Persons, instead, will receive services in their own communities. According to Sawyer, a portion of the sale proceeds, \$10.6 million, should be used to develop community services for persons transitioning from Bryce. Sawyer's entire report can be viewed online: http://www.mh.alabama.gov/Downloads/COPI/Bryce_Hospital_Project_Interim_Report_and_Recommendations.pdf.

The sale of Bryce Hospital will benefit consumers of mental health services. With a new, smaller Bryce, persons are more likely to receive needed services in their own communities. Funds to expand community services will also become immediately available.

Ten years ago, hundreds of persons successfully transitioned from institutions to community placements during the implementation of the Wyatt settlement agreement. ADAP is confident that a similar successful transition will occur for those leaving Bryce. ADAP remains committed to advocating for the right of persons with disability to reside in integrated, community settings and will work to ensure everyone leaving Bryce receives appropriate services.



(Advocate, continued from page 1)

needed to provide services, but money is a means, and too little time is spent talking about the end we are trying to help Alabamians with disabilities achieve.

In recent months, many of the advocates in Alabama have taken sides on big issues, like whether people should live in the community or in an institution. I see advocacy for retaining institutional jobs in the public sector. I see advocacy for continuing segregated employment at sub-minimum wage. I see advocacy for more group homes rather than individualized support's, and for segregated schools.

I see hesitancy on the part of advocates to change existing agencies with the times, even to embrace practices that have been prevalent for 20 years or more in this field. I see advocates feuding with other advocacy groups to make sure their particular organization or disability group gets more than others. I see some advocates who do not want ADAP to monitor or investigate their agencies, even when abuse or neglect is alleged.



I think that real advocacy is tireless defense of the rights of people with disabilities. Sometimes advocacy means saying the unpopular thing, even engaging in vigorous debate. At ADAP, we try to work out situations in a conciliatory way first. We can help many more people if we can resolve things quickly and informally. When that strategy does not work, we have many choices about how to proceed, and we will exercise those options.

We know that advocacy is seldom about defending the status quo. It is not advocating for employees, agencies, or buildings. It is not even advocating for what we each think is best personally, but working hard for what the person with a disability needs and wants.

Advocacy is complicated, and sometimes people believe that we are pushing too hard. It is good to keep in mind that advocacy is the sole purpose of ADAP. We have broad access under federal law, and we are funded by a variety of agencies who

want us to provide the strongest advocacy possible for people in Alabama. We believe that challenge is a huge responsibility, but also a wonderful privilege, and one we embrace every day in our work.

Grants from New Freedom (Accessible Vans in Mobile)

By Angie Allen, Case Advocate



Yellow Taxi in Mobile has received a grant from federal funds, known as New Freedom grants, which will help it operate its four accessible vans in the city and county. The grant money will allow fares to be subsidized for people with disabilities, seniors and individuals with low income. A person's fare would only be half of the metered rate. The grant will pay the other half.

The grants were awarded by the Federal Transit Administration to provide taxi companies the incentive to run accessible cab services. Other cities that were awarded grants include Pensacola, FL.; Mobile, AL.; Houston, TX; Coos Bay, OR. and New Haven, CT.

From a previous New Freedom grant, Yellow Taxi added four wheelchair accessible Dodge Caravan's to its fleet in early 2009 with the addition of this new grant funding, the operations of those four vans will be more secure.

A man in a white lab coat is looking down at a folder he is holding. The background is a blurred office setting.

Getting your Child to the Doctor

Alabama Medicaid's Non-Emergency Transportation (NET) Program

By Nancy Anderson, Senior Staff Attorney

Question: “My child is covered by Medicaid. I often miss well-child checkups and specialist appointments, and struggle to get him to the doctor when he’s been sick -- all because I don’t have transportation to get him there. What can I do?”

Answer: Use Alabama Medicaid’s Non-Emergency Transportation (NET) Program. The NET program is set up to help pay for rides to and from a doctor’s office, clinic, or other place for medical care that can be planned ahead of time. This ride can be in a car, bus, or van and can be given by a friend, neighbor, or family member. You and your child can also get a ride on a city bus or from a group in your town or area.

Who can get a ride?

For Medicaid to pay for a ride, your child must be covered by Medicaid for the visit he is going to make and should be approved for the ride ahead of time.

Will Medicaid pay transportation costs for me to go with my child to the doctor?

Medicaid pays for an escort to accompany a child for medical treatment or to accompany an adult who is unable to travel alone for medical treatment because of a physical or mental disability.

How does the program work?

For Medicaid to pay for a ride for your child, you will need to call Medicaid’s toll-free number at 1-800-362-1504.

When you call, the operator will ask you for some information to make sure your child is covered by Medicaid and also about your need for a ride. This information will be used to decide if Medicaid can pay for your ride. The NET hotline is open from 8:00 a.m. to 4:00 p.m., Monday through Friday, except on state holidays.

You must first try to get a ride on your own. If you are approved for a ride, you will be told about people or groups in your areas who can help you get a ride for little or no cost.

If the people or groups in your community who usually give you a ride cannot, then call the toll-free hotline to speak to an operator. The operator will try to help you.

What if I have an emergency?

If you have an emergency, call 911 (or the emergency number in your town) to reach an ambulance or paramedics to help you. Medicaid covers ambulance rides when there is an emergency, such as when someone stops breathing or has been badly hurt.

What do I do if I have a medical problem that can't wait?

A medical problem that must be treated right away, but does not cause your child's life to be in danger is called an "urgent" medical problem. Broken arms, a bad cut, a bad earache, or mild chest pains are examples of "urgent" problems.

If you have to pay someone to take you and your child to the emergency room or doctor's office after hours because of an "urgent" problem, you need to call Medicaid's toll-free hotline as soon as possible after the visit to apply for payment. Medicaid pays for the ride to the emergency room only if the visit is for an "urgent" medical problem. Medicaid does not pay for a ride to the emergency room for a problem that can wait until the doctor's office or clinic is open.

How much will Medicaid pay for a ride?

Medicaid pays what is reasonable and necessary to make sure your child gets the medical care he needs. If you have questions about this, ask your operator when you call the toll-free number.

What do I do if I have to pay for a ride to see the doctor on the weekend?

Call the toll-free number the next working day after the ride. Tell the operator where you went for care and why you need help in paying for your ride. Depending on what happened, you might be able to get payment for a ride you had to pay for.

How many rides will Medicaid pay for?

Medicaid pays for rides only to a doctor or clinic for medical care or treatment that is covered by Medicaid.

How will Medicaid pay for my ride?

If your ride is approved, Medicaid sends you a voucher you can use like a check. Once the doctor or clinic staff signs the voucher, you can cash it and use the money to pay for your ride. If you want, you can give the signed voucher to the person who gave you the ride. Once it has been signed, the voucher can be cashed by anyone at a bank or other place that cashes checks.

For more information about the NET program, you can also contact the NET Program Coordinator who serves your county:

- Chambers, Clay, Coosa, Lee, Macon, Randolph, Russell, Tallapoosa, Talladega
(334) 502-5468
- Jefferson (Except UAB Dialysis and UAB Obstetric Complications Clinic)
(205) 414-9413
- Cullman, Fayette, Jackson, Madison, Marshall, Morgan, Walker
(256) 584-4109
- Barbour, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston, Pike
(334) 702-3102
- Colbert, Franklin, Lamar, Lauderdale, Lawrence, Limestone, Marion, Winston
(256) 740-6109
- Blount, Calhoun, Cherokee, Cleburne, DeKalb, Etowah, Shelby, St. Clair, UAB Dialysis, UAB Obstetric Complications Clinic
(256) 549-7702
- Baldwin, Clarke, Conecuh, Escambia, Mobile, Washington
(251) 472-4370
- Autauga, Bullock, Elmore, Montgomery
(334) 242-3871
- Bibb, Butler, Chilton, Choctaw, Dallas, Lowndes, Marengo, Monroe, Perry, Wilcox
(334) 418-6610
- Greene, Hale, Pickens, Sumter, Tuscaloosa
(205) 391-6771



Asking for Modifications in Housing

By Angie Allen, Case Advocate

Housing, whether it's an apartment or a rental home, private, or publicly owned property the home may need a little modification in order for a person with a mobility impairment or other medical condition to enjoy and use the space as anyone else would. Very often there are steps to the main entrance or both entrances of the home, the bathroom doorway may be narrower than other doorways in the home, there may not be any grab bars in the bathroom and the closet doors are sometimes narrower than other doorways and kitchen cupboards and counters may need to be lowered. So how does a person with a disability request modifications to the apartment or rental home?

First, the person with the disability, whose name is on the lease, has to meet the definition of a person with a disability as defined by the Fair Housing Act, which is the federal law that pertains to most housing. This law defines an individual with a disability as a person who:

1. has a physical or mental impairment that substantially limits one or more major life activities;
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself, (but these conditions are not all inclusive).

Disability Rights in Private and Public Housing

Regardless of whether you live in private or public housing, Federal laws provide the following rights to persons with disabilities:

Prohibits discrimination against persons with disabilities.

It is unlawful for a housing provider to refuse to rent or sell to a person simply because of a disability. A housing provider may not impose different application or qualification criteria, rental fees or sales prices, and rental or sales terms or conditions than those required of or provided to persons who are not disabled.

Example: A housing provider may not refuse to rent to an otherwise qualified individ-

ual with a mental disability because s/he is uncomfortable with the individual's disability. Such an act would violate the Fair Housing Act because it denies a person housing solely on the basis of their disability.

Requires housing providers to make reasonable accommodations for persons with disabilities

A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. A housing provider should do everything s/he can to assist, but s/he is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or to prevent eviction.

Example: A housing provider would make a reasonable accommodation for a tenant with mobility impairment by fulfilling the tenant's request for a reserved parking space in front of the entrance to their unit, even though all parking is unreserved.

Requires housing providers to allow persons with disabilities to make reasonable modifications

A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities.

Examples of a reasonable modification would include allowing a person with a disability to: install a ramp into a building, lower the entry threshold of a unit, or install grab bars in a bathroom.

Reasonable modifications are usually made at the resident's expense. However, there are resources available for helping fund building modifications. Additionally, if you live in Federally assisted housing the housing provider may be required to pay for the modification if it does not

amount to an undue financial and administrative burden. *This information is from the U.S. Department of Housing and Urban Development's website <http://www.hud.gov/offices/fheo/disabilities/inhousing.cfm>

Writing the letter

When you request permission from your housing manager or owner about making a reasonable modification, such as installing a ramp to your apartment door, you may have to provide proof that you are a qualified individual with a disability which means providing written medical information from your doctor who treats your disabling condition. The doctor does not have to go into detail about your disability.

Once you have the letter from your doctor the next letter you write will be to your housing manager or owner asking them to allow you to make the modification. The housing manager or owner's response to this request may involve some negotiation about who will do the work and whether or not you will be required

to return the apartment or home back to its original condition when you leave.

Tracking your progress

Be sure to keep copies of all your letters and documentation you send because then you will know when you sent the letter or request, and can provide another copy if the housing manager or owner says they lost your request.

Hopefully with a properly documented request, you should be able to make the needed modifications. Keep in mind that this same process can be used to request accommodations such as accessible parking or alterations in services, policies, rules, or practices such as a no pet policy for a service animal.

Contact ADAP for more information about accommodations and modifications to housing at www.adap.net or call toll free 1-800-826-1675.



Miss Indian Alabama 2010

The Senior Case Advocate, Brenda McComb, attended the Miss Indian Alabama 2010 Competition to honor the Native peoples of Alabama during the American Indian Heritage month and as a stepping stone to building a relationship between the Native peoples and ADAP.

November is designated as American Indian Heritage month. Throughout the nation Indian activities are held to commemorate the rich heritage of our Native peoples. In Alabama a series of events and activities have been held by the tribes and other Indian related organizations, such as the Trail of Tears motorcycle ride in northern Alabama, in support of Alabama's Indian heritage.

On November 13, 2009, the Alabama Indian Affairs Commission (www.aiac.alabama.gov) hosted the fourth annual Miss Indian Alabama Competition at the State Capitol. The Commission is the state government agency that is charged with representing the Indian people living in the state, as well as the nine state-recognized tribal governments. According to the U.S. Census of 2000, the American Indian population of the state is over 45,000.



The state of Alabama is the home of nine state-recognized tribes: Echota Cherokee, Cherokee Tribe, MaChis Lower Creek Indian Tribe, Star Clan of Muscogee Creeks, Cher-O-Creek Intratribal Indians, MOWA Band of Choctaw Indians, Piqua Shawnee Tribe, United Cherokee Ani-Yun-Wiya Nation and Poarch Band of Creek Indians.

There were five young Indian ladies who competed for the title of Miss Indian Alabama 2010. The winner is Miss Paige Dobson. She is an eighteen year old senior at Geraldine High School. She is a member of the United Cherokee Ani-Yun-Wiya Nation. Her parents are Sherman and Sara Dobson of Dawson, Alabama. Paige serves as the student representative for the DeKalb County Indian Education Parent Action committee. She also stays active in her tribal activities and community. Miss Indian Alabama serves as a Goodwill Ambassador for all Indian people throughout the state.

For further information on Miss Indian Alabama or for any information regarding the American Indian population of Alabama or the state recognized tribes please call the Alabama Indian Affairs Commission at (334) 242-2831, Fax (334) 240-3408 or email us at aiac@att.net.

The 2010 Census: Make Sure You Are Counted!

By Brenda McComb, Senior Case Advocate



The 2010 Census is coming, and it will help determine the level of funds our community gets. The Census form has ten questions and will take about ten minutes to fill out. Your answers are 100% confidential. We are counting on YOU to fill out your census form so you can be counted and Alabama will receive its' fair share of money from the Federal Government to improve lives of persons with dis-

abilities. The Census Bureau does not share their personal information (not even your age) with the police, child support enforcement, landlords or housing authorities, telemarketers, or any other government agency, such as I.C.E. or the IRS. If you have questions or concerns about filling out your Census form, please contact ADAP at 1-800-866-1675 or go to the Census website: www.2010census.gov

An overview of the 2010 Census timeline:

- Febuary - March 2010: Mail-out/Mail-back phase
- April 2010: Calling on college dorms; military barracks; prisons
- May - July 2010: Follow-up phase – (door to door visits to persons who did not mail in their Census form(s))
- December 31, 2010: First population numbers reported