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Advocacy and Disability Groups in Nebraska

Attention Deficit Disorder
To identify an ADD group in your state or locality, contact either:

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 150
Landover, MD 20785
(301) 306-7070
(800) 233-4050 (Voice mail to request information packet)
www.chadd.org

Attention Deficit Disorder Association (ADDA)
P.O. Box 543
Pottstown, PA 19464
(484) 945-2101
www.add.org

Autism
Cynthia Archwamety, President
Autism Society of Nebraska
1407 E. 33rd Drive
Kearny, NE 68847
(402) 484-8003
arcobuffalocounty@frontiernet.net
Web: www.autismnebraska.org

Families for Effective Autism Treatment of Nebraska, Inc.
7545 Stevens Ridge Road
Lincoln, NE 68516
(402) 486-1198
www.featofnebraska.com

Blind/Visual Impairments
Mary Ann Siller
American Foundation for the Blind
11030 Ables Lane
Dallas, TX 75229
(469) 522-1803
Email: siller@afb.net
Web: www.afb.org

Cerebral Palsy
Carol Hahn, Executive Director
UCP of Nebraska
10730 Pacific Street, Suite 43
Omaha, NE 68114
(402) 502-3572; (800) 729-2556
carolhahn@ucpon.omhcoxmail.com
www.ucp.org

Epilepsy
Lynne Holmquist, Executive Director
Epilepsy Association of Nebraska, Inc.
510 S. 51st Avenue
Omaha, NE 68106
(402) 558-7383
lynneholmquist@cox.net

Learning Disabilities
Stephanie Cain, President
Learning Disabilities Association of Nebraska
3135 N. 93rd Street
Omaha, NE 68134
(402) 348-1567
ldaofneb@yahoo.com
www.ldanebraska.org

Mental Health
Eve Bleyhl, Executive Director
NAMI-Nebraska
1941 S. 42nd Street, Suite 517
Omaha, NE 68105
(402) 345-8101; (877) 463-6264
ebleyhl@nami.org
www.nami.org/sites/ne
http://ne.nami.org/

Linda Liebendorfer, Executive Director
Nebraska Family Support Network
3568 Dodge Street, Suite #2
Omaha, NE 68131
(402) 345-0791, Ext. 204
(800) 245-6081
nfsn@nefamilysupport.org
Nebraska Federation of Families for Children’s Mental Health
Jonah M. Deppe, M.S, Executive Dir
1645 N Street Ste A.
Lincoln, NE 68508
(402) 441-4372
Fax: (402) 441-4335
Cell: (402) 630-6318

Cognitive and Related Developmental Disabilities
Deborah Weston, Executive Director
The Arc of Nebraska
1672 Van Dorn Street
Lincoln, NE 68502
(402) 475-4407
E-mail: arcneb@inebraska.com
Web: www.arc-nebraska.org

Speech and Hearing
Angie Carman, Executive Assistant
Nebraska Speech-Language-Hearing Association
455 S. 11th Street, Suite A
Lincoln, NE 68508-2105
(402) 476-9573
angie@ncsa.org
www.nslha.org

Spina Bifida
Spina Bifida Association of Nebraska
7101 Newport Avenue, Suite 206
Omaha, NE 68152-2153
(402) 572-3570

Parents to Parent Organizations

Parent Training and Information Center (PTI)
Glenda Davis, Executive Director
PTI Nebraska
3135 N. 93rd Street
Omaha, NE 68134
(402) 346-0525 (V/TTY)
(800) 284-8520 (V/TTY in NE only)
info@pti-nebraska.org
www.pti-nebraska.org

Parent-To-Parent
Peggy Vaughn, Executive Director
Parent to Parent Network
P.O. Box 1402
504 Prospect Avenue
Norfolk, NE 68702
(402) 379-2268
(877) 379-9926
pvaughn@conpoint.com
www.parent-parent.org

The Ollie Webb Center Pilot Parents
Jennifer Varner, Coordinator
1941 S. 42nd Street, Suite 122
Omaha, NE 68105
(402) 346-5220
jvarner@olliewebb.org
www.olliewebb.org

Parent Teacher Association (PTA)
Mamie Bryan, President
Nebraska Congress of Parents and Teachers
3534 S. 108th Street
Omaha, NE 68144
(402) 390-3339;
(800) 714-3374 (in NE)
ne_office@pta.org
www.nebraskapta.org

Other Disability Organizations

Easter Seals Nebraska
Karen C. Ginder, President/CEO
638 N. 109th Plaza
Omaha, NE 68154
(402) 345-2200; (800) 650-9880
kginder@ne.easterseals.com
http://ne.easterseals.com

Answers 4 Families
Charlotte Lewis, Director
121 S. 13th Street, Suite 302
Lincoln, NE 68588-0227
(402) 472-9815
(800) 746-8420
librarian@answers4families.org
www.answers4families.org
People First of Nebraska
Joe Govier
345 S. G Street
Broken Bow, NE 68822
(308) 872-6490
peoplefirstofnebr@lycos.com
www.peoplefirstofnebraska.org

Independent Living

Nebraska Statewide Independent Living Council
Kathy Hoell, Executive Director
215 Centennial Mall South, Suite 520
Lincoln, NE 68508
(402) 438-7979
NESILC@alltel.net
khoell@cox.net
http://www.nesilc.org/

CIL of Central Nebraska, Inc.
Sid Cook
3204 College Street
Grand Island, NE 68803
(308) 382-9255
TTY: (308) 382-9255
FAX: (308) 384-7832
E-mail: scook@cilne.org

CIL of Central Nebraska, Inc (Satellite)
Irene Britt and Shannon Peterson
P.O. Box 1026
North Platte, NE 69103
(308) 535-9930
TTY: (308) 535-9930
FAX: (308) 534-9754
E-mail: ibritt@kdsi.net or speterson@kdsi.net

League of Human Dignity

OMAHA
Omaha Center for Independent Living
5513 Center Street
Omaha, NE 68106
(402) 595-1256
Oinfo@leagueofhumandignity.com

SCOTTSBLUFF
Panhandle Medicaid Waiver Office
17 East 21 Street
Scottsbluff, NE 69361
(308) 632-0470
FAX: (308) 632-0472
Sinfo@leagueofhumandignity.com

Lincoln Center for Independent Living
1701 P Street
Lincoln, NE 68508
(402) 441-7871
FAX: (402) 441-7650
info@leagueofhumandignity.com
http://www.leagueofhumandignity.com/
Listen to talk radio, watch a sitcom, or just pay attention to your own conversations at home or work, and you’ll hear “retard,” “idiot,” “moron,” “imbecile,” “lame,” “crazy,” “schizo,” “spaz,” and more. The American public has decided that these—and many others—are great words to use as insults and slurs. They roll off the tongue so easily, while the brain gives little thought to what these words mean, where they came from, or what impact they have.

What these and other words have in common is they were, or are, medical diagnoses. And in our society, these particular diagnoses fall under the category of “disability.” But we don’t use other medical diagnoses as slurs or insults do we? I’ve never heard a child on a playground yell, “You’re such a diabetic—you can’t play with us!” No, retard is the insult of choice.

I’ve never heard a radio talk show host describe Congress as, “a bunch of sciatics.” No, “a bunch of idiots,” is a favorite descriptor. On a sitcom, I’ve never heard an actor recite, “That guy’s a cancer patient!” No, “That guy’s a moron,” will get a bigger laugh.

Decades ago, my friends and I hurled “spaz” down school hallways—it seemed such a juicy insult, even though we had no idea what it meant. Irony of ironies, my son has spastic diplegia cerebral palsy.

Upon his birth and my entrance into disability activism, I began caring deeply about language and its impact on people. I’ve worked hard to clean up my own vocabulary, and have tried to raise my children to be more aware of hurtful words. So when my then sixth-grade daughter used the word “lame” in describing what happened at school one day, a heart-to-heart was in order. When questioned, she revealed that in her circle of friends, lame meant dumb or stupid. We looked up the dictionary definition of this antiquated word, and I explained that some people would still use that word about her brother, since he uses a wheelchair. I then asked what she was saying about her brother, and others with physical disabilities, when she used lame to mean dumb or stupid? She got the message loud and clear, and that word—and others—were excised from her brain.

We need to think about why so many people use this category of words in a derogatory fashion. Could it be that in the hierarchy of insults, these words are at the top of the list; higher than “jerk,” “creep,” “stupid,” and even profanity?

When a child screams “retard” across the playground for all to hear, he’s chosen to use a word that will inflict the most emotional damage to another. In his mind, a “retard” is obviously the lowest of the low. And this example (as well as many others) should trouble us—deeply. For the use of these words as insults represents the extreme devaluation of people with disabilities—men, women, boys, and girls—who happen to have certain medical diagnoses. Does anyone consider how the use of these words hurts those who actually have the medical diagnoses represented by these slurs?

Collateral damage can be just as harmful as a direct hit. And when these verbal missiles are launched again and again—on the playground, at the workplace, in our own homes, and on radio and TV, the wound never has a chance to heal.

As a society, most of us—I hope—have evolved in our thinking. We
recognize the danger in using slurs related to ethnicity, religion, gender, or other characteristics, and we’ve taken those words out of our vocabularies. Isn’t it time to do the same with disability-related words?

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www.disabilityisnatural.com
Guidelines for Speaking and Writing about People with Disabilities

Positive language empowers. When writing or speaking about people with disabilities, it is important to reflect the individuality, equality or dignity of people with disabilities. When thinking about people with disabilities, think about people first.

Here is a set of guidelines to help you make better choices in terms of language and portrayal. These guidelines offer suggestions for appropriate ways to describe people with disabilities.

- **Focus on the individual, not on his or her disability**, which is only one facet of the person. In all cases try to keep the person's disability in proper perspective, without unduly magnifying its importance.

- **Put people first, not their disability.** When speaking or writing, say woman with arthritis, children who are deaf, people with disabilities. Crippled, deformed, suffers from, afflicted by, victim of the retarded, infirm, etc., are never acceptable.

- **Emphasize abilities, not limitations.** Consider uses a wheelchair or walks with crutches rather than confined to a wheelchair or crippled. Avoid use of inappropriate emotional descriptors such as unfortunate or pitiful.

- **Portray successful people with disabilities as successful people, not super humans.** Even though the public may admire super achievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve at this level.

- **Be accurate in describing disabilities.** For example, people who had polio and experience after-effects years later have a postpolio disability. They do not have a disease. Reference to disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson's disease, or multiple sclerosis. People with disabilities should not be referred to as "patients" or "cases" unless the relationship with their doctor is being discussed.

*Information was compiled by the Communications & Legislative Services Division from two sources: The President's Committee on Employment of People with Disabilities, and Guidelines to Reporting and Writing About People With Disabilities, produced by the Research & Training Center at the University of Kansas.*
Tips on Testifying at a Committee Hearing

http://www.unicam.state.ne.us/learning/testifying.htm

The Hearing Process

A committee may consider several bills during an afternoon. The committee chairperson determines the order in which bills will be heard, the rules for testifying and whether there will be a time limit on your testimony. The length of time spent on each bill varies and depends largely on the number of people testifying, the length of their testimony and the number of questions asked by committee members.

Usually, unless otherwise indicated, hearings begin at 1:30 p.m. Each bill is presented by the senator who sponsors it. After the sponsoring senator finishes his or her introduction, the committee chair typically will ask proponents of the bill to come forward individually and state their reasons for supporting the measure. Then, the chair will ask bill opponents to come forward and state their opinions. Often, committee chairpersons will allow individuals to testify in a neutral capacity.

If you want to testify before the committee, you will need to fill out the sign-in sheet at the witness table, orally identify yourself and spell your last name for the record, and state who, if anyone, you represent as you begin your testimony. It is important to remember that committee proceedings are transcribed verbatim.

Letters or written communications containing support, opposition or neutral testimony also are accepted by committees during a bill's public hearing. Persons wishing to send written information should address their correspondence to the office of the senator who chairs the committee, and ensure the information arrives before the hearing.

Citizen Testimony

As a concerned citizen, there are several ways in which you may communicate effectively with your senator in an attempt to suggest or influence legislation. One way is to testify at a legislative hearing.

At public hearings, citizens have an opportunity within the time available to make their views known or have them incorporated into the official committee record. In Nebraska, gubernatorial appointments and most bills, with the exception of a few technical bills, receive a public hearing by one of the Legislature's committees.

Generally, testimony on legislative bills is heard by one of the Legislature's 14 standing committees: Agriculture; Appropriations; Banking, Commerce and Insurance; Business and Labor; Education; General Affairs; Government, Military and Veterans' Affairs; Health and Human Services; Judiciary; Natural Resources; Revenue; Transportation; Urban Affairs and Nebraska Retirement Systems. Each of these committees has seven to nine members.
Public hearings on bills typically are held in the afternoons during the first half of the legislative session. Committees have assigned hearing rooms and meeting days, although they sometimes meet in a room other than that assigned to them, or at a time different than usual, in order to accommodate witnesses or large audiences.

The weekly schedule of committee hearings is prepared for publication on the last legislative day of the week during session. The schedule is available on a table in front of the Office of the Clerk of the Legislature and published in the Sunday Lincoln Journal Star, the Sunday Omaha World-Herald and the weekly Unicameral Update, the Legislature’s newsletter produced during the legislative session.

**Testimony Tips**

- Be aware that sometimes the sponsor of a bill will offer amendments when he or she presents the bill to the committee. These proposed amendments may change the way you feel about the bill and, thus, affect your testimony.

- Be prepared to limit your testimony and try not to repeat testimony offered by previous witnesses. Remember that while senators want to hear what you have to say, there are numerous witnesses who also want to be heard.

- Be prepared to answer questions asked by committee members.

- Most observers agree that, as a witness, you will be more effective in getting your message across if you have prepared your testimony in writing. If you do this, it is helpful to bring enough copies to distribute to all committee members, the two committee staff members, the media and the transcribers' office. Fifteen copies is usually enough to accomplish this. If written testimony is lengthy, it can be distributed and summarized orally to conserve the committee's time.

- Addressing committee members or witnesses from the audience, public demonstrations and applause are prohibited.

- You should not be offended if senators come and go during a hearing. They have other commitments, including the presentation of bills in other committees that are meeting simultaneously.

- If auxiliary aids or reasonable accommodations are needed for you to attend a hearing, please call the Office of the Clerk of the Legislature, (402) 471-2271, or if you are hearing or speech impaired, please call the Ombudsman's Office at (402) 471-2035 or 800-742-7690. Advance notice of seven days is needed when requesting an interpreter.
**General Terms**

**ASD Autism Spectrum Disorder:** a developmental disorder (DD) affecting communication, socialization, and sensory perception to varying degrees. The spectrum includes Asperger’s Disorder and Autism.

**ASL American Sign Language:** a complete language of signs using the movements of the hands, face, and body posture to communicate.

**Disability:** A functional limitation resulting from a condition. A disability may result in medical, social, or learning difficulties, which significantly interferes with an individual's growth or development.

**DSM-IV Diagnostic and Statistical Manual IV:** the most common diagnostic reference for mental health professionals in the United States.

**Job coach:** a person who is hired by the placement agency to provide specialized on-site training to assist the employee with a disability in learning and performing the job and adjusting to the work environment.

**Natural supports** are support from supervisors and co-workers, such as mentoring, friendships, socializing at breaks and/or after work, providing feedback on job performance, or learning a new skill together at the invitation of a supervisor or co-workers. These natural supports are particularly effective because they enhance the social integration between the employee with a disability and his/her co-workers and supervisor. In addition, natural supports may be more permanent, consistently and readily available, thereby facilitating long-term job-retention.

**PECS Picture Exchange Communication System:** a system using pictures as communication tools.

**Sheltered workshops:** job training and employment programs for people with disabilities authorized to pay such workers sub-minimum wages in substandard work environments sheltered workshops as segregated places of permanent employment for those regarded by society (if not by themselves and their protectors) as unemployable.

**Supported employment:** Supported employment facilitates competitive work in integrated work settings for individuals with the most severe disabilities (i.e. psychiatric, mental retardation, learning disabilities, traumatic brain injury) for whom competitive employment has not traditionally occurred, and who, because of the nature and severity of their disability, need ongoing support services in order to perform their job. Supported employment provides assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision.

**TBI Traumatic Brain Injury:** sudden physical damage to the brain, such as a: stroke, a tumor, or when the head is hit or shaken violently.

**Universal design:** the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.
Health Care Terms

**Access** – The ability to obtain desired healthcare. Access is more than having insurance coverage or the ability to pay for services. It is also determined by the availability, acceptability, cultural appropriateness, location, hours of operation, transportation and cost of services.

**Accreditation** – The process used to certify a health institution or facility.

**Actuary** - A person trained in the insurance field who determines policy rates, reserves and dividends, as well as conducts other statistical and financial studies.

**AC** - Acute Care: Short-term medical treatment, usually in a hospital, for patients having an acute illness or injury or recovering from surgery.

**Activities of daily living (ADLs):** The things we normally do in daily living including anything we do daily for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure.

**Administrative Services Organization (ASO) -** An arrangement with an insurance carrier or independent organization to manage claims, benefits and other administrative functions for a public or private sector client.

**Alternative Delivery Systems** - Forms of health care delivery other than traditional fee-for-service, private practice and inpatient hospitalization. The term may also include HMOs, PPOs, IPAs and other systems of providing healthcare.

**Allowable Costs** - Charges for services rendered or supplies furnished by a mental health professional that qualify as covered expenses.

**Ambulatory Care** - Health services that are provided on an outpatient basis.

**Assets – See Resources**

**Assisted Living (AL)** - A housing alternatives for older adults who may need help with dressing, bathing, eating, and toileting, but do not require the intensive medical and nursing care provided in nursing homes.

**Budget Neutrality** – States that apply for Medicaid waivers under sections 1115, 1915(b) and/or 1915(c), must demonstrate that the program does not exceed what the federal government would have spent without approving the waiver.

**Capitation Payment** – A payment made by a state Medicaid agency, usually made on a monthly basis at a fixed amount on behalf of each Medicaid beneficiary enrolled in the Managed Care Organization (MCO). The MCO agrees to provide (or arrange for) covered services.

**Carve-In** - Covering healthcare services in which mental health and/or substance abuse services under the same delivery system as physical healthcare.

**Carve-Out** – Covering specific kinds of health care, such as mental health or substance abuse separate from the general health program.

**Case Management** – Using an ongoing plan to coordinate healthcare using a case manager.
**Categorical Eligibility** – Certain people are eligible for Medicaid if they meet income and asset guidelines because they belong to certain groups or categories, such as children, the aged, of individuals with disabilities.

**Categorically Needy** - A term that describes the group of individuals that states are generally required to cover under Medicaid in order to receive Federal funds. This group includes people who receive assistance through Temporary Aid for Needy Families (TANF) and Supplemental Security Income (SSI), as well as other Federally assisted income maintenance payments.

**Children’s Health Insurance Program (CHIP)** – Enacted in the 1997 Balanced budget Act as title XXI of the Social Security Act, CHIP is a federal-state matching program of health care coverage for uninsured low-income children.

**Center for Medicare and Medicaid Services (CMS)** – The federal agency in the U.S. Department of Health and Human Services (HHS) responsible for the administration of Medicaid, Medicare, and CHIP (formerly the Health Care Financing Administration, HCFA. http://www.hcfa.gov).

**Clinical Criteria** - Criteria by which managed care organizations decide whether a specific treatment setting is the appropriate level of care for a given consumer.

**Closed Panel** - A managed healthcare arrangement in which covered persons are required to select providers only from the plan’s participating providers. Also called an Exclusive Provider Organization (EPO).

**Community Mental Health Center (CMHC)** - Community-based, mental healthcare centers that provide a variable range of services, including inpatient, outpatient, emergency, partial hospitalization, consultation, education, case management, drop-in centers and vocational rehabilitation programs.

**Continuum of Care** - The availability of a broad range of treatment services so that care can be flexible and customized to meet a consumer’s needs.

**Copayment** - A cost-sharing arrangement in which a consumer pays a specified charge for a specified service (e.g., $10 for an office visit). The consumer is usually responsible for payment at the time the service is rendered.

**Covered Expenses** - Hospital, medical and other healthcare expenses paid for under a health insurance policy.

**Deductible** - A specified amount of money a consumer must pay before insurance benefits begin. Usually expressed in terms of an annual amount.

**Dispensing or Prescribing Limits** - Restrictions on the number of prescriptions per month, or the amount of medication that may be prescribed in a given time frame (e.g., a 90-day limit at each pharmacy).

**Disproportionate Share Hospital (DSH) Payments** – Payments made by a state’s Medicaid program to hospitals that the state designates as serving a “disproportionate share” of low income or uninsured patients.

**Drug Formulary** - A listing of medications consumers may readily access through their health plans. Non-formulary medications may not be accessible or
may require prior authorization. Often, the medications on the formulary tend to be the cheapest, rather than the most effective.

**Drug Utilization Review (DUR)** - Efforts to control drug utilization and costs by a facility or a health plan. Common methods include the use of a formulary (see above), substitution of generic products for more expensive name brands and encouraging use of drugs that will trigger rebates or discounts.

**Dual Eligibles** – Individuals who are eligible both for Medicare and for full Medicaid coverage, including nursing home services and prescription drugs as well as payments of Medicare premiums, deductibles, and co-insurance. Some Medicare beneficiaries are eligible for Medicaid payments for some of all of the Medicare premiums, deductibles, and co-insurance requirements, but not for Medicaid nursing home or prescription drug benefits.

**Entitlement** – A program that creates a legal obligation on the federal government to any person, business, or unit of government that meets the criteria set in law. Federal spending on an entitlement program is controlled through the program’s eligibility criteria and benefit and payment rules, not by the appropriation of a specific level of funding in advance. Entitlement programs such as Medicare and Medicaid are also referred to (for federal budget purposes) as “direct” or “mandatory” spending. Medicaid is both an individual entitlement and an entitlement to the states that elect to participate.

**Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)** – Services for children up to age 21 which include periodic screenings to identify physical and mental conditions as well as vision, hearing, and dental problems. EPSDT services also include follow-up diagnostic and treatment services to correct conditions identified during a screening, without regard to whether the state Medicaid plan covers those services with respect to adult beneficiaries.

**Employee Assistance Program (EAP)** - Preventive employer-sponsored services designed to assist employees and their families in addressing both workplace and personal problems before they affect workforce productivity.

**Employee Retirement Income Security Act (ERISA)** - Enacted in 1974, this is a group of Federal statutes that, among other things, prohibits states from regulating the employee welfare benefit plans, including health plans, of self-insured businesses. (This also means they are exempt from state parity laws.) ERISA regulates reporting and disclosure, financial standards, claims review and enforcement. It also provides limited protection against discrimination to ERISA health plan participants.

**Fail-First Policies** – Requirement that as a prerequisite for authorization of a specific, often non-formulary medication, the patient fail on at least one other medication (often involves multiple tries). This policy causes problems unnecessarily for consumers by limiting their array of medication options, which causes unnecessary suffering, wastes money and increases the likelihood of relapse.

**Federal Medicaid Assistance Program (FMAP)** – The federal Medicaid matching rate – i.e., the share of the costs of Medicaid services or administration that the federal government bears.
Federally Qualified Health Center (FQHC) – FQHC services are primary care and other ambulatory care services provided by community health center and migrant health center funded under section 330 of the Public Health Service Act. FQHC status also applies to health programs operated by Indian tribes and tribal organizations or by urban Indian organizations.

Federal Poverty Level (FPL) – The federal government’s income standard for Medicaid eligibility for certain categories of beneficiaries.

Fee-For-Service – A traditional method of paying for medical services under which providers are paid for each office visit, treatment, procedure, or other service rendered.

Financial Eligibility – Limits on the amount of income and the amount of resources an individual is allowed to have in order to qualify for coverage.

Gag Clause – Part of a contract that says a provider can’t discuss treatment options with a consumer that are not covered by the health plan, even though they may be beneficial.

Gatekeeper – An arrangement in which a primary care provider determines when a consumer may have access to specialty care, such as to a mental health clinician or service.

Generic Substitution – The practice of substituting a cheaper, generic, medication for a brand-name medication.

Group or Network HMO – An HMO that contracts with one or more independent group practices to provide services to its members.

Health Insurance Flexibility and Accountability (HIFA) – A Medicaid and States Children’s Health Insurance Program (SCHIP) demonstration waiver that offers States greater flexibility in setting benefits and cost-sharing for some groups of Medicaid beneficiaries.

Health Maintenance Organization (HMO) – An organization that provides, offers or arranges for coverage of designated health services needed by members for a fixed, prepaid premium.

Home-and Community-Based Services (HCBS) Waiver – Also known as the “1915c waiver” after the enabling section in the Social Security Act, this waiver authorizes the Secretary of HHS to allow a state Medicaid program to offer special services to beneficiaries at risk of institutionalization in a nursing facility or facility for persons who have cognitive disabilities. These home and community-based services, which otherwise would not be covered with federal matching funds, include case management, homemaker/home health aide services, personal care services, adult day health services, habilitation services, and respite care. They also include, in the case of individuals with chronic mental illness, day treatment and partial hospitalization, psychosocial rehabilitation services, and clinic services.

Institution for Mental Diseases (IMD) – A facility of more than 16 beds in which at least 50 percent of the residents have a primary diagnosis of a mental illness. IMDs cannot receive Medicaid funds for services to persons ages 22-64.
Intermediate Care Facility for the Mentally Retarded (ICF/MR) – A public or private facility which provides health or rehabilitative services to individuals with cognitive disabilities or related conditions (e.g., cerebral palsy). State Medicaid programs may at their option cover services provided by ICFs/MR.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - A private, not-for-profit organization that evaluates and accredits hospitals and other healthcare organizations that provide mental healthcare, home care, ambulatory care and long-term care services.

Long-term Care – A range of healthcare services that are regularly used over a long period of time; sometimes over the course of a lifetime. Residence-based services, such as nursing home care, are one of the most common forms of long-term care and are what most individuals and policy makers have in mind when they speak of this type of care.

Managed Care - Controlling costs primarily through resource allocation, volume discounts and service utilization limitations.

Mandatory – State participation in the Medicaid program is voluntary. States which elect to participate must cover at least certain services to certain populations.

Means Testing – Checking eligibility for benefits income or resources. Means testing requires the disclosure of personal financial information by an applicant as a condition of eligibility. Medicaid and CHIP are means tested programs; Medicare is not.

Medicaid - A nationwide health insurance program, adopted in 1965, for eligible disabled and low-income persons. It is run by the Federal government and participating states. The program’s costs, paid for by general tax revenue, are shared by the Federal and state governments.

Medical Necessity - The determination that a specific health care service is medically appropriate; necessary to meet a consumer’s health needs; consistent with the diagnosis; the most cost-effective option; and consistent with clinical standards of care.

Medically Needy – A term used to describe a Medicaid eligibility group that is optional and is composed of individuals who qualify for coverage because of high medical expenses, commonly for hospital or nursing home care but have too much income. Instead, they qualify for coverage by “spending down” – i.e., reducing their income by their medical expenses. States that elect to cover the “medically needy” do not have to offer the same benefit package to them as they offer to the “categorically needy.”

Medicare - A nationwide, federally administered program that covers the costs of hospitalization, medical care and some related services for elderly and select other individuals. Medicare has two parts: Part A generally covers inpatient costs; and part B primarily covers outpatient costs. Pharmaceutical benefits are covered by part D.

Medicare Buy-in – The payment by the state of Medicare Part B premiums on behalf of low-income Medicare beneficiaries who qualify for full Medicaid.
coverage (dual eligibles) or just for assistance with Medicare premiums and cost sharing.

**Medicare+Choice** - An expansion of the traditional Medicare program that will augment the fee-for-service and HMO health plans currently available to participants to include a variety of new managed care and fee-for-service options.

**Medicare Supplement Policy (Medigap)** - A policy that pays coinsurance, deductibles and copayments for Medicare recipients. It also guarantees additional coverage for services up to a predefined benefit limit (the portion of the cost of services not covered by Medicare).

**Mental Health Statistics Improvement Program (MHSIP)** - A project funded and coordinated through the U.S. Center for Mental Health Services to implement uniform, integrated mental health data collection systems. One of the program’s accomplishments has been The MHSIP Consumer-Oriented Mental Health Report Card, which is a first of its kind consumer-oriented report card developed to assess the quality and cost of mental health and substance abuse services.

**National Committee on Quality Assurance (NCQA)** - A private, not-for-profit organization that assesses and accredits managed care organizations, including managed behavioral health organizations.

**Nursing Home (NH):** - A residential facility for persons with chronic illness or disability, particularly older people who have mobility and eating problems. Also called a convalescent home, long-term care facility.

**Ombudsman** - A person or program responsible for investigating and seeking to resolve consumer complaints. An ombudsman should also collect and analyze information that will enable health plans to correct systemic problems in collaboration with consumers, clinicians, purchasers and regulators.

**Open Enrollment Period** - A period during which consumers have an opportunity to select among health plans, usually without evidence of insurability or waiting periods.

**Optional** – Medicaid eligibility groups or service categories that states may cover if they choose and for which they may receive federal Medicaid matching payments at their regular matching rate, or FMAP.

**Out-of-Pocket Expenses** - Costs borne by the consumer that are not covered by a healthcare plan.

**Outpatient Prescription Drug Program** - A program that provides prescription drug services on an outpatient basis.

**Peer Review** - The evaluation of the quality of the services provided by a plan’s clinical staff by equivalently trained clinical personnel.

**Performance Measure** - An indicator to help determine the quality of services provided by the health plan, facility or clinician.
**Pharmaceutical Benefits Manager (PBM)** - An entity that is responsible for managing prescription benefits.

**Practice Guidelines** - Statements on medical practice that assist physicians and other professionals in developing treatment plans for specific conditions.

**Preferred Provider Organization (PPO)** - An organized network of healthcare providers, typically reimbursed on a discounted fee-for-service basis. Coverage may or may not be available outside of the network for a higher copayment.

**Premium** - Money paid in advance for insurance coverage.

**Prepayment** - A method of paying for the cost of health care services in advance of their use.

**Primary Care Case Manager (PCCM)** – PCCMs are physicians, physician groups, or entities having arrangements with physicians that contract with state Medicaid agencies to coordinate and monitor the use of covered primary care services by enrolled beneficiaries. State Medicaid contracts with PCCMs tend to be less comprehensive in their coverage of benefits and involve less financial risk than those with MCOs.

**Primary Care Provider (PCP)** - The PCP is usually a physician, selected by the consumer upon enrollment, who is trained in one of the primary care specialties and who coordinates the treatment of consumers under his/her care.

**Prior Authorization/Approval** - A cost-control procedure in which a payor requires a service to be approved for coverage in advance of delivery.

**Program for All-Inclusive Care for the Elderly (PACE)** - A federally initiated program for elderly persons that is funded with both Medicaid and Medicare dollars. The program attempts to integrate the services that are traditionally divided between these two programs and is designed to assist elderly individuals who may qualify for nursing home placement, but who live in the community.

**Qualified Medicare Beneficiary (QMB) Program** - A public program that pays the premiums, deductibles and coinsurance for individuals who are on Medicare and at or below the Federal poverty level.

**Quality Assurance** - A way to assess the quality of services provided. Quality assurance includes formal review of care, problem identification, corrective actions to remedy any deficiencies and evaluation of actions taken.

**Rebate** – As part of the Omnibus Reconciliation Act of 1990, Congress required that a pharmaceutical company would have to pay a rebate on its products to receive reimbursement by the Medicaid program.

**Reference-based formulary** – Identifies categories of drugs that are similar in effectiveness, but with a range of cost. The most cost-effective drug would become the reference drug and set the maximum price paid by the State for that category.

**Request For Proposals (RFP)** - A request for bids to provide specific services, such as mental health benefits, to a specific population. They are issued by both public and private payors.
Resources – Sometimes referred to as assets, resources are items of economic value that are not income. Resources include savings accounts and certificates of deposit, personal property such as an automobile (above a specified value), and real estate (other than an individual’s home).

Section 209(b) State – Amendments to the Social Security Act enacted in 1972 which created the Supplemental Security Income (SSI) program of cash assistance for low-income elderly and disabled individuals. Section 209(b) of those amendments allowed states the option of continuing to use their own eligibility criteria in determining Medicaid eligibility for the elderly and disabled rather than extending Medicaid coverage to all of those individuals who qualify for SSI benefits.

Section 1115 Waiver – Under section 1115 of the Social Security Act, the Secretary of Health and Human Services is authorized to waive compliance with many of the requirements of the Medicaid statute so states can demonstrate different approaches to “promoting the objectives of” the Medicaid program while continuing to receive federal Medicaid matching funds.

Section 1915(b) Waiver – Under section 1915(b) of the Social Security Act, the Secretary of HHS is authorized to waive compliance with the “freedom of choice” and “statewideness” requirements of federal Medicaid law in order to allow states to operate mandatory managed care programs in all or portions of the state while continuing to receive federal Medicaid matching funds. The waivers are granted (or renewed) for 2-year periods.

Section 1931 Parent Coverage – Under section 1931 of the Social Security Act, states can separate eligibility for Medicaid from eligibility for cash assistance in the case of parents with dependent children. Section 1931 gives a state the option of extending Medicaid coverage to parents with family incomes and resources higher than those that would allow the parents to qualify for cash assistance under the state’s TANF program.

Section 1932 State Plan Option – Under section 1932 of the Social Security Act, states may require Medicaid beneficiaries to enroll in managed care entities (MCEs) by submitting an approvable state plan amendment (SPA) to HCFA. Section 1932 SPAs need not be periodically renewed.

Senior Care Organization (SCO) - A Federal program designed to assist the dually eligible population by providing a wide range of medical and social services.

Specified Low-Income Medicare Beneficiary (SLMB) Program - A public program that pays a portion of Medicare premiums for those whose incomes are slightly above the Federal poverty level.

Spend-Down – In some eligibility categories – most notably the “medically needy” – individuals may qualify for Medicaid coverage even though their countable incomes are higher than the specified income standard by “spending down.” Under this process, the medical expenses that an individual incurs during a specified period are deducted from the individual’s income during that period. When the expenses the individual has paid for medical expenses have been subtracted from his or her income and the difference is at or below the state-
specified income standard, the individual qualifies for Medicaid benefits for the remainder of the period.

**Standard** – The dollar amount of income or resources that an individual is allowed to have and qualify for Medicaid. For example, states must cover all pregnant women with family incomes at or below 133 percent of the federal poverty level (FPL), or $19,458 ($1,622 per month) for a family of 3 in 2001. In determining whether a pregnant woman meets this income standard, a state must count her income; the methodology that the state applies will determine what types of income are counted and what income (if any) is disregarded.

**State Medicaid Plan** – Title XIX of the Social Security Act requires state to submit to the Secretary of Health and Human Services (HHS) for approval in order to receive Medicaid funding.

**State Plan Amendment (SPA)** – A state that wishes to change its Medicaid eligibility criteria or its covered benefits or its provider reimbursement rates must amend its state Medicaid plan to reflect the proposed change and submit it for approval.

**Statewideness** – The requirement that states electing to participate in Medicaid must include all eligible people in the state. This requirement may be waived with Section 1115 Waivers.

**Subacute Care:** A level of care used when a person doesn't need hospitalization (acute care). Subacute care is sometimes used for people for longer term than the usual length for hospitalization.

**Substance Abuse and Mental Health Services Administration (SAMHSA)** - Under the U.S. Department of Health and Human Services, SAMHSA is responsible for improving the quality and availability of prevention, treatment and rehabilitation services for substance abuse and mental illnesses.

**Supplemental Security Income (SSI)** - A national income maintenance program for older and certain other Americans that guarantees a minimum income to those with insufficient financial resources.

**Temporary Assistance for Needy Families (TANF)** – A block grant program set up in 1996 that makes federal matching funds available to states for cash and other assistance to low-income families with children. States are not required to extend Medicaid coverage to all families receiving TANF benefits, however, they do have to extend Medicaid to families with children who meet the eligibility criteria that states had in effect under earlier Aid to Dependent Children (AFDC) programs as of July 16, 1996.

**Texas Medication Algorithm Project (TMAP)** – A project designed to ensure that consumers have access to a range of new, atypical medications and helps to avoid restrictions on access to mental health treatment.

**Therapeutic Class Substitution** – A different medication from the same therapeutic class is substituted. Often a formulary will list one or two medications from each therapeutic class, rather than allowing access to a full array of medications.
**Tiered Co-payment Structure** – Different co-payments are set for brand and generic medications.

**Title XIX** – Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., is the federal statute that authorizes the Medicaid program. Related titles of the Social Security Act are Title IV-A (TANF), Title IV-E (Foster Care and Adoption Assistance), Title XVI (SSI), Title XVIII (Medicare), and Title XXI (CHIP).

**Transfer of Assets** – Refers to disposing countable resources, such as savings, stocks, bonds, and other real or personal property, for less than fair market value in order to qualify for Medicaid coverage. When such transfers occur, it is usually in connection with the anticipated or actual need for long-term nursing home care. Federal law limits (but does not entirely prohibit) such transfers as a means of qualifying for Medicaid coverage.

**Upper Payment Limit (UPL) Mechanism** – A financing mechanism under which state Medicaid programs generate additional federal matching payments by paying certain local public hospitals or public nursing facilities at rates substantially higher than the costs of providing care to Medicaid beneficiaries. Excess payments are transferred by the local public facilities back to the state Medicaid program or the state general treasury.

**Utilization** - The extent to which beneficiaries within a covered group use a program or obtain a particular service, or category of procedures, during a given period of time. Usually expressed as the number of services used per year or per 1,000 persons covered.

**Utilization Management** - The process of evaluating the medical necessity, appropriateness and efficiency of healthcare services against established guidelines and criteria.

**Utilization Review (UR)** - A formal review of healthcare services for appropriateness and medical necessity. UR may be conducted on a prospective, concurrent or retrospective basis.

**Waivers** – Various statutory authorities under which the Secretary of HHS may, upon the request of a state, allow the state to receive federal Medicaid matching funds for its expenditures even though it is no longer in compliance with certain requirements or limitations of the federal Medicaid statute. In the case of program waivers such as the 1915(c) waiver for home- and community-based services, states may receive federal matching funds for services for which federal matching funds are not otherwise available. In the case of demonstration waivers such as the section 1115 waivers, states may receive federal matching funds for covering certain categories of individuals for which federal matching funds are not otherwise available, and they may restrict the choice of providers that Medicaid beneficiaries would otherwise have.
Help America Vote Act Acronyms

Access Board - Architectural and Transportation Barrier Compliance Board
ANSI - American National Standards Institute
DOJ - Department of Justice
EAC - Election Assistance Commission
FEC - Federal Election Commission
FVAP - Federal Voting Assistance Program of the Department of Defense
GSA - General Services Administration
HAVA - Help America Vote Act of 2002
HHS - Department of Health and Human Services
IACREOT - International Association of County Recorders, Election Officials, and Treasurers
IEEE - Institute of Electrical and Electronic Engineers
NACO - National Association of Counties
NACRC - National Association of County Recorders, Election Administrators, and Clerks
NASED - National Association of State Election Directors
NASS - National Association of Secretaries of State
NCSL - National Conference of State Legislatures
NGA - National Governors Association
NIST - National Institute of Standards and Technology
NVRA - National Voter Registration Act of 1993
UOCAVA - Uniformed and Overseas Citizens Absentee Voting Act
USCCR - United States Commission on Civil Rights
USCM - United States Conference of Mayors

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Federal Election Commission
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Legislative Terms

http://www.unicam.state.ne.us/learning/glossary.htm

"A" Bill - see Appropriation Bill. A bill to set aside funds to finance another bill of the same number.

Act - the proper term for a bill after it is enacted into law. Also, a term used to refer to a group of laws addressing a particular subject, such as the Nebraska Affordable Housing Act.

Agenda - a daily order of legislative business set by the Speaker.

Amendment On File - an amendment of 10 or more pages available in the Clerk's Office (Room 2018). It is not printed separately or in the Journal.

Amendment Printed Separate - an amendment of 10 or more pages, printed separately from the Journal that is available in the Bill Room (Room 1104).

Attorney General's Opinion - a written investigation of a question of law prepared by the attorney general for the governor, the head of an executive department or any state senator.

Biennium – The two year period during which the Legislature does business. One odd numbered year (like 2007) and one even numbered year (like 2008) make up the biennium. It also refers to the two financial years for which the Legislature plans a budget and makes appropriations.

Bracket – A bill is bracketed when consideration of the bill is delayed.

Call of the House – Making sure that all unexcused senators are in the chamber. Any senator may request a call of the house. A majority of senators is required to place the house under call.

Carry-over Legislation - bills and resolutions introduced during the regular session in an odd-numbered year and held over for consideration during the regular session in an even-numbered year.

Chair - the presiding officer (the one in charge). The lieutenant governor or speaker normally serves as chair, but other senators also may preside. The senator presiding is said to be "in the chair."

Cloture - a parliamentary action to cease debate on a bill and vote immediately on its advancement.

Committee on Committees - the select, or permanent, committee that proposes appointments of senators to other legislative committees at the beginning of each biennium.

Committee Statement - a statement saying whether a committee voted to advance or kill a particular bill. Includes the roll call vote of committee members, a summary of the bill and any proposed committee amendments, and a list of who testified at the bill's hearing.

Constitutional Amendment Resolution - a proposal to amend the state constitution, ratify (approve) or reject an amendment to the U.S. Constitution, or
petition Congress about amending the U.S. Constitution. State CA resolutions have the suffix "CA" by the resolution number, and they must be approved by Nebraska voters as well as the Legislature.

**Consent Calendar** – a place on the agenda for discussion and advancement of bills which won't take much time, usually less than 15 minutes each.

**Emergency Clause ("E" Clause)** - a provision that allows a bill or a portion of a bill to take effect immediately after the governor signs it or after the Legislature overrides the governor's veto.

Engrossment - the process of preparing a bill for Final Reading by including all adopted amendments. It is reprinted when it is complete and is said to be “correctly engrossed.”

**Enrollment and Review (E&R)** - the process of combining the original bill and the approved amendments, reviewing the bill for technical and grammatical accuracy, and making recommendations about arrangement, terminology and correlation.

**Enrollment and Review Initial (E&R for Review)** - the Enrollment and Review process that a bill undergoes after it is advanced from General File (the first time the Legislature discusses it on the floor) to Select File (the second step.)

**Enrollment and Review Final (E&R for Engrossing)** - the Enrollment and Review process that a bill undergoes after it is moved ahead from Select File. The bill is engrossed and reprinted for Final Reading.

**Executive Board of the Legislative Council** - a nine-member special committee (one created for a special reason) that oversees legislative services, personnel and other internal affairs of the Legislature. The Executive Board also serves as the Reference Committee (defined later.)

**Executive Session** - a closed meeting of a committee to discuss and act on bills and resolutions. An executive session is open only to committee members, committee staff and the media.

**Final Reading** - the third and last stage at which a bill is considered by the entire Legislature. The clerk reads the entire bill aloud, unless final reading is waived, and senators vote without debate on whether to send the bill to the governor to sign.

**Fiscal Note** - a statement prepared by the Legislative Fiscal Office estimating the effect a bill would have on state and/or local expenditures and revenue.

**Floor** - the area of the legislative chamber where the senators sit. When a committee advances a bill "to the floor," that means the bill is being sent to the full Legislature for consideration.

**General File** - the first stage at which a bill is considered by the full Legislature. Bills on General File may be amended, returned to committee, indefinitely postponed or advanced to Select File.
Germane - relevant to the specific subject of the bill being considered. Any amendment that is not germane is out of order (done at the wrong time or in the wrong way-won’t be discussed.)

Hearing - a regularly scheduled committee meeting to receive public comment on proposed bills and resolutions.

House Under Call - the term used when all unexcused senators are required to be in their seats in the chamber and unauthorized personnel must leave the floor.

Indefinitely Postpone (IPP) - to kill a bill, to not let the bill be discussed any longer so that it can’t pass.

Initiative – the process of asking (petitioning) for a constitutional amendment or new law without going through the Legislature by the power of the people.

Interim - the period between regular legislative sessions.

Interim Study Resolution - a resolution authorizing a committee to study an issue following adjournment of a legislative session.

Laid Over - term used to describe a motion or bill on which action has been postponed.

Laws of Nebraska (Session Laws) - bound collection of all laws and constitutional amendment resolutions passed in a legislative session, the state Constitution, and subject and section indexes.

Legislative Bill (LB) - a proposal to create, change or delete one or more laws.

Legislative Council - a council consisting of all members of the Legislature. The Legislative Council examines information relating to state government and the general welfare of the state and recommends legislation.

Legislative History - the committee and floor debate records for any bill. A history includes word for word record of the bill's hearing and all floor debate, the introducer's statement of intent and the committee statement.

Legislative Journal - official record of legislative floor action, including all motions, the number of yeas and nays on each vote, how each senator voted on record votes, etc.

Line-Item Veto - the power of the governor to make specific reductions in any part of a budget bill passed by the Legislature.

Machine Vote - a vote taken by electronic voting system. The voting board shows how each senator voted, but only vote totals are entered in the Legislative Journal.

Major Proposal - a bill or constitutional amendment resolution that the speaker chooses as important enough for scheduling priority. Each session, up to five bills may be chosen as major proposals, all of which must be senator priority bills and must get the approval of two-thirds of the Executive Board.

One-liner - a brief, one-line description of a bill or resolution.
President of the Legislature - the lieutenant governor. While senators address whoever is in the chair as Mr. or Madame President, the lieutenant governor is the only official president of the Legislature.

Presiding Officer - the president or senator currently in charge of what happens in the legislative session.

Priority Bill - a bill that has a high status and generally is considered ahead of other bills in debate. Each senator may select one priority bill, each committee may select two priority bills, and the speaker may select up to 25 priority bills.

Record Vote - a vote on which a record is kept of how each senator voted. The vote is taken by electronic voting system, and the senators' names and corresponding votes are then printed in the Legislative Journal.

Reference Committee - the committee, made up of the nine Executive Board members, that refers bills, resolutions and gubernatorial appointments to other committees.

Referendum - the power of the people, through the petition process, to repeal or amend any act or part of an act of the Legislature.

Regular Session - the annual legislative session that begins the first Wednesday after the first Monday in January. Regular sessions usually last 90 legislative days in odd-numbered years and 60 legislative days in even-numbered years.

Revisor Bill - a bill, prepared by the Office of the Revisor of Statutes, proposing a technical correction or the repeal of an obsolete statute.

Roll Call Vote - a vote during which the senators say their votes one at a time as the clerk reads their names. Their names and how each one voted are printed in the Legislative Journal.

Select Committee - a permanent committee with a subject-matter control related to the administration of the Legislature.

Select File - the second stage at which a bill is considered by the entire Legislature. Bills on Select File may be amended, returned to committee, indefinitely postponed or advanced to Final Reading.

Session - a period of time, usually a number of days, during which the Legislature meets and transacts business.

Session Laws - compilation of all laws and constitutional amendment resolutions passed in a session.

Sine Die ("sign e dye ee") - without setting a future date for reconvening. When the Legislature adjourns sine die, the legislative session is finished for the year.

Slip Law - a bill or constitutional amendment resolution printed individually in its approved form after being enacted into law or submitted to voters.

Speaker of the Legislature - the officer of the Legislature who is elected from among the senators, prepares the daily agenda and the session calendar and who presides in the absence of the lieutenant governor.
**Special Committee** - a committee created by law for a specific reason. Except for the Executive Board, special committees generally have no jurisdiction over bills or resolutions.

**Special Session** - a limited legislative session called for a specific purpose by the governor or two-thirds (33 members) of the Legislature.

**Standing Committee** - a permanent committee with a subject-matter jurisdiction related to an area of public policy. Almost all bills and resolutions are referred to one of the 14 standing committees.

**Statement of Intent** - a statement, prepared by the sponsor of a bill that briefly describes the bill and the reasons why it is being introduced.

**Summary Sheet** - a daily list of all legislative activity that has taken place in one legislative day, including action taken on bills and resolutions.

**Veto** - the power of the governor to reject bills passed by the Legislature. The governor has five days, excluding Sundays, to veto a bill. The Legislature has a chance to override the veto.

**Veto Override** - the power of the Legislature to pass a bill over the governor's veto. A veto override requires the approval of three-fifths (30 members) of the Legislature.

**Voice Vote** - a vote in which senators cast their votes orally and no totals are recorded.

**Worksheet** - a list, prepared daily that indicates the status of all bills and resolutions at the end of that legislative day.
Special Education Terms

Accommodations: This refers to changes in the presentation or mode of response of the testing materials and/or changes in the testing procedures without changing the construct of what is being measured. States allow students with disabilities to take assessments with certain accommodations in order to increase the number level of participation.

AG: Annual Goals: the expected progress over a year’s time for persons with disabilities.

ASD Autism Spectrum Disorder: a developmental disorder (DD) affecting communication, socialization, and sensory perception to varying degrees. The spectrum includes Asperger’s Disorder and Autism. This is a disability category under the Individuals with Disabilities Education Act (IDEA).

AD(H)D Attention Deficit Disorder/Attention Deficit Hyperactive Disorder: a developmental disability (DD) characterized by inability to concentrate, impulsive behavior, and being easily distracted; hyperactive traits include restlessness, an inability to stay still when expected, fidgety behavior, and over activity.

AG: Annual Goals: the expected progress over a year’s time for persons with disabilities.

ASL American Sign Language: a complete language of signs using the movements of the hands, face, and body posture to communicate.

AYP Adequate Yearly Progress: a measure of year-to-year student progress on statewide tests. The No Child Left Behind Act (NCLB) uses this determination to hold states and their schools accountable for a minimum level of achievement.

BD Behavioral Disorder: behavior that interferes with academic and social growth, including impulsive, distracting, and/or aggressive actions.

Categorical Standard: Students must meet certain criteria in order to be eligible for special education services under the Individuals with Disabilities Education Act (IDEA); they must have a disability as described in the categories included in IDEA.

Continuum of Services: placement options and related services provided to students with disabilities which range from the most to the least segregated educational settings; also known as Deno’s Cascade Model of Services.

DD Developmental Disability or Developmental Delay: any of a number of disorders that interfere with childhood development, including cognitive disorders, speech and language disorders, and disorders of movement and muscle coordination.

Disability Criteria/Standard: the first requirement a student must meet in order to qualify for special education services; the Individuals with Disabilities Education Act’s (IDEA) categories include autism, deaf-blindness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairments, specific learning disabilities, speech/language impairments, and traumatic brain injury (TBI).
Disproportionate Representation: refers to the large proportion of students from culturally and linguistically diverse backgrounds being referred to and receiving special education services; may be the result of unfair and biased evaluation procedures.

Dissenting Report: a private report added to an Individual Education Plan (IEP) that gives a perspective that is different from the one the IEP Team agreed on.

DOE: Department of Education: part of the federal government that supervises all of the educational offices, programs, and agencies (including special education) at a national level.

DSM-IV Diagnostic and Statistical Manual IV: the handbook used by most mental health professionals in the U.S. to diagnose mental illness.

Due process: is a way to make sure the government respects all of a person’s rights.

ECICC Early Childhood Interagency Coordinating Council: a council appointed by the Governor to advise and assist agencies who develop and implement policies for a statewide system for serving infants, toddlers, and their families.

EDN Early Development Network: a partnership between the NE Department of Education (DOE) and the Department of Health and Human Services (HHS) to provide services for infants and toddlers with disabilities and their families.

Emotional Disturbance: A disability category within the Individuals with Disabilities Education Act for students whose inability to control their emotions adversely affects their learning and social interactions with others.

Eligibility Criteria: Requirements for a student to qualify for a specified program; Individuals with Disabilities Act has two conditions, 1) the student must fit into one of the categories listed in the Act and 2) special education services are required because of that disability.

ESU Educational Service Unit: an organization of school districts which provides leadership and services to enhance educational opportunities.

ESY Extended School Year: special education extending beyond the regular school year.

Exceptional learning needs: describes students who require special education because of intellectual, physical, behavioral, or sensory reasons; may also be used to describe children who are gifted and talented.

FAPE Free and Appropriate Public Education: requirement that each student with a disability receive a publicly funded education designed to meet that person’s unique needs under federal law. “Appropriate” means that the student is progressing and benefiting from the educational program.

Full Inclusion Movement: as more parents and advocates were dissatisfied with attempts to have children with disabilities educated in the same classrooms with children who did not have disabilities, they pushed for students with disabilities to
receive special education and related services in the general education setting at all times.

**Functional Standard**: the second requirement that a student must meet in order to be eligible for special education services under the Individuals with Disabilities Education Act (IDEA); a student’s disability (as determined by the Disability Criteria/Standard) must require special education services.

**General Education Class**: placement of students with disabilities in the regular education program; the most inclusive setting.

**HI Hearing Impaired**: a hearing loss, including deafness; disability category within the Individuals with Disabilities Education Act (IDEA).

**Homebound/Hospital Setting**: Special education instruction provided by specially trained personnel in the home or in a hospital setting to students who are unable to attend school; usually a short term situation.

**IDEA 2004 Individuals with Disabilities Educational Act 2004**: a federal law setting national standards for educating students with disabilities; the “Benefit Standard” was set by the Supreme Court and determines that students are receiving an appropriate education as long as they are progressing and benefiting from their instructional program; State laws must meet or can exceed the standards of IDEA; reauthorization of earlier legislation.

**IEP Individual Educational Plan**: an plan describing how for a school aged student with disabilities will be educated; it is developed by teachers, therapists, parents, and others to explain what the student is presently doing, the goals for the next time period, and the services needed to accomplish those goals.

**IFSP Individual Family Service Plan**: a plan developed for an infant or toddler describing the child’s developmental levels, giving family information, showing goals for the child and family, the services they will receive, and the steps for transitioning to another program.

**Impartial Hearing**: if parents want to challenge the decisions of the educational agency, they may exercise their “due process” rights and settle their disputes in an impartial hearing which may be held at school or in court with an impartial hearing officer present.

**Inclusion**: placement of a student with disabilities in a general education classroom while providing services and supports.

**Independent Educational Evaluation**: one conducted by a qualified examiner who is not an employee of the school or school district and is not under contract to the district.

**Individualized instruction**: specific instruction and types of services provided to a student based on his/her educational needs; tailored to fit that student.

**Integration**: also known as “mainstreaming”; refers to placing and educating students with disabilities in education programs that also serve students who do not have disabilities.
LD or SLD Learning Disability or Specific Learning Disability: a developmental disorder (DD) characterized by difficulty learning, sorting, and storing information.

LEA Local Education Agency: school district.

LRE Least Restrictive Environment: school districts are required to educate students with disabilities as much as possible with peers who do not experience a disability.

MDT Multi-Disciplinary Team: two or more professionals from different areas (such as teachers and speech/language therapists) who are responsible for conducting a complete evaluation of a student.

MH Mental Handicap: impairment in areas effecting intelligence, such as cognition, language, motor and social abilities.

MR Mental Retardation: out-of-date term for a cognitive impairment.

National Center for Educational Outcomes (NCEO): national center funded by the federal government to study and report on state’s activities and to make recommendations on appropriate accommodations for students with disabilities.

NCLB No Child Left Behind: Law passed in 2001 reauthorizing the Elementary and Secondary Education Act (ESEA); reform intended to make schools take responsibility for student achievement; it emphasizes using methods shown to work and providing choices for parents; there is local control and flexibility.

NDE Nebraska Department of Education.

NHHSS Nebraska Health and Human Services System.

OHI Other Health Impairment.

OI Orthopedic Impairment: problems with the skeleton.

Oralism: practice of teaching persons with hearing-impairments to communicate by means of spoken language

OSEP Office of Special Education Programs: federal programs to assist states and local school districts to improve educational results for infants, toddlers, children, and youth with disabilities; authorized through IDEA to support research, demonstrations, technical assistance, development, and parent-training and information centers (PTI).

OSERS: Office of Special Education and Rehabilitation Services: unit within the Department of Education established to provide leadership in Special Education and Rehabilitation for individuals and students with disabilities.

OT Occupational Therapy: treatment that helps individuals build skills to aid in daily living, such as sensory integration, movement coordination, fine motor, and self-help skills.

Para Paraprofessional or Para-educator: trained assistant who helps a teacher provide accommodations for students with disabilities.
PCP Person Centered Planning: process built on inclusion utilizing the capacities of the student when planning and supporting that person’s ability to have a desirable life.

PDD Pervasive Developmental Disorder: Autism Spectrum Disorders and similar conditions.

PECS Picture Exchange Communication System: a system using pictures as communication tools.

PRT Planning Region Team: a team of parents, advocates, schools, social service representatives, and others whose purpose is to support family independence and decision making concerning the future of their children.

PSP Primary Service Provider: the provider selected by a team of the family, service coordinators, and providers of several disciplines; facilitates achievement of IEP/IFSP goals

Procedural Safeguards: written document notifying parents of their rights under the Individuals with Disabilities Education Act (IDEA).

PSP Primary Service Provider: the provider selected by a team of the family, service coordinators, and providers of several disciplines; facilitates achievement of IEP/IFSP goals.

PT Physical Therapy: treatment to help the person improve the use of bones, muscles, joints, and nerves.

PTI Parent Training and Information: Special education program that provides information to parents to enable them to make informed decisions about their children’s special needs.

Related services: additional services provided to students with disabilities by trained personnel to give them access to their instructional programs; includes but not limited to, physical and occupational therapy, speech therapy, counseling, and transportation.

Residential Facility: a type of program in which students with disabilities receive educational services in a public or private 24-hour live-in program for greater than 50 percent of the school day; it’s considered a very restrictive environment.

Resource Room: separate classroom offering materials and instruction of children with disabilities for short periods of time during the school day or week; sometimes referred to as “pullout services”.

RTI Response To Intervention: a way to decide if children would benefit from a different way of teaching; the student’s achievement is measured, then the school tries a particular way of teaching, then the student’s progress is measured again to see if that intervention works. Using this method allows a student to receive assistance without being diagnosed with a learning disability.

Rule 51 Nebraska’s Regulations for Special Education Programs.

SAT Student Assistant Team: school team which includes family and students, when appropriate, in an intervention process ensuring that everything is being done by the school and community so that students’ school lives are successful.
SEAC Special Education Advisory Council: Committee appointed by the State Board of Education to advise them on the delivery of special education services and supports.

Section 504: this section of the Rehabilitation Act of 1973 protects the rights of people with disabilities and applies to the provision of supportive services for children whose disabilities are not severe enough to make them eligible for special education services.

Self-Contained Classroom: also known as a special class; this is a separate classroom in a general education setting.

SL Speech Language (Impairment): communication disorder such as late development of language or the inability to express thoughts, which negatively affects a child’s educational performance.

SPED Special Education: educational programs for children over 3 years old who have disabilities as defined by Public Law 94-142 (PL 94-142).

TBI Traumatic Brain Injury: sudden physical damage to the brain, such as a stroke, a tumor, or when the head is hit or shaken violently. TBI is also a disability category under the Individuals with Disabilities Education Act (IDEA).

Transition Services: activities designed to promote smooth movement from one setting to another, usually from school to post school.
A Chronology Of Disability Rights Movements

Activities are highlighted in this section based upon the five following color coded categories:

Self Advocacy
Legislation/Policy
Individual/Civil Rights
Family/Other Advocacy
Other Action/Event

1816 Laurent Clerc introduces American Sign Language.
1817 The American School for the Deaf is founded in Hartford, Connecticut. This is the first school for children with disabilities in the Western Hemisphere. Note that many in the deaf community do not consider deafness to be a disability.
1832 The Perkins School for the Blind in Boston admits its first two students, Sophia and Abby Carter.
1841 Dorothea Dix begins her work on behalf of people with disabilities locked up in jails and poorhouses.
1848 Perkins School opens first residential instructional and training program for "idiotic" children in Boston. During the next century, hundreds of thousands of children and adults with developmental disabilities would be institutionalized, many for their entire lives.
1864 The enabling act giving the Columbia Institution for the Deaf and Dumb and Blind the authority to confer college degrees is signed by President Abraham Lincoln, making it the first college in the world specifically set up for people with disabilities. A year later, the institution’s blind students are transferred to the Maryland Institution at Baltimore, leaving the Columbia Institution with a student body made up entirely of students who were deaf. The institution would eventually be renamed Gallaudet College, and then Gallaudet University.
1866 Fourteenth Amendment to the US Constitution is passed. It has an Equal Protection Clause that guarantees the same rights and benefits (i.e. equal protection of the laws) to all citizens with respect to government.
1869 The first wheelchair patent is registered with the U.S. Patent Office.
1880 National Association of the Deaf is founded. One of the first issues the Association took on was "oralism", a plan made at the International Congress of Educators of the Deaf to ban sign language at schools for the deaf. One result of
oralism in some schools was that students’ hands were tied together to prevent the use of sign language.

1882 Exclusion of "lunatics and idiots" added to U.S. immigration law.

1883 Sir Francis Galton in England coins the term "eugenics" to describe his pseudo-science (not really scientific) of "improving the stock" of humanity by preventing people with disabilities (as well as people of color, Catholics, Jews, poor people, and other "undesirables") from having children.

1890s–1920 Progressive activists push for the creation of state Worker's Compensation programs. By 1913, 21 states have established some form of Worker's Compensation; by 1919 there would be 43.

1896 The State of Connecticut enacts an eugenic marriage law. Other states follow.

1907 The American Breeder’s Association's Committee on Eugenics is founded to "investigate...the value of superior blood and the menace to society of inferior blood"; Alexander Graham Bell was one of the founders. They believe people with disabilities ("defects") would have children with disabilities. They thought people with disabilities (and people of color) shouldn't be allowed to have babies. Indiana becomes the first state law mandating sterilization of "idiots," "imbeciles," convicted criminals, and rapists.

1908 Clifford Beers publishes his autobiography, A Mind That Found Itself, exposing the horrible conditions inside state and private mental institutions.

1909 The State of California begins compulsory sterilization of the mentally ill (broadly defined).

1909 Clifford Beers founds The National Committee for Mental Hygiene, which would become The Mental Health Association (MHA) in 1946.

1911 Congress passes a decision called a joint resolution (P.R. 45) authorizing the appointment of a federal commission to investigate the subject of workers’ compensation and the liability of employers for financial compensation to disabled workers. Legislation

1912 Henry H. Goddard publishes The Kallikak Family, the best-seller intending to connect disability with wickedness and claiming that disability and wickedness are tied to genetics. It spreads the plan of the eugenics movement and panic where massive human rights abuses of people with disabilities are tolerated, including institutionalization and forced sterilization.

1915 Dr. Harry Haiselden kills disabled newborn "Baby Bollinger" at Chicago's German-American Hospital then actively courts nationwide publicity to advocate euthanasia of newborns with disabilities in his book, The Black Stork. He describes the infant as a “monster” and “a pitiful bundle of semi-life.”

1917 The National Vocational Education Act (SMITH-HUGHES) is passed to encourage vocational education being kept separate from other parts of high school programs.
1918 The Smith-Sear Veterans Vocational Rehabilitation Act establishes a federal vocational rehabilitation for soldiers with disabilities.

1920 The Fess-Smith Civilian Vocational Rehabilitation Act is passed, creating a vocational rehabilitation program for civilians with disabilities.

1927 The U.S. Supreme Court, in Buck v. Bell, rules that forcing people with disabilities to be sterilized doesn’t violate their constitutional rights. The decision removes legal problems for eugenists and they continue to encourage society to keep people with disabilities from having children. By the 1970s, some 60,000 disabled people would be forced to be sterilized.

1929 Seeing Eye establishes the first dog-guide school for people who were blind in the United States.

1932 Disabled American Veterans is chartered by Congress to represent veterans with disabilities when they deal with the federal government.

1933 Franklin Delano Roosevelt is sworn in as president of the United States. He is the first person with a “serious” disability ever to become a head of government. He continues his “splendid deception” choosing to play down his disability in response to the “ableism” of the electorate.

1935 President Roosevelt signs the Social Security Act and establishes federal old-age benefits and grants to the states for assistance to individuals who are blind and to children with disabilities. The act also expands vocational rehabilitation programs set up by earlier laws.

1936 Passage of the Randolph Sheppard Act establishes a federal program for employing blind vendors at stands in the lobbies of federal office buildings.

1938 Passage of the Fair Labor Standards Act increases the number of sheltered workshop program for workers who are blind. The Act is supposed to provide training and job opportunities for workers with visual disabilities, but it often leads to bad working conditions, mistreatment of workers, and wages that are lower than people without disabilities are paid.

1940 Jacobus Broek and other advocates who are blind form The National Federation of the Blind In Pennsylvania. They advocates for “white cane laws,” involvement of people who are blind into their programs, and other reforms.

Paul Strachan founds the American Federation of the Physically Handicapped. It is the nation’s first cross-disability, national political organization and pushes for an end to job discrimination. The Federation also lobbies for passage of laws calling for National Employ the Physically Handicapped Week.

1943 Congress passes the Vocational Rehabilitation Amendments, also called the LaFollette-Barden Act, which makes physical rehabilitation part of federally funded vocational rehabilitation programs and provides money for certain health care services.
1945 President Harry Truman signs Public Law 176, a congressional resolution calling for an annual National Employ the Handicapped Week.

1946 Congress enacts the Hospital Survey and Construction Act, also known as the Hill-Burton Act, authorizing federal grants to the states for the construction of hospitals, public health centers, and health facilities for rehabilitation of people with disabilities.

People who had worked as attendants at state mental institutions during World War II found the National Mental Health Foundation MHA). They object to the abusive conditions at these places and work to show how horrible the institutions are. MHA would become an early advocate for deinstitutionalization.

1947 The Presidents Committee on National Employ the Physically Handicapped Week meets for the first time in Washington, D.C. Its publicity campaigns emphasize the abilities of people with disabilities and uses movie trailers, billboards, radio, and television ads to convince the public that it's “good business to hire the handicapped.”

1950 The Social Security Amendments of 1950 establish a federal-state program to aid the “permanently and totally disabled” (APTD). This is an example for Social Security Disability Insurance and other federal disability assistance programs in the future.

A small group of parents and other persons forms The Association for Retarded Children. The Association would later be called The Arc of the United States.

1952 The President’s Committee on National Employ the Physically Handicapped Week becomes a permanent organization called the President’s Committee on Employment of the Physically Handicapped reporting to the President and Congress.

1953 Los Angeles County conducts a study of attendant care costs. They find out that people who use iron lungs would only cost the county $10 per day if they lived at home. One institution, Rancho Los Amigos Medical Center, was billing the state $37 per day for the same services. This discovery led to the beginning of one of the nation’s first personal assistance programs, In Home Support Services (IHSS).

1953 The Massachusetts Institute of Technology and the Quaker Oats Company begin medical experiments on teenage boys with cognitive impairments at the Fernald School. The boys are told they are joining a “science club” and their parents are told that they are being given additional calcium. The boys’ food contains radioactive substances. In 1997, the groups conducting the experiment will agree to pay the surviving uninformed subjects $1.85 million.

1954 The U.S. Supreme Court in Brown v. Board of Education of Topeka, rules that separate schools for black and white children are unequal and unconstitutional. This important decision becomes a basic part of the African-American civil rights movement and sets off the disability rights movement.
Congress passes the Vocational Rehabilitation Amendments, authorizing federal grants to expand programs for people with physical disabilities.

The Social Security Act of 1935 is amended by Pub. Law 83-761, which includes a “freeze” provision for workers with disabilities who are forced to quit working. This keeps them from losing their retirement benefits because it doesn’t count the years in between. They would be able to get their retirement benefits the same as they would have gotten before they experienced a disability.

1955 Joint Commission on Mental Illness and Health is formed.

1956 Congress passes the Social Security Amendments of 1956, which creates a Social Security Disability Insurance (SSDI) program for disabled workers aged 50 to 64.

1958 Congress passes the Social Security Amendments of 1958, which provides Social Security Disability Insurance benefits to the dependents of workers with disabilities.

1960 Congress passes the Social Security Amendments of 1960, eliminating the restriction that workers with disabilities can only receive Social Security Disability Insurance benefits if they are 50 or older.

1961 President Kennedy appoints a special President’s Panel on Mental Retardation to investigate the condition of programs for people with mental and developmental disability and ways to improve those programs.

The American National Standard Institute, Inc. (ANSI) publishes American Standard Specifications for Making Buildings Accessible to, and Usable by, the Physically Handicapped. This document becomes the basis for all architectural access standards in the future.

Joint Commission on Mental Illness and Health publishes its recommendations for ways to provide services in the community instead of in state hospitals in Action for Mental Health.

1962 The name of the President’s Committee on Employment of the Physically Handicapped is changed to the President’s Committee on Employment of the Handicapped to show that the Committee is really interested in issues affecting the employment of people with cognitive disabilities and mental illness.

Eunice Kennedy begins Camp Shriver at her home in Rockville, Maryland. The camp would later become the Special Olympics.

1963 President Kennedy tells Congress that the country should reduce the number of people confined in residential institutions “by hundreds of thousands.” He asks Congress to find ways to keep people with mental illness and those who are “mentally retarded” in the community and to get them out of institutions.” This is a call for deinstitutionalization and increased community services.

Congress passes the Mental Retardation Facilities and Community Health Centers Construction Act which authorizes federal grants to build public and private nonprofit community mental health centers.
Categorical Aid to the Disabled (ATD) becomes available to the mentally ill, which makes them eligible for the first time for federal financial support in the community.

PL 88-164 created University Affiliated Programs (UAPs) to provide research, education and services for people with mental retardation. Now known as University Centers of Excellence in Developmental Disabilities (UCEDDs), these centers have expanded to be a resource for people with a wide range of disabilities.

1964 The Civil Rights Act is passed and makes it illegal to discriminate because of race in public accommodations, employment, and in federally assisted programs. It will become a model for subsequent disability rights legislation.

1965 Medicare and Medicaid are established when the Social Security Amendments of 1965 are passed. These programs provide federally subsidized health care to Americans who are elderly or have disabilities if they are covered by the Social Security program. The amendments also change the Social Security definition of the word to mean "expected to last for not less than 12 months" when it had meant "of long continued and indefinite duration."

Vocational Rehabilitation Amendments of 1965 pass, authorizing federal governments for the construction of rehabilitation centers, expanding existing vocational rehabilitation programs, and creating the National Commission on Architectural Barriers to Rehabilitation of the Handicapped.

Senator Robert Kennedy makes unannounced visits to New York’s Willowbrook and Rome State Schools and publicly condemns conditions at the institutions. In response, public officials and supporters of Governor Nelson Rockefeller accused Kennedy of painting a misleading picture of conditions at the institutions based on superficial tours.

Earlier immigration policies restricting admission of families with “feeble minded” members are reversed.

1966 Burton Blatt and Fred Kaplan publish Christmas in Purgatory, documenting the dreadful conditions at state institutions for people with developmental disabilities. Kaplan secretly photographed conditions in the “back wards” of 4 large state institutions in the Northeast on tours of the facilities. Blatt wrote, "Now I know what people mean when they say there is a hell on earth."

1967 The National Theatre of the Deaf is founded with a grant from the federal Office of Vocational Rehabilitation.

1968 The Architectural Barriers Act passes saying that federally constructed buildings and facilities have to be accessible to people with physical disabilities. This act is generally considered to be the first ever-federal disability rights legislation.

Title VIII of the Civil Rights Act of 1968 is known as the Fair Housing Act. It prohibits discrimination in the sale, rental, and financing of housing based on race, color, national origin, religion, sex, familial status and handicap (disability).

The Self Advocacy Movement begins in Sweden; People First is an outgrowth.
The first Special Olympics takes place at Soldier Field in Chicago, Illinois.

1969 Niels Erk Bank-Mikkelsen from Denmark and Bengt Nirje from Sweden introduce the concept of normalization to an Americans at a conference sponsored by the President’s Committee on Mental Retardation. Normalization forms the basis for deinstitutionalization. Parts of the conference are published in Changing Patterns in Services for the Mentally Retarded.

Lanterman-Petris-Short Act of California is passed to show that the legislature intends to end involuntary commitment of persons with mental or developmental disabilities and persons impaired by chronic alcoholism. The Act was the result of concerns for the civil rights of the psychiatric patient, much of it from civil rights groups and individuals outside the mental health profession. Some feel the Act ignores the welfare of psychiatric patients and contributes to homelessness.

1970 The Developmental Disabilities Services and the Facilities Construction Amendments are passed. Elizabeth Boggs, the first woman president of The Arc of the United States, helps create the bills that contain the first legal definition of developmental disabilities. They authorize grants for state “DD Councils,” services, and facilities for rehabilitation of people with developmental disabilities.

Congress passes the Urban Mass Transportation Assistance Act, declaring it a “national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services.” There is no way to enforce the Act so it had little effect on transportation services. A court order bars implementation.

Judy Huemann founds Disabled in Action (DIA) in New York.

Ed Roberts and other students with disabilities start a program at the University of California at Berkeley campus. He calls the group the "Rolling Quads." After graduation, the "Quads" starting to work on the need for access outside the University. Many consider Ed to be the “father of the Independent Living movement.”

1971 The U.S. District Court for the Middle District of Alabama rules that people in residential state schools and institutions have a constitutional right “to receive such individual treatment as (would) give them a realistic opportunity to be cured or to improve his or her mental condition.” People with disabilities can no longer simply be locked away in “custodial institutions” without treatment or education. This decision (Wyatt v. Stickney) is a crucial victory in the struggle for deinstitutionalization.

The Fair Labor Standard Act of 1938 is amended to make sheltered workshops available for people with disabilities other than blindness. This leads to an enormous sheltered workshop system for people with cognitive and developmental disabilities.

National Center for Law and the Handicapped established at University of Notre Dame. It is the first legal advocacy center for people with disabilities in U. S.
1972

In Mills v. Board of Education, The U.S. District Court for the District of Columbia rules that the District of Columbia cannot exclude children with disabilities from public schools. Similarly, the U.S. District Court for the Eastern District of Pennsylvania (PARC v. Pennsylvania) strikes down various state laws used to exclude disabled children from the public schools. Advocates use these decisions during the public hearings leading to passage of the Education for All Handicapped Children Act of 1975. Pennsylvania Association of Retarded Children (PARC) in particular starts numerous other right-to-education lawsuits and inspires advocates to look to the courts for the expansion of disability rights.

Passage of the Social Security Amendments of 1972 creates the Supplemental Security Income (SSI) program. The law lessens the financial responsibility of families to take care of their adult children with disabilities. It combines existing federal programs for people who have disabilities but aren't eligible for Social Security Disability Insurance.

Wolf Wolfensberger and others publish *The Principle of Normalization in Human Services*, expanding the theory of normalization and bringing it to a wider American audience.

Disabled in Action demonstrates in New York City to protest President Nixon’s veto of the Rehabilitation Act. Judy Heumann and eighty other activists have a sit-in on Madison Avenue. A flood of letters and protest calls are made.

Three former members of the “Rolling Quads” establish the Center for Independent Living in Berkeley, California in 1972. This is the first independent living center and the group is determined to help people who are trying to leave residential care and live independently in the community.

1973

The first handicap parking stickers are introduced in Washington, D.C.

Passage of the Federal-Aid Highway Act authorizes federal funds to provide for construction of curb cuts.

Passage of the Rehabilitation Act of 1973 marks the greatest achievement of the disability rights movement. Title V and Section 504 confront discrimination against people with disabilities. Programs receiving federal funds are prohibited from discriminating against “otherwise qualified handicapped” individuals by Section 504. “504 workshops” and numerous grassroots organizations are started. Disability rights activists use the act as a tool in their advocacy. The signing of regulations to implement Section 504 becomes their top priority. Lawsuits based on Section 504 will generate core disability rights concepts, such as “reasonable modification,” “reasonable accommodation,” and “undue burden,” and provide a framework for later federal laws, especially the Americans with Disabilities Act of 1990.

The Architectural and Transportation Barriers Compliance Board is established under the Rehabilitation Act of 1973 to enforce the Architectural Barriers Act of 1968.
1974  The Halderman v. Pennhurst case is filed in Pennsylvania on behalf of the residents of the Pennhurst State School & Hospital. The case emphasizes the horrific conditions at state “schools” for people with cognitive disabilities and becomes an important step in the battle for deinstitutionalization and establishes that people with developmental disabilities have a right to community services.

Self-advocates with developmental disabilities plan their own convention in Salem, Oregon.

Wade Blank, a parent of a child with disabilities, founds the Atlantis Community, a model for community-based, consumer-controlled, independent living. The Atlantis Community provides personal assistance services that are controlled mostly by the consumer in a community setting. The first consumers of the Atlantis Community were some of the young residents "freed" from Heritage House by Wade, who had worked there until being fired.

Federal Court rules that Alabama’s eugenic sterilization laws are unconstitutional (Wyatt v. Aderholt).

1975  Congress enacts the Community Services Act, which creates the Head Start program. Head Start must give children with disabilities at least 10 percent of the openings for services.

Congress passes the Developmentally Disabled Assistance and Bill of Rights Act, providing federal funds to programs serving people with developmental disabilities. It outlines rights for those who are institutionalized. Protection and Advocacy (P & A’s) are set up each state to protect these rights. Later court decisions weaken this portion of the Act and the inability to enforce it makes it almost worthless to advocates.

The Education for All Handicapped Children Act (Pub. Law 94-142) is passed, establishing the right of children with disabilities to a public school education in an integrated environment. The act is a basis of federal disability rights legislation. In the next two decades, millions of children with disabilities will be educated under its provisions, thoroughly changing the lives of people in the disability community.

The U.S. Supreme Court, in O’Connor v. Donaldson, rules that people cannot be institutionalized against their will in a psychiatric hospital unless they are determined to be a threat to themselves or to others.

The first Parent and Training Information Centers are founded to help parents of disabled children to exercise their rights under the Education for All Handicapped Children Act of 1975.

1976  Passage of an amendment to Higher Education Act of 1972 provides services to physically disabled students entering college.

1977  The U.S. Court of appeals for the Seventh Circuit, in Lloyd V. Regional Transportation authority, rules that individuals have a right to sue under Section 504 of the Rehabilitation Act of 1973 and that public transit authorities must provide accessible service. However, The U.S. Court of Appeals for the Fifth
Circuit weakens that decision when it says that authorities only have to provide access for “handicapped persons other than those confined to wheelchairs” (Snowden v. Birmingham Jefferson County Transit Authority).

The National Association of the Deaf (NAD) leads a national protest and sit-in at the U.S. Department of Health, Education and Welfare to insisting that the department issue regulations for the Rehabilitation Act. In San Francisco, Mary Owen and other protesters continued the sit in until they were able to read the regulations signed by Secretary Califano. Their group represents almost all disabilities and quickly gained support from the community. After sleeping the first night on the hard floors, mattresses were delivered from the supplies of the State Health department. McDonald's, Delancy House's drug programs, the Black Panthers and Safeway bring food. The Mayor himself scolds federal officials for ignoring the activists’ needs and brings in shower attachments to be used in the tiled restrooms.

1978 Title VII of the Rehabilitation Act Amendments of 1978 creates the National Council of the Handicapped under the U.S. Department of Education. Part B of the amendments establishes the first federal funding for independent living. Wade Blank and the Atlantis Community realize that people with disabilities need to be able to use public transportation in order to live independently in the community. American Disabled for Accessible Public Transit (ADAPT) begins when Wade and nineteen disabled activists hold a public transit bus "hostage" on the corner of Broadway and Colfax in Denver, Colorado. ADAPT eventually will grow into the nation's first grassroots, disability rights, activist organization.

1979 The U.S. Supreme Court, in Southeastern Community College v. Davis, rules that Section 504 of the Rehabilitation Act of 1973 applies to the school because it receives federal funds. This means that “reasonable modifications” must be made so that people with disabilities who are otherwise qualified can participate in the school's programs. The ruling establishes reasonable modification as an important principle in disability rights law.

Berkeley, California, becoming the nation’s preeminent disability rights legal advocacy center and participating in much of the important litigation and lobbying of the 1980s and 1990s.

The National Alliance for the Mentally Ill is founded in Madison, Wisconsin, by parents of persons with mental illness.

1980 Congress passes the Social Security Amendments, with Section 1619 designed to address barriers within the Social Security Disability Insurance and Supplemental Security Income programs for people who want to work. Some provisions require a review of Social Security recipients. These reviews cause the benefits of hundreds of thousands of people with disabilities to be ended.

Congress passes the Civil Rights of Institutionalized Persons Act (CRIPA), authorizing the U.S. Justice Department to file civil suits on behalf of residents of institutions whose rights are being violated.
1981 The Omnibus Budget Reconciliation Act authorizes Medicaid to ignore certain federal requirements so that states can provide personal care and other home and community-based services to individuals who would otherwise only receive that care in an institutional setting.

1981-1983 The newly elected Reagan Administration threatens to change or cancel regulations implementing Section 504 of the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975. Disability rights advocates, led by Patrisha Wright at the Disability Rights Education and Defense Fund (DREDF) and Evan Kemp, Jr. at the Disability Rights Center call for a protest. A grassroots campaign produces more than 40,000 cards and letters. After three years, the Reagan Administration gives up.

1981-1984 The Reagan Administration terminates the Social Security benefits of hundreds of thousands of disabled recipients. Advocates charge that the Administration is just trying to reduce the federal budget and that many of the cuts are not because of any improvement in peoples’ conditions. Many groups, including the Alliance of Social Security Disability Recipients and the Ad Hoc Committee on Social Security Disability, start up to stop the benefits terminations.

Doctors tell the parents of “Baby Doe” in Bloomington, Indiana not to let the baby have surgery to unblock their newborn’s esophagus because the baby has Down syndrome. Baby Doe starves to death before advocates can take any legal action. The case prompts the Reagan Administration to issue regulations calling for the creation of “Baby Doe squads” to protect the civil rights of newborns with disabilities.

1982 The National Council on Independent Living is formed. NCIL is a national membership organization of Centers for Independent Living, Statewide Independent Living Councils, people with disabilities, and other advocates. People with all kinds of disabilities are included.

The Tax Equity and Fiscal Responsibility Act (TEFRA) allows states to cover home care services for children with disabilities under Medicaid, even when family income and resources exceeded that of the state’s financial eligibility standards.

1983 Rehabilitation Act Amendments order Client Assistance Projects (CAP) in each state; Title VII Part A funds services for Independent Living clients

Wolfensberger comes up with Social Role Valorization (SRV) as a theory about how people and human services work together.

Ed Roberts, Judy Heumann, and Joan Leon, co-founded the World Institute on Disability (WID), an advocacy and research center promoting the rights of people with disabilities around the world.

1984 Baby Jane Doe is being denied needed medical care because of her disability. Like the 1982 Bloomington Baby Doe, the case results in a suit in the U.S.
Supreme Court (Bowen v. American Hospital Association) and in passage of the Child Abuse Prevention and Treatment Act Amendments of 1984.

The U.S. Supreme Court, in Irving Independent School District v. Tatro, rules that school districts are required by the Education for All Handicapped Children Act of 1975 to provide intermittent catheterization, performed by the school nurse or a nurse’s aide, as a “related service” to a student with a disability. School districts can no longer refuse to educate children with disabilities because they might need such a service.

Congress passes the Social Security Disability Reform Act because of the complaints of hundreds of thousands of people whose Social Security disability benefits have been terminated. The law requires Social Security to continue to insure recipients whose benefits have been terminated until recipients have exhausted their appeals. It says that termination of benefits by the Social Security Administration must be made only on the basis of “the weight of the evidence” in that particular recipient’s case.

The Voting Accessibility for the Elderly and Handicapped Act mandates that polling places be accessible or that ways be found to allow people who are elderly or have disabilities people to vote. Advocates find the Act difficult to enforce.

1985 The U.S. Supreme Court rules, in City of Cleburne v. Cleburne Living Center, that towns can’t use zoning laws to keep group homes for people with developmental disabilities from opening in residential areas only because residents disabilities.

The Protection and Advocacy for Mentally Ill Individuals Act is passed, setting up protection and advocacy agencies for people who are in-patients or residents of mental health facilities.

1986 Madeline Will sponsors The Regular Education Initiative at the Office of Special Education and Rehabilitative Services (OSERS). She is advocating for general and special education to be integrated as a single system for all students.

The Air Carrier Access Act is passed. It prohibits airlines from refusing to serve people simply because they have disabilities or from charging them more for airfare than travelers who don’t experience disabilities.

The Employment Opportunities for Disabled Americans Act is passed allowing people who receive Supplemental Security Income and Social Security Disability Insurance to keep their benefits, particularly medical coverage, even after they go to work. The act is supposed to change parts of Social Security that keep people with disabilities unemployed.

The Rehabilitation Act Amendments of 1986 funds “supported employment” as a “legitimate rehabilitation outcome.” Advocates fight for and win “consumer control” for Title VII Part B Independent Living Center boards.
Public Law 94-457 extended Individuals with Disabilities Education Act (IDEA) 
early intervention benefits to infants and toddlers with disabilities aged birth to 3 
years.

1987 The US. Supreme Court, in School Board of Nassau County, Fla. v. Airline, 
outlines the rights of people with contagious disease under Title V of the 
Rehabilitation Act of 1973. It establishes that people with infectious; diseases 
cannot be fired from their jobs “because of prejudiced attitude or ignorance of 
others.” This ruling is a landmark precedent for people with tuberculosis, 
HIV/AIDS, and other infectious diseases or disabilities, and for people, such as 
individuals with cancer or epilepsy, who are discriminated against because 
others fear they may be contagious.

The Omnibus Budget Reconciliation Act (OBRA) of 1987, known as the Nursing 
Home Reform Act, requires states to conduct Pre-admission Screening and 
Annual Resident Review (PASARR) of individuals with disabilities (mental illness, 
mental retardation, developmental disabilities) prior to admission to a nursing 
facility to determine if they actually need nursing facility level of care, even if the 
individual is not Medicaid eligible. PASARR requires that individuals with 
disabilities be provided specialized services while in a nursing facility. If nursing 
facility level of care is not required but an individual requires specialized services, 
the state must provide for or arrange for the specialized services in an 
appropriate setting.

1988 The Technology-Related Assistance Act for Individuals with Disabilities (the 
“Tech Act” is passed, authorizing federal funding to state projects designed to 
facilitate access to assistive technology.

The Fair Housing Amendments Act adds protection for people with disabilities 
under federal fair housing legislation and establishes minimum standards of 
adaptability for newly constructed multiple-dwelling housing.

Congress overrides President Ronald Reagan’s veto of the Civil Rights 
Restoration Act of 1987. The Act is in response to Supreme Court decisions 
limiting the scope of federal civil rights law, including Section 504 of the 
Rehabilitation Act of 1973 (one case was Grove City College v. Bell).

Honig v. Doe: The U.S. Supreme Court affirms the “stay put rule” established by 
the Education for All Handicapped Children Act of 1975; “stay put” means that 
school authorities can’t expel, suspend or move disabled children from the 
setting stated in the child’s Individualized Education Program (IEP) without a due 
process hearing.

The National Parent Network on Disabilities is established as an umbrella 
organization for the Parent Training and Information Centers.

Civil Rights Restoration Act is passed saying that organizations or corporations 
receiving federal funds may not discriminate in any of their programs; this 
clarifies the application of title IX of the Education Amendments of 1972, section 
504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and 
title VI of the Civil Rights Act of 1964.
1989 The federal appeals court rules that federal regulations requiring that transit authorities spend only 3 percent of their budgets on access are discriminatory and illogical in the case of ADAPT v. Skinner.

1990 The Americans with Disabilities Act brings full legal citizenship to Americans with disabilities. It states that local, state, and federal governments and programs must be accessible, that businesses with more than 15 employees must make “reasonable accommodations” for disabled workers, that public accommodations such as restaurants and stores make “reasonable modifications” to ensure access for disabled members of the public; also mandates access in public transportation, communication, and in other areas of public life. Justin Dart, Lex Frieden, Liz Savage, Marilyn Golden, and Pat Wright played prominent roles in the fight for passage of the Americans with Disabilities Act.

The Education for All Handicapped Children Act is amended and renamed the Individuals with Disabilities Education Act (IDEA).

Chris Burke, actor with Down syndrome, becomes regular cast member in the TV series Life Goes On. He is the first actor with a developmental disability to do so.

1991 “Jerry’s Orphans” pickets the Jerry Lewis Muscular Dystrophy Association Telethon for the first time.

1992 Douglas Biklen publishes Communication Unbound which leads to an increase in the use of Facilitated Communication. Debate over the method becomes heated when facilitators say clients have accused their teachers, caretakers, and family members of sexually and physically abusing them.

Three men are convicted of sexual assault and conspiracy, and a fourth of conspiracy, for raping a 17-year-old mentally disabled woman in Glen Ridge, New Jersey.

Robert Williams becomes commissioner of the Administration on Developmental Disabilities; he is the first developmentally disabled person to hold that position.

In Holland v. Sacramento City Unified School District, the final federal appeals court ruling confirms that disabled children have a right to attend public school classes with non-disabled children. The ruling is a major victory in the ongoing effort to ensure enforcement of the Individuals with Disabilities Education Act.

Amendments to the Rehabilitation Act order Centers for Independent Living (CILs) to serve more than one type of disability.

1993 The American Indian Disability Legislation Project is established to collect data on Native American disability rights laws and regulations.


1995 The U.S Court of Appeals for the Third Circuit rules that Pennsylvania has violated the Americans with Disabilities Act rights of a woman with disabilities by continuing to institutionalize her in a publicly funded nursing home when it was
not medically necessary and when the state could offer her the option of home care. Disability rights advocates hail this ruling as a landmark decision regarding the rights of people in nursing homes to personal assistance services, allowing them to live at home. (Helen L. v. Snider).

Justice for All is founded in Washington, D.C.

Boston University President John Silber criticizes students with disabilities for being, “trained to the trellis of dependency on their special status and the accommodations that are made to it.” This undoes the university’s commitment to accommodating students with learning and other disabilities. He refers to a student with narcolepsy as “Somnolent Sarah” and says she is typical. In a subsequent lawsuit against the university on behalf of disabled students, he is forced to admit that he made her up.

A California member of People First, Sandra Jensen, is denied a heart-lung transplant by Stanford University Medical School because she has Down syndrome. Hospital administrators finally say she can have the operation after protests by disability rights activists. She becomes the first person with Down syndrome to receive heart-lung transplant in January of 1996.

1996  Congress passes legislation eliminating more than 150,000 disabled children from the Social Security rolls, as well as individuals who are alcohol or drug dependent.

Telecommunications Act of 1996 passed by U.S. Congress; requires that telecommunications services and equipment be accessible.

Advocates with disabilities form “Not Dead Yet” to oppose Jack Kevorkian and other supporters of assisted suicide for people with disabilities. After the Supreme Court agrees to hear several “right-to-die” cases, disability rights advocates increase their efforts to prevent a return of “euthanasia” and “mercy killing” as practiced by the Nazis against disabled people during World War II. They are especially worried by proposals for “rationing” of health care to people with severe disabilities and the imposition of “Do Not Resuscitate” (DNR) orders for disabled people in hospitals, schools, and nursing homes.

The Traumatic Brain Injury Act authorizes funding to the Health Resources and Services Administration for grants to states, the Centers for Disease Control and Prevention, the National Institutes of Health, and the National Institute for Medical Rehabilitation Research so they can carry out projects related to traumatic brain injury.

The Kassebaum-Kennedy Act, also known as the Health Insurance Portability and Accountability Act (HIPAA) guarantees the availability of health insurance coverage for certain employees and individuals, and limits the use of preexisting condition exclusions for both insured and self-insured Employee Retirement Income Security Act (ERISA) plans.

1997  Family Educational Rights and Privacy Act (FERPA) Revised: describes protections of the privacy of parents and students; school districts must give
parents access to their child’s educational records and the opportunity to request corrections to records they believe are inaccurate or misleading; with some exceptions, school districts must obtain written permission of a parent before disclosing information from that student’s educational record.

1997-1998  The Nursing Home Initiative:  The Health Care Financing Administration (HCFA) reported that over one-fourth of nursing homes nationwide (27%) were cited with violations that caused actual harm to residents or placed them at risk of death or serious injury. Another 43 percent of the homes were cited with violations that created a potential for more than minimal harm. HCFA said that weak enforcement of the Nursing Home Reform Act of 1987 was a factor.


Nebraska School for the Deaf (NSD) closes. The Nebraska Legislature, with minimal input from parents of deaf children and deaf professionals, decided not to provide continued funding for NSD. The National Association of the Deaf (NAD) worked with the Nebraska Association of the Deaf (NeDAD) to oppose this plan, saying it would deny parents a vital option in determining the most appropriate educational setting for their children.

1999  Olmstead v. L.C. and E.W.: U. S. Supreme Court rules that State of Georgia violates Americans with Disabilities Act by compelling individuals with disabilities to reside in institutions without offering alternative option of community-based living arrangements. Orders that state must offer services in most integrated setting.

In three employment cases, U. S. Supreme Court rules that individuals whose conditions are manageable or correctable with devices or medications are not “disabled” under the Americans with Disabilities Act and therefore do not qualify for its protection against employment discrimination. (Sutton et. al. v. United Air Lines, Inc., Murphy v. United Parcel Service, Inc., and Albertsons, Inc. v. Kirkingburg).

Alsbrook v. City of Maumell: The Eighth Circuit Court of Appeals holds that applying Title II of the ADA to cases other than access to courts, as addressed in Tennessee v Lane, is unconstitutional.

The Ticket to Work and Work Incentives Improvement Act creates ways for states and individuals with disabilities to get jobs and keep their health insurance. The goal is to also reduce individuals with disabilities’ dependence on cash benefits, such as SSI and SSDI. Specifically, the Act sought to provide health care, employment preparation, placement services, Medicaid coverage and the option of maintaining Medicare coverage while working, and "tickets to work," which provide access to services needed to maintain employment. Title II expands availability of health care services. States are given the option of providing Medicaid coverage for people with disabilities who would qualify for SSI, if not for income, or who are working and have a "medically determinable impairment", or allow individuals to "buy in" to Medicaid coverage.
2000  The TBI Act of 1996 is amended and reauthorized as Title XIII of the Children's Health Act of 2000. The Act authorizes funding to the Centers for Disease Control and Prevention (CDC) to expand state surveillance and national education and prevention; to the National Institutes of Health to carry out applied research related to cognitive disorders and neurobehavioral consequences; and to the Health Resources and Services Administration for state capacity building grants. The Amendments of 2000 also authorize funding for state protection and advocacy services. The Act changes the definition of TBI by replacing the phrase "anoxia due to near drowning" with "anoxia due to trauma."

2001  The No Child Left Behind Act of 2001 is the most sweeping reform of the Elementary and Secondary Education Act (ESEA) since enactment in 1965. The legislation redefines the federal role in K-12 education and seeks to close the achievement gap between disadvantaged and minority students and their peers. It is based on four basic principles: stronger accountability for results, increased flexibility and local control, expanded options for parents, and an emphasis on teaching methods that have been proven to work.

In the case of Ash v. Alabama, the Supreme Court rules that state employees could no longer sue their employers for money damages. Jeffrey Sutton, a Bush nominee recently appointed to the US Court of Appeals for the Sixth Circuit, has said disability rights are unnecessary. Sutton successfully argued before the Supreme Court (Alabama v Garrett) that employees of state governments couldn't sue for discrimination under the ADA. Consequently, a woman who had been a state employee for 17 years wasn't entitled to monetary compensation when the state demoted her after she was diagnosed with breast cancer.

George W. Bush issues an Executive Order requiring federal agencies to evaluate their programs and policies to see how changing them could improve community based living arrangements for persons with disabilities.

2003  Arizona Supreme Court upholds the state's “Visitability Law” in Washburn v. Pima County. The Pima County ordinance, the first in the nation to require a zero-step entry in a single-family home, passed in February 2002.
The Last 50 Plus Years Developmental Disabilities Historical Timeline for Nebraska Experience

1951 Parents develop the Omaha Opportunity Center as a part of the Greater Omaha Association for Retarded Children (GOARC). Volunteers who worked in a church basement staffed the education program. GOARC is later called the Greater Omaha Association for Retarded Citizens and the Ollie Webb Center.

1954 Parents of children with cognitive disabilities found the Nebraska Association for Retarded Children (NebARC). The group works to improve the quality of life for all people with developmental disabilities and their families.

1955 First Nebraska statewide convention of NebARC is held in Norfolk.

1961 Governor Morrison creates the Interagency Committee on Mental Retardation to coordinate Nebraska agencies that put into practice the Early Intervention Act, the Quality Child Care Act, and other early childhood programs. The Committee is to make recommendations to the Departments of Education, Health and Public Welfare on the statewide early intervention system for children birth through age of beginner.

1965 Nebraska Fair Employment Act established the Equal Opportunity Commission to deal with illegal discrimination in employment, housing, and public accommodations.

Interagency Committee on the Mental Retardation and Citizen’s Committee on Mental Retardation formed.

1967 Citizens’ Study Committee on Mental Retardation created by Governor Tiemann. The Committee was based the ideas that people with disabilities are human beings with all the rights of other citizens, that contact between all parts of the environment, the family, and the person with a disability should be continuous and encourage the development of that person, and that children benefit from a relationship with someone who will act as his/her advocate.

Legislature created the Office of Mental Retardation (OMR) within the Department of Health.

1968 The Report of Nebraska Citizens’ Study Committee on Mental Retardation and summary document Into the Light is published.

*Douglas County Plan for Comprehensive Services* is written and approved. It focuses on keeping people closer to home, in their own community. The first community based services were started by the Greater Omaha Association for Retarded Children (GOARC) as a pilot project.

Lee Terry, Sr. of KETV Channel 7 produced a documentary series on Beatrice State Home, entitled Out of the Darkness.

Town hall meetings held across Nebraska to raise the citizen awareness and concern for the status of people with cognitive disabilities.
Meyer Children’s Rehabilitation Institute (MCRI) was formed to provide interdisciplinary education and services.

Nebraska Unicameral established Interlocal Cooperation Action.

1969  Legislature passes 14 laws that provide for the creation, funding, and coordination of community-based programs throughout the state. Legislative Bill 855 sets up six community-based mental retardation (CBMR) regions which share costs between state government & local agencies.

Office on Mental Retardation (OMR) moved to Department of Public Institutions and appointed an advisory committee.

1970  Eastern Nebraska Community Office of Retardation (ENCOR), first complete Mental Retardation regional community services agency, is formed by four county governments.

The first Citizen Advocacy program was begun in Lincoln.

1971  Governor Exon created the Nebraska Developmental Disabilities Council through an executive order.

Pilot Parents Program formed in Omaha by Greater Omaha Association for Retarded Children (GOARC). The program pairs more experienced parents of children with disabilities and parents of newly diagnosed children with disabilities to provide information and support.

1972  *Horacek v. Exon* lawsuit is filed because people in the Beatrice State Home are being denied services in the community.

Legislative Bill 1266 extends the ability of counties to plan, initiate, and maintain facilities and programs for people with mental retardation and with mental illness.

Dr. Wolf Wolfensberger publishes *The Principle of Normalization in Human Services*; he expands on the theory to include people in the community, resulting in the implementation of new support services. (Nebraska was the first place in the US to implement normalization.)

1973  Legislative Bill 311 establishes taxing authority and increases state funding to 75% of the community programs cost.

Nebraska legislature passes Legislative Bill 810 requiring the State Board of Education to provide appropriate educational programs for all children with handicaps ages 5 to 18 by October (extended to age 21 in 1976).

1974  The public schools become responsibility for serving school-aged children (LB 403). This shift indicates that the state is finally offering the “free and appropriate public education” (FAPE).

First community-based program for people with mental retardation is accredited by the Joint Commission on Accreditation of Hospitals and Accreditation Council for the Mentally Retarded.

Touche Ross & Co. study of Nebraska’s mental retardation programs.
1975 Regional Directors Council formed.
People First movement started in Nebraska (Project II).
The consent decree to resolve the case of Horacek v. Exon is approved.
Coalition of Citizens with Disabilities is founded in Nebraska.

1975-1976 All six regions formed in 1969 go through the accreditation process of the Accreditation Council for Services for the Mentally Retarded and Other Developmentally Disabled Persons (ACMR/DD).

1976 First Nebraska Mental Retardation Panel (NMRP) formed.
Pilot Parent Program received a DD grant to spread the program to a four state area.

1977 The Office on Mental Retardation (OMR) begins disbursing funds to regions on an aid-payment basis. The increased support from counties and the federal government and the new way money is provided from the OMR is used to develop new services.
Systems review process starts to measure the effectiveness of community-based programs. This process allowed officials to show their accomplishments to other states.
Nebraska Advocacy Services established as Nebraska Advocacy Services for Developmentally Disabled Citizens, Inc., to "assure the representation of the rights, needs and interests of developmentally disabled persons in an effort to bring about change both individually and systemically, which will promote the full participation of these individuals in society."

1978 Governor Exon designates Nebraska Advocacy Services (NAS) as the protection and advocacy (P&A) system in Nebraska under The Developmentally Disabled Assistance and Bill of Rights Act of 1975. NAS is mandated to find ways to protect and advocate for the rights of individuals with developmental disabilities. NAS will later become a cross disability advocacy agency.
Special Education statutes were amended to require school districts to provide services to children with disabilities from birth or date of diagnosis beginning in the fall of 1979. This was mandated at the federal level in 1986.

1980s Private not-for-profit Community Based Mental Retardation (CBMR) programs start to develop.

1980s Longitudinal placement/evaluation studies are conducted of Nebraska Community Based mental Retardation (CBMR) program.

1981 Horacek v. Exon plan of implementation approved by U.S. District court. Nebraska began to examine the way people with developmental disabilities were treated and realized services should support their basic human and legal rights.

1982 Offenders With Developmental Disabilities Program starts Individualized Judicial Plan (IJP), which was initially funded by a DD grant.
1983 Association of Community Professionals is formed Columbus.


Family and Community-Based Medicaid Waiver is approved for Nebraska.

Touche Ross & Co. propose standard-cost model for Nebraska’s Community Based programs.

1985 *Nebraska’s Regulations for Organizing and Implementing Mental Retardation Services in Community- Based Programs* is adopted.

1987 Home and community-based waiver services for children with mental retardation and their families are approved for Nebraska.

1988 Parent Training and Information created.

1989 Deloitte & Touche reported cost analysis of CBMR programs.

1990s Private for-profit providers emerged.

1991 Developmental Disabilities Services Act (LB 830) is passed, transferring provider-based case management to state-administered service coordination. The Act also makes services available for people with developmental disabilities other than “mental retardation.”

Katie Beckett Waiver takes effect: allows Medicaid funds to be used for children with severe medical complications whose care needs are normally provided in a hospital setting.

1993 The Arc of Nebraska begins quality review teams.

1994 State legislature passes LB 1136 and provides additional funding to serve people in the community who are waiting for services.

The state American Association on Mental Retardation (AAMR) chapter is reactivated.

1995 Governor Nelson’s Blueprint for Action is issued to address the problem of people being on waiting lists for community based services. The report adds new energy for parents to discuss community based services with the state.

Nebraska chapter of Association for Persons in Supported Employment (APSE) formed. Supportive Employment provides ongoing services to assist people with disabilities become employed at real jobs in their own communities.

The Center for Independent Living of Central Nebraska, Inc., Grand Island, Nebraska is awarded a Justice Department grant to fund state outreach programs and to arrange state conferences on the ADA.

1998 First statewide quality-of-life assessment completed for all service recipients.

National Alliance on Mental Illness Nebraska Affiliate (NAMI NE) is awarded a contract by the Department of Health and Human Services to carry out consumer and family education and other activities; NAMI NE opens its first statewide office with only a phone and phone book.
2000 Department of Justice enters into a settlement agreement with the Seward, NE. The city agrees to improve accessibility, personnel policies, provide reasonable accommodations, et. so that they obey the Americans with Disabilities Act.

Nebraska is awarded a Real Choice Grant approved by the President’s New Freedom Commission. The grant focuses on carrying out the Supreme Court decision on home and community based services in the case of Olmstead v L. C.

2002 Grand Island Independent and Omaha World Herald newspapers publish articles on the forced sterilization of 62 persons with cognitive disabilities at the Beatrice State Developmental Center (BSDC) in the 1950s and 60s by Health and Human Services System; other sources put the figure at 902 persons, including those at BSDC and at the Regional Centers in Hastings, Lincoln, and Norfolk (State hospitals for people with mental illness).

Out of the Darkness and into the Light: Nebraska’s Experience With Mental Retardation is published.

2003 The court rules that Nebraska gives up its claim to sovereign immunity to actions brought under Section 504 of the Rehabilitation Act when it accepts federal funds (Doe v Nebraska).

2005 Developmental Disabilities Court-Ordered Custody Act is passed, providing a procedure for courts to order persons with developmental disabilities into custody and treatment of Nebraska Health and Human Services when they pose a threat of harm to others. The process was developed in response to a single incidence of violence.

2006 The Department of Justice settlement agreement with Omaha, Nebraska takes effect mandating communication accommodations, procedures to avoid employment discrimination, physical changes to public areas and facilities, and other measures to bring the city into compliance with the ADA Guidelines.

Federal Circuit Court of Appeals vacated the Eighth Circuit Court’s judgment which said Nebraska had sovereign immunity in the class action case of Bill M, individual who had been placed in danger of unnecessary institutionalization by Nebraska practices.

Much of the above information was adapted from Schalock, R. L. (2002). Out of the Darkness and Into the Light, Nebraska’s Experience With Mental Retardation, American Association on Mental Retardation and is available on The Arc of Nebraska website.
Health and Human Services System
Programs for Children with Disabilities

MEDICAID –

Medicaid is a funding source that provides for basic medical services for children who meet eligibility criteria. Medical services include hospital charges, prescription drugs, and physician charges. Children with disabilities may also receive coverage of medical supplies such as diapers, dietary formulas, and disability related equipment such as wheelchairs, braces, and bath lifts.

Some of the services provided under Medicaid:

**Personal Care Aide**: This Medicaid service can help children with disabilities by providing relief to parents from their child's day to day person care needs. Designated Health and Human Services System (HHSS) staff, recruit and approve providers, determine client eligibility, assess needs, and process payments.

**Home Health Care**: Along with traditional assistance, home health care can provide instruction to parents on meeting the needs of children with disabilities. For those children not part of a managed care program, HHSS staff or a peer review contracted organization determines eligibility, needs and authorizes services.

**Behavioral Health Services**: Medicaid’s mental health and substance abuse service components include outpatient services (e.g., individual/family/group therapy, intensive family preservation, and mental health home health care and person care aide services), day treatment, crisis intervention, treatment for foster care, treatment in group home settings, residential treatment, and inpatient hospital care. HHSS staff provides technical assistance, placement of state wards, case management, and payment. In addition to these responsibilities, the managed care vendor is responsible for providing resource development for the mandatory managed care population. Behavioral Health managed care services are statewide.

**Health Check**: HEALTH CHECK is a free health program for anyone under 21 who is eligible for Medicaid. It provides complete checkups on a regular basis and provides diagnostic and treatment services for any health problems found at a checkup. HEALTH CHECK is the Early and Periodic Screening, Diagnosis, and Treatment (ESPDT) program in Nebraska and is included in managed care packages.

**Meals and Lodging**: Hospitals which contract with Medicaid as ambulatory room and board providers may provide meals and lodging for a child (while an outpatient) and/or an attendant (while hospitalized) in certain situations.
Medical Transportation: Both Medicaid’s mental health and substance abuse managed care vendor and health maintenance organization providers authorize and reimburse medical transportation as a service component.

SERVICES COORDINATION –

Service Coordination is a way of providing services so that clients and families have choices. It encourages using available services, making clients as independent as possible and getting a level of care that meets the client’s needs.

Services Coordination is a process of providing services to families based on client/family choices. It promotes making the best use of resources while maximizing independence and attaining a level of care consistent with the client’s level of need. Services Coordination includes access; intake/screening; determination of strengths’ priorities, and resources; planning and linking services; advocacy; and monitoring. The services coordination process is used for services provided under the Medicaid Waiver for aged persons, adults with disabilities, and children with disabilities. Waiver services coordination may be provided by HHSS staff or by staff under contract with HHSS.

Waiver services are offered with the recognition that eligible persons desire a choice between institutional care and home and community-based services. Waiver services build on client/family strengths and are intended to strengthen and support informal and formal services already in place to meet the needs of the client and are not intended to replace them.

Aged and Disabled Waiver for Adults and Children with Disabilities:

This waiver allows HHSS to use Medicaid funds to meet the needs of Medicaid eligible children with high medical care needs by purchasing services not traditionally considered “medical”. These services are respite care, transportation, assistive technology, home modifications, independence skills management, and child care for children with disabilities. HHSS staff, or staff under contract with HHSS, recruit and approve providers, determine eligibility, assess, refer, plan, authorize, and process payments.

Waiver for Children with Developmental Disabilities and their Families:

This waiver provides Medicaid funding for children with developmental disabilities, up to age 21, who would otherwise require ICF-MR (Institutional Care Facility for Mental Retardation) level of care. This funding provides for family supports and/or community-based services. Services included under this waiver are; habilitation, respite care, homemaker, habilitative daycare, and environmental modifications. HHSS Disability Services Specialists determine client eligibility; prior authorization of services, review and approval of individual and family support plans, and perform ongoing monitoring of plan implementation.

Early Intervention Waiver:

This waiver provides Medicaid funding for children birth through the end of a school’s fiscal year, August 31, in which the child reaches age three. Eligible children must meet nursing facility level of care criteria and be participating in
Nebraska Early Intervention Services Coordination. Early Intervention Waiver services include up to $100.00 per month for respite care. Early Intervention Services Coordinators initiate the eligibility determination process and assist in arranging the provision of respite care services.

**Early Intervention Services Coordination:**

HHSS contracts with community agencies to provide services coordination for eligible infants and toddlers (birth to age 3). Early Development is a family-centered interagency system supported by HHSS, the Department of Education and 29 Planning Region Teams, and communities.

**MEDICALLY HANDICAPPED CHILDREN’S PROGRAM (MHCP):**

The Medically Handicapped Children’s Program (MHCP) may pay for special medical care for children with certain diagnoses. This program provides assistance to coordinate medical care and provides multidisciplinary team evaluations for children with complex medical problems in sites throughout the State. An individual plan of treatment is provided and monitored for each child. Medical evaluations to determine a diagnosis and a treatment plan are provided before family income is considered. Program staff determines eligibility, assists with planning, authorization of services, coordination of clinics, and processes billings.

**SUPPLEMENTAL SECURITY INCOME (SSI)/DISABLED CHILDREN’S PROGRAM (DCP):**

SSI/DCP is a component of the Medically Handicapped Children’s Program (MHCP) which serves children who are eligible for Supplemental Security Income (SSI) and are between the ages of birth to 15. Assistance is available for disability-related expenses such as respite care, architectural modifications, utilities, meals, lodging care of siblings, and transportation while obtaining medical care, special equipment, personal care needs, care and assistive devices. MHCP staff is responsible for assessing needs, planning, case management, and payment authorization.

**DISABLED PERSONS AND FAMILY SUPPORT PROGRAM:**

This program is designed to support low and median income families who are caring for their child with a disability at home. Services may include costs during treatment such as meals and lodging, respite care, and special equipment (such as wheelchair lifts and ramps). HHSS Central Office staff, together with a committee of representatives from other state and private agencies, meet to discuss possible resources for each applicant. HHSS Central Office staff provides referral and payment authorization and processing.

**SOCIAL SERVICES FOR FAMILIES WITH CHILDREN:**

In addition to non-medical transportation and homemaker services available through this program, also offered is childcare for siblings while a child with a disability is hospitalized and the caregiver is at the hospital. Childcare to allow parents to work or attend school may be paid at higher rates to accommodate the needs of children with special care needs. For children not enrolled in a managed care plan or whose plan does not include medical transportation, this program can purchase airfare to fly a child with a disability and his/her parent to a facility in order to receive special treatment.
Department staff provide case management, determine eligibility, assess needs, and authorize payments.

**KATIE BECKETT PLAN AMMENDMENT:**

This is a special means of determining Medicaid eligibility. This plan allows Medicaid funds to be used for children with severe medical complications whose care needs are normally provided in a hospital setting. In these special cases, the parents’ income is not counted in determining the child’s Medicaid eligibility. This allows Medicaid to pay for services in the child’s home rather than in the more expensive facility setting. Medicaid staff identify children who may qualify and medical assessment of eligibility is handled at HHSS Central Office. HHSS contracts for nursing care management for children eligible under the “Katie Beckett” plan amendment and their families.

**SUBSIDIZED ADOPTION:**

HHSS provides assistance to families that help remove barriers from the process of adopting children with special needs. HHSS also makes adoption assistance available to families who are interested in adopting wards of private adoption agencies. Before the adoption occurs, the staff determines eligibility, and along with the family, assists in determining the type and amount of assistance required.

**LIFESPAN RESPITE CARE SUBSIDY:**

This program offers money to families of children and adults of all ages (across the lifespan) to pay directly for respite care. This program is available only to those children or adults who do not meet eligibility for respite services through another government program. Eligibility for funding is determined by income guidelines. There may be deductions from income for disability related expenses. The child or adult must have a caregiver.

**ANSWERS 4FAMILIES WEBSITE:**

Answers4Families.org is a project of the Center on Children, Families, and the Law at the University of Nebraska in Lincoln and is supported by grants from the HHSS Division of Special Services for Children and Adults, Foster Care, and School and Adolescent Health. The mission of Answers4Families is to provide information, opportunities for dialogue, education and support to Nebraskans with disabilities and their families by developing and providing internet resources and encouraging others to do the same. Log on to the web at http://www.answers4families.org.

**NEBRASKA RESOURCE REFERRAL SYSTEM (NRRS) WEBSITE:**

HHSS is host to NRRS, an automated resource and referral directory containing many categories of resources for persons of all ages. Some of the information on resources includes respite services, adult day care, transportation, health, support groups, financial assistance, and many more. Resources may be accessed by telephone or via the internet at http://www.nncf.unl.edu/nrrs.
“Titles” are the regulations for program services. The following are some of the important ones for disability advocacy. These regulations are available on the website above, or by calling the state office.

**Title 15 – Aging Services**: Community Aging Services Act which provides state funding for aging services, Care Management Units, and the Long-Term Care Ombudsman Program. These regulations are run by the Health & Human Services (HHS) Office of Aging and Disability Services.

**Title 172 -- Professional and Occupational Licensure** deals with health professions and occupations, including requirements, behavior, and other guidelines and standards. These regulations are run by the Department of HHS Regulation and Licensure, Credentialing Division.

**Title 175 -- Health Care Facilities and Services Licensure** deals with regulations and standards for various health care facilities in Nebraska, including hospitals, nursing homes, assisted living facilities, substance abuse treatment centers, home health agencies, pharmacies, hospice services, and others. These regulations are run by the Department of HHS Regulation and Licensure, Credentialing Division.

**Title 185 -- Nebraska Statewide Trauma System** involves development of a statewide trauma system. The regulations say how providers can become establish a process and standards for health care providers to become chosen as trauma care, specialty trauma care, and rehabilitation centers. The regulations also create a communication system to make patient care easier and an information registry. They are carried out by the Department of HHS Regulation and Licensure, Public Health Assurance Division.

**Title 201 -- Certifying Compulsive Gambling Counselors**: These regulations are managed by HHS Division of Mental Health, Substance Abuse, and Addiction Services.

**Title 203 -- Substance Abuse Services**: These regulations are administered by HHS Division of Mental Health, Substance Abuse, and Addiction Services.

**Title 204 -- Community Mental Health Programs**: This title deals with Community-Based Mental Health Programs in Nebraska. It includes regulations that cover the Department of Health and Human Services, the Regional Governing Boards, finance and administration of the programs, and certification of community mental health programs. These regulations are administered by HHS Division of Mental Health, Substance Abuse, and Addiction Services.

**Title 205 -- Services for Persons with Developmental Disabilities in Community-Based Programs**: This title deals with how services for persons with developmental disabilities in community-based programs are organized and carried out. These regulations deal with the responsibilities of the Department of Health and Human Services, the running of services for persons with developmental disabilities, certification of a provider of developmental disabilities services, and development and implementation of the individual program plan (IPPs)/individuals and family support plan (IFSPs). These regulations are administered by the HHS Office of Aging and Disability Services.
Title 206-- Rehabilitation Services for the Visually Impaired: talks about and is run by HHS Rehabilitation Services for the Visually Impaired.

Title 209 -- Certifying Alcohol and Drug Abuse Counselors: These regulations are managed by HHS Division of Mental Health, Substance Abuse, and Addiction Services.

Title 390 -- Child Welfare and Juvenile Services: This title deals with services to protect children from abuse and neglect, and to improve family conditions that place children at risk. These regulations are administered by HHS Protection and Safety.

Title 391 -- Child Care Licensing: This title focuses on how child care providers are licensed and get information and practical assistance. These regulations are administered by HHS Regulation and Licensure, Credentialing Division.

Title 392 -- Child Care Subsidy Program: gives information about obtaining help paying for child care. HHS Office of Economic and Family Support Services directs these regulations.

Title 401 -- Youth Rehabilitation and Treatment Centers includes regulations for Youth Rehabilitation and Treatment Centers (YRTCs) under HHS Protection and Safety.

Title 402 – Nebraska Health Care Funding Act: contains regulations for the grant programs under the Nebraska Health Care Funding Act. This includes grants for changing nursing facilities into assisted living facilities and grants from the Nebraska Health Care Cash Fund under HHS Finance and Support. It also covers the Teen Tobacco Education and Prevention Project which is run by the HHS Office of Disease Prevention and Health Promotion.

Title 464 -- Respite Subsidy Program: This title contains regulations for Respite Subsidy Program Across the Lifespan, which is assigned to provide money for caregivers to buy services to give caregivers a break. These regulations are administered by the Department of HHS, Office of Aging and Disability Services.

Title 465 -- Introduction to the Program Manual: This title contains general information related to regulations for Titles 465 through 482. Topics include "program universals" such as client rights and responsibilities, confidentiality and disclosure, fraud and abuse, assignment of representatives, and Administrative Procedure Act regulations.

Title 467 -- Medically Handicapped Children's Program, Genetically Handicapped Persons' Program, and Supplemental Security Income-Disabled Children's Program run by HHS Office of Aging and Disability Services. This title deals with programs including:

- The Medically Handicapped Children's Program (MHCP) provides coverage of medical services for children with specified disabling conditions.
- The Genetically Handicapped Persons' Program is an offshoot of the MHCP and provides coverage of certain services for persons age 21 or older who require treatment for cystic fibrosis, hemophilia, and sickle cell disease.
The SSI Disabled Children's Program serves children who receive monthly SSI grants and their families and provides funding to help families care for their children with disabilities at home. Some funded services are: respite care, mileage for long-distance medical trips, special equipment, and home modification.

Title 468 -- Aid to Dependent Children (ADC) and the Nebraska Medical Assistance Program (NMAP): This title addresses: the Aid to Dependent Children (ADC) Program, Medicaid, and Employment First (Nebraska's program for welfare improvement). Guidelines are included for eligibility, determination of benefits, and self-sufficiency contracts. These regulations are administered by the HHS Office of Economic and Family Support Services, and the Department of HHS Finance and Support, Medicaid Division.

Title 469 -- Assistance to the Aged, Blind, or Disabled, Nebraska Medical Assistance Program and State Disability Program: This title addresses programs to provide financial aid and medical assistance to persons in need who are age 65 and older, or who are age 64 and younger and blind or disabled. These regulations are directed by the HHS Office of Economic and Family Support Services, and the Department of HHS Finance and Support, Medicaid Division.

Title 471 -- Nebraska Medical Assistance Program Services: This title contains regulations for services provided under Nebraska's Medicaid program. Each chapter deals with a particular service and includes definitions and descriptions, limitations, prior authorization requirements, billing requirements and payment provisions. Material from this title is used for the provider handbooks. These regulations are administered by the Department of HHS Finance and Support, Medicaid Division.

Title 472-- The Disabled Persons And Family Support Program (DPFS): This program runs and purchases services and items to assist employed adults with disabilities to stay independent. It also helps families keep family members with disabilities in their homes. The HHS Office of Aging and Disability Services carries out these regulations.

Title 473 -- Social Services For Aged And Disabled Adults: This title addresses social services organized and provided by the HHS to people who are aged or disabled, including chore services, adult day care, respite care, home-delivered meals and meals people eat together, adult protective services, and transportation. These regulations are administered by the HHS Office of Aging and Disability Services.

Title 474 -- Social Services for Families, Children, and Youth: Services include homemaker services, transportation, and the domestic abuse program. Also included are licensing regulations for foster homes, group homes, child caring agencies, and child placing agencies. These regulations are administered by the HHS Office of Protection and Safety and the Office of Economic and Family Support Services.

Title 477 -- Children’s Medical Assistance Programs (CMAP): This title contains regulations on eligibility for children and youth through age 19 for Medicaid. The rules apply to children who do not qualify for Medicaid through another program. These regulations are administered by the HHS Office of Economic and Family Support Services, and the Department of HHS Finance and Support, Medicaid Division.
Title 479 -- Child Welfare Payment and Medical Services Program: This title deals with HHS provision of payments and/or medical assistance to state wards, former wards, and children being adopted. These regulations are administered by the HHS Office of Economic and Family Support Services, and the Department of HHS Finance and Support, Medicaid Division.

Title 480 -- Home and Community-Based Waiver Services and Optional Targeted Case Management Services: This title governs services delivered under Nebraska’s home and community-based Medicaid waivers, including community-based waiver services and case management for adults with cognitive (or related) disabilities, home and community-based services for persons who are aged or disabled, and for children with cognitive disabilities and their families, and early intervention Medicaid home and community-based waiver services. These regulations are administered by HHS Office of Aging and Disability Services for the Department of HHS Finance and Support, Medicaid Division.

Title 481 -- Community Services Block Grant Program: This title contains the Community Services Block Grant program, which provides funding for a range of services and activities that impact poverty, provide emergency assistance to those who are poor, coordinate effective delivery of services, and encourage the private sector to fight poverty. These regulations are administered by the HHS Office of Economic and Family Support Services.

Title 482 -- Nebraska Medicaid Managed Care: This title covers Nebraska's Medicaid Managed Care Program, also known as Nebraska Health Connection. These regulations are administered by the Department of HHS Finance and Support, Medicaid Division.

Mental Health and Substance Abuse Regional Governing Boards

Regional Governing Boards are local units of government organized under the Interlocal Cooperation Act for the purpose of planning, organizing, staffing, directing, coordinating and reporting of the local service systems of mental health, and substance abuse within geographic areas (regions). There are six regions in Nebraska. Each county participating in the region appoints one county commissioner to the board to represent that county and to participate in the decision making of the Regional Governing Board. The Boards are staffed by the Regional Program administrator who in turn hires sufficient staff to accomplish the tasks within the region.

The regions function as Regional Networks in the Behavioral Health System meaning the administrator, acting on behalf of the Board, purchases needed services from within the region and, if necessary, from other service providers across the state.

Region I

Serving: Sioux, Dawes, Sheridan, Box Butte, Scotts Bluff, Morrill, Garden, Banner, Kimball, Cheyenne and Deuel Counties.

Phone: (308) 635-3171
FAX: (308) 635-7026
4110 Avenue D
Region II
Phone: (308) 534-0440
FAX: (308) 534-6961
110 North Bailey Street
P.O. Box 1208
North Platte, NE 69103

Region III
Phone: (308) 237-5113
FAX: (308) 236-7669
4009 6th Avenue, Suite 65
Website: www.Region3.net
P.O. Box 2555
Kearney, NE 68848

Region IV
Phone: (402) 370-3100
FAX: (402) 370-3125
206 Monroe Avenue
Norfolk, NE 68701

Region V
Serving: Polk, Butler, Saunders, York, Seward, Lancaster, Otoe, Fillmore, Saline, Johnson, Nemaha, Thayer, Jefferson, Gage, Pawnee and Richardson Counties.
Phone: (402) 441-4343
FAX: (402) 441-4335
1645 "N" Street Suite A
Web: www.region5systems.net
Lincoln, NE 68508
E-mail: regvs1@ix.netcom.com

Region VI
Phone: (402) 444-6573
FAX: (402) 444-7722
3801 Harney Street
WEB: www.Regionsix.com
Omaha, NE 68131-3811
State Department of Education: Special Education
Gary M. Sherman, Administrator
Special Populations Office
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-2471 (V/TTY)
E-mail: gary.sherman@nde.ne.gov
Web: www.nde.state.ne.us/SPED/sped.html

State Coordinator for NCLB (No Child Left Behind)
Special Populations Office
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-2471 (V/TTY)
Web: www.nde.state.ne.us

Programs for Infants and Toddlers with Disabilities: Ages Birth through 2
Joan Luebbers, Part C Co-Coordinator
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509
(402) 471-2463
E-mail: joan.luebbers@nde.ne.gov
Web: www.nde.state.ne.us/edn

Micaela Swigle, Part C Co-Coordinator
Nebraska Department of Health and Human Services
P.O. Box 95044
Lincoln, NE 68509-5044
(402) 471-9329
E-mail: micaela.swigle@hhss.ne.gov
Web: www.hhss.state.ne.us

Programs for Children with Disabilities: Ages 3 through 5
Jan Thelen, Coordinator
Special Populations Office
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-4319
E-mail: jan.thelen@nde.ne.gov
Web: www.nde.state.ne.us
Nebraska ChildFind, Rights, Resources, & Referrals for Children with Disabilities:
Birth through 21
Steve Miller, Statewide Coordinator
Nebraska ChildFind
5143 S. 48th Street, Suite C
Lincoln, NE 68516-2204
(402) 471-0734; (888) 806-6287 (in NE)
E-mail: smiller@atp.state.ne.us
Web: www.nde.state.ne.us/ATP/childfind.asp

State Vocational Rehabilitation Agency
Frank Lloyd, Director
Vocational Rehabilitation
Nebraska Department of Education
301 Centennial Mall South, 6th Floor
P. O. Box 94987
Lincoln, NE 68509-4987
(402) 471-3649
E-mail: frank.lloyd@vr.ne.gov
Web: www.vocrehab.state.ne.us

Office of State Coordinator of Vocational Education for Students with Disabilities
Donna Vrbka, Director
School Counseling
Nebraska Department of Education
301 Centennial Mall South
P. O. Box 94987
Lincoln, NE 68509-4987
(402) 471-4811
E-mail: donna.vrbka@nde.ne.gov
Web: www.nde.state.ne.us/CARED/

Coordinator for Transition Services
Jack Shepard, State Transition Coordinator
Special Populations Office
Nebraska Department of Education
6949 S. 110th Street
Omaha, NE 68128
(402) 595-2171
E-mail: jack.shepard@nde.ne.gov
Web: www.nde.state.ne.us/SPED/sped.html
State Mental Health Agency
Ron Sorensen, Administrator
Division of Behavioral Health Services
Nebraska Department of Health and Human Services
P.O. Box 98925
Lincoln, NE 68509-8925
(402) 479-5117
E-mail: ron.sorensen@hhss.ne.gov
Web: www.hhss.state.ne.us

State Mental Health Representative for Children and Youth
Susan Adams, Program Specialist
Child and Adolescent Project Coordination
Nebraska Department of Health and Human Services
P.O. Box 98925
Lincoln, NE 68509-8925
(402) 479-5128
E-mail: susan.adams@hhss.ne.gov
Web: www.hhss.state.ne.us

State Developmental Disabilities Programs
René Ferdinand, Administrator
Developmental Disabilities System
Nebraska Department of Health and Human Services
P.O. Box 98925
Lincoln, NE 68509-8925
(402) 479-5110
E-mail: rene.ferdinand@hhss.ne.gov
Web: www.hhss.state.ne.us/

Councils on Developmental Disabilities
Mary Gordon, Program Administrator
Nebraska Planning Council on Developmental Disabilities
Department of Health and Human Services
301 Centennial Mall South
P.O. Box 95044
Lincoln, NE 68509-5044
(402) 471-2330; (402) 471-9570 (TTY)
E-mail: mary.gordon@hhss.ne.gov
E-mail: terri.holman@hhss.ne.gov
Web: www.hhss.state.ne.us/ddplanning/
Protection and Advocacy Agency
Timothy Shaw, CEO
Nebraska Advocacy Services, Inc.
134 South 13th Street, Suite 600
Lincoln, NE 68508
(402) 474-3183; (800) 422-6691
E-mail: info@nebraskaadvocacyservices.org
Web: www.nebraskaadvocacyservices.org

Client Assistance Program
Victoria Rasmussen, CAP Director
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-3656; (800) 742-7594 (In NE)
E-mail: victoria.rasmussen@cap.ne.gov
Web: www.cap.state.ne.us

Programs for Children with Special Health Care Needs
Mary Jo Iwan, Administrator
Home and Community Services for Aging and Adults and Children with Disabilities
Nebraska Department of Health and Human Services
P.O. Box 95044
Lincoln, NE 68509-5044
(402) 471-9345
E-mail: maryjo.iwan@hhss.ne.gov
Web: www.hhs.state.ne.us

State CHIP Program
(health care for low-income uninsured children)
Nebraska Department of Health and Human Services Finance and Support
(Kids Connection)
P.O. Box 94926
Lincoln, NE 68509
Phone: (402) 471-8845; (877) 632-5437
E-mail: deb.scherer@hhss.ne.gov
Web: www.hhs.state.ne.us/med/kidsconx.htm

Programs for Children and Youth who are Blind or Visually Impaired
Dr. Pearl Van Zandt, Executive Director
Nebraska Commission for the Blind and Visually Impaired
4600 Valley Road, Suite 100
Lincoln, NE 68510
(402) 471-2891
E-mail: pearl_vanzandt@ne.gov
Web: www.ncbvi.ne.gov
Programs for Children and Youth who are Deaf or Hard of Hearing
Rhonda Fleischer, Interim Director
Programs for Sensory Impairments
Special Populations Office
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-2471; (800) 311-2065 (Parent Number)
E-mail: rfleisch@esu9.org

Tanya Wendel, Executive Director
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844
(402) 471-3593 (V/TTY); (800) 545-6244 (in NE)
E-mail: tanya.wendel@ncdhh.ne.gov
Web: www.ncdhh.ne.gov

Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or with Speech Impairments
(800) 833-0920 (V)
(800) 833-7352 (TTY/ASCII); 711 (TTY)
(888) 696-0629 (Fast ASCII)
(888) 272-5527 (Speech to Speech)
(888) 272-5528 (Spanish)

Programs for Children and Youth who are Deaf-Blind
Dr. Pearl Van Zandt, Executive Director
Nebraska Commission for the Blind and Visually Impaired
4600 Valley Road, Suite 100
Lincoln, NE 68510
(402) 471-2891
E-mail: pearl_vanzandt@ncbvi.ne.gov
Web: www.ncbvi.ne.gov

State Education Agency Rural Representative
Dr. Douglas D. Christensen, Commissioner
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-5025; (402) 471-5020
E-mail: doug.christensen@nde.ne.gov
Web: www.nde.state.ne.us
Regional ADA & IT Technical Assistance Center
Jim de Jong, Director
ADA and I.T. Center
Great Plains Disability and Business Technical Assistance Center
University of Missouri/Columbia
100 Corporate Lake Drive
Columbia, MO 65203
(573) 882-3600 (V/TTY); (800) 949-4232 (V/TTY)
E-mail: ada@missouri.edu
Web: www.adaproject.org

University Centers for Excellence in Developmental Disabilities
J. Michael Leibowitz, Ph.D., Deputy Director
Munroe-Meyer Institute
UCEDD
985450 Nebraska Medical Center
Omaha, NE 68198-5450
(402) 559-5702
Web: www.unmc.edu/mmi

Technology-Related Assistance
Mark Schultz, Director
Nebraska Assistive Technology Partnership
5143 S. 48th Street, Suite C
Lincoln, NE 68516-2204
(402) 471-0734 (V/TTY); (888) 806-6287 (V/TTY)
Email: atp@atp.ne.gov
Web: www.nde.state.ne.us/ATP/

Pam Brown, Coordinator
Nebraska Educational Assistive Technology (NEAT)
1910 Meridian Avenue
Cozad, NE 69130-1159
(308) 784-4525
E-mail: neatcenter@esu10.org
Web: www.neatinfo.net

Patti Neill, Program Manager
TechConnectors
1910 Meridian Avenue
Cozad, NE 69130
(308) 784-4525; (800) 652-0033 (Cozad)
(402) 595-1920; (877) 201-4141 (Omaha)
E-mail: techconnectors@esu10.org
Web: http://www.techconnectors.net
State Mediation System
John D. Clark, Consultant
Special Populations Office
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-4304
E-mail: john.clark@nde.ne.gov
Web: www.nde.state.ne.us/SPED/mediation/index.html

Special Format Library
Nebraska Library Commission
Talking Book and Braille Service
The Atrium
1200 N Street, Suite 120
Lincoln, NE 68508-2023
(402) 471-4038; (800) 742-7691
E-mail: talkingbook@nlc.state.ne.us
Web: www.nlc.state.ne.us/tbbs/
This list contains the telephone numbers and Internet addresses of federal agencies and other organizations that provide information about the Americans with Disabilities Act (ADA) and informal guidance in understanding and complying with different provisions of the ADA.

Department of Justice offers technical assistance on the ADA Standards for Accessible Design and other ADA provisions applying to businesses, non-profit service agencies, and state and local government programs; also provides information on how to file ADA complaints.

**ADA Information Line**
800-514-0301 (voice)
800-514-0383 (TTY)

**Internet address:** www.ada.gov

Equal Employment Opportunity Commission offers technical assistance on the ADA provisions applying to employment; also provides information on how to file ADA complaints.

**Employment - questions**
800-669-4000 (voice)
800-669-6820 (TTY)

**Employment - publications**
800-669-3362 (voice)
800-800-3302 (TTY)

**Internet address:** www.eeoc.gov

Department of Transportation, Federal Transit Administration offers information on the public transit provisions of the ADA.

**ADA Assistance Line for regulations and complaints**
888-446-4511 (voice)
TTY: use relay service

**Internet address:** www.fta.dot.gov/ada

**E-mail address:** ada.assistance@fta.dot.gov

Federal Communications Commission offers technical assistance on the ADA’s telephone relay service (TRS) requirements.
TRS publications and questions
888-225-5322 (voice)
888-835-5322 (TTY)

Internet address: www.fcc.gov/cgb/dro

Department of Education funds ten regional centers to provide technical assistance on the ADA.

ADA & IT Assistance Centers
800-949-4232 (voice/TTY)

Internet address: wwwadata.org

Access Board (or Architectural and Transportation Barriers Compliance Board) offers technical assistance on the ADA Accessibility Guidelines.

Publications and questions
800-872-2253 (voice)
800-993-2822 (TTY)

Internet address: www.access-board.gov

Job Accommodation Network (JAN) is funded by the Department of Labor to provide advice on accommodating employees with disabilities.

Job Accommodation Network
800-526-7234 (voice/TTY)

Internet address: www.jan.wvu.edu

Project ACTION is funded by the Department of Transportation to provide information about making transportation accessible.

Transportation information and publications
800-659-6428 (voice)
TTY: use relay service

Internet address: http://projectaction.easterseals.com

Internal Revenue Service provides information about tax code provisions including tax credits (section 44) and deductions (section 190) that can assist businesses in complying with the ADA.

Tax code - information about ADA tax incentives
800-829-1040 (voice)
800-829-4059 (TTY)

Tax code - legal questions about ADA tax incentives
202-622-3120 (voice)
TTY: use relay service

Internet address: www.irs.gov.
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For persons with disabilities, this document is available in large print, Braille, audio tape, and computer disk.

Reproduction of this document is encouraged.
This guide provides an overview of Federal civil rights laws that ensure equal opportunity for people with disabilities. To find out more about how these laws may apply to you, contact the agencies and organizations listed below.

**Americans with Disabilities Act (ADA)**

The ADA prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

**ADA Title I: Employment**

**Title I** requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship. Religious entities with 15 or more employees are covered under title I.

Title I complaints must be filed with the U.S. Equal Employment Opportunity Commission (EEOC) within 180 days of the date of discrimination, or 300 days if the charge is filed with a designated State or local fair employment practice agency. Individuals may file a lawsuit in Federal court only after they receive a "right-to-sue" letter from the EEOC.

Charges of employment discrimination on the basis of disability may be filed at any U.S. Equal Employment Opportunity Commission field office. Field offices are located in 50 cities throughout the U.S. and are listed in most telephone directories under "U.S. Government." For the appropriate EEOC field office in your geographic area, contact:

(800) 669-4000 (voice)
(800) 669-6820 (TTY)
www.eeoc.gov
Publications and information on EEOC-enforced laws may be obtained by calling:
(800) 669-3362 (voice)
(800) 800-3302 (TTY)

For information on how to accommodate a specific individual with a disability, contact the Job Accommodation Network at:
(800) 526-7234 (voice/TTY)
www.jan.wvu.edu

**ADA Title II: State and Local Government Activities**

**Title II covers all activities of State and local governments regardless of the government entity’s size or receipt of Federal funding.** Title II requires that State and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities (e.g. public education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings).

State and local governments are required to follow specific architectural standards in the new construction and alteration of their buildings. They also must relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities. Public entities are not required to take actions that would result in undue financial and administrative burdens. They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

Complaints of title II violations may be filed with the Department of Justice within 180 days of the date of discrimination. In certain situations, cases may be referred to a mediation program sponsored by the Department. The Department may bring a lawsuit where it has investigated a matter and has been unable to resolve violations. For more information, contact:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Disability Rights Section - NYAV
Washington, D.C. 20530

www.ada.gov
(800) 514-0301 (voice)
(800) 514-0383 (TTY)

Title II may also be enforced through private lawsuits in Federal court. It is not necessary to file a complaint with the Department of Justice (DOJ) or any other Federal agency, or to receive a "right-to-sue" letter, before going to court.
ADA Title II: Public Transportation

The transportation provisions of title II cover public transportation services, such as city buses and public rail transit (e.g. subways, commuter rails, Amtrak). Public transportation authorities may not discriminate against people with disabilities in the provision of their services. They must comply with requirements for accessibility in newly purchased vehicles, make good faith efforts to purchase or lease accessible used buses, remanufacture buses in an accessible manner, and, unless it would result in an undue burden, provide paratransit where they operate fixed-route bus or rail systems. Paratransit is a service where individuals who are unable to use the regular transit system independently (because of a physical or mental impairment) are picked up and dropped off at their destinations. Questions and complaints about public transportation should be directed to:

Office of Civil Rights
Federal Transit Administration
U.S. Department of Transportation
400 Seventh Street, S.W.
Room 9102
Washington, D.C. 20590
www.fta.dot.gov/ada
(888) 446-4511 (voice/relay)

ADA Title III: Public Accommodations

Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by title III.

Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources.

Courses and examinations related to professional, educational, or trade-related applications, licensing, certifications, or credentialing must be provided in a place and manner accessible to people with disabilities, or alternative accessible arrangements must be offered.
Commercial facilities, such as factories and warehouses, must comply with the ADA’s architectural standards for new construction and alterations.

Complaints of title III violations may be filed with the Department of Justice. In certain situations, cases may be referred to a mediation program sponsored by the Department. The Department is authorized to bring a lawsuit where there is a pattern or practice of discrimination in violation of title III, or where an act of discrimination raises an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), or to receive a "right-to-sue" letter, before going to court. For more information, contact:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Disability Rights Section - NYAV
Washington, D.C. 20530

www.ada.gov
(800) 514-0301 (voice)
(800) 514-0383 (TTY)

**ADA Title IV: Telecommunications Relay Services**

Title IV addresses telephone and television access for people with hearing and speech disabilities. It requires common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week. TRS enables callers with hearing and speech disabilities who use telecommunications devices for the deaf (TDDs), which are also known as teletypewriters (TTYs), and callers who use voice telephones to communicate with each other through a third party communications assistant. The Federal Communications Commission (FCC) has set minimum standards for TRS services. Title IV also requires closed captioning of Federally funded public service announcements. For more information about TRS, contact the FCC at:

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554
www.fcc.gov/cgb/dro
(888) 225-5322 (Voice)
(888) 835-5322 (TTY)

**Telecommunications Act**

Section 255 and Section 251(a)(2) of the Communications Act of 1934, as amended by the Telecommunications Act of 1996, require manufacturers of telecommunications equipment and providers of telecommunications services to ensure that such equipment and services are accessible to and usable by persons with disabilities, if readily achievable. These amendments ensure that people with disabilities will have access to a broad range of products and
services such as telephones, cell phones, pagers, call-waiting, and operator services, that were often inaccessible to many users with disabilities. For more information, contact:

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554
www.fcc.gov/cgb/dro
(888) 225-5322 (Voice)
(888) 835-5322 (TTY)

Fair Housing Act

The Fair Housing Act, as amended in 1988, prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. Its coverage includes private housing, housing that receives Federal financial assistance, and State and local government housing. It is unlawful to discriminate in any aspect of selling or renting housing or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising.

The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities. For example, a landlord with a "no pets" policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog in the residence. The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications to their private living space, as well as to common use spaces. (The landlord is not required to pay for the changes.) The Act further requires that new multifamily housing with four or more units be designed and built to allow access for persons with disabilities. This includes accessible common use areas, doors that are wide enough for wheelchairs, kitchens and bathrooms that allow a person using a wheelchair to maneuver, and other adaptable features within the units.

Complaints of Fair Housing Act violations may be filed with the U.S. Department of Housing and Urban Development. For more information or to file a complaint, contact:

Office of Program Compliance and Disability Rights
Office of Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 7th Street, S.W., Room 5242
Washington, D.C. 20410
www.hud.gov/offices/fheo
(800) 669-9777 (voice)
(800) 927-9275 (TTY)
For questions about the accessibility provisions of the Fair Housing Act, contact Fair Housing FIRST at:  www.fairhousingfirst.org.
(888) 341-7781 (voice/TTY)

For publications, you may call the Housing and Urban Development Customer Service Center at:  (800) 767-7468 (voice/relay).

Additionally, the Department of Justice can file cases involving a pattern or practice of discrimination. The Fair Housing Act may also be enforced through private lawsuits.

**Air Carrier Access Act**

The Air Carrier Access Act prohibits discrimination in **air transportation by domestic and foreign air carriers** against qualified individuals with physical or mental impairments. It applies only to air carriers that provide regularly scheduled services for hire to the public. Requirements address a wide range of issues including boarding assistance and certain accessibility features in newly built aircraft and new or altered airport facilities. People may enforce rights under the Air Carrier Access Act by filing a complaint with the U.S. Department of Transportation, or by bringing a lawsuit in Federal court. For more information or to file a complaint, contact:

Aviation Consumer Protection Division
U.S. Department of Transportation
400 Seventh Street, S.W.
Room 4107, C-75
Washington, D.C. 20590

airconsumer.ost.dot.gov
(202) 366-2220 (voice)
(202) 366-0511 (TTY)
(800) 778-4838 (voice)
(800) 455-9880 (TTY)

**Voting Accessibility for the Elderly and Handicapped Act**

The Voting Accessibility for the Elderly and Handicapped Act of 1984 generally requires polling places across the United States to be physically accessible to people with disabilities for federal elections. Where no accessible location is available to serve as a polling place, a political subdivision must provide an alternate means of casting a ballot on the day of the election. This law also requires states to make available registration and voting aids for disabled and elderly voters, including information by telecommunications devices for the deaf (TDDs) which are also known as teletypewriters (TTYs). For more information, contact:
National Voter Registration Act

The National Voter Registration Act of 1993, also known as the "Motor Voter Act," makes it easier for all Americans to exercise their fundamental right to vote. One of the basic purposes of the Act is to increase the historically low registration rates of minorities and persons with disabilities that have resulted from discrimination. The Motor Voter Act requires all offices of State-funded programs that are primarily engaged in providing services to persons with disabilities to provide all program applicants with voter registration forms, to assist them in completing the forms, and to transmit completed forms to the appropriate State official. For more information, contact:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Voting Section - 1800 G
Washington, D.C. 20530

(800) 253-3931 (voice/TTY)

Civil Rights of Institutionalized Persons Act

The Civil Rights of Institutionalized Persons Act (CRIPA) authorizes the U.S. Attorney General to investigate conditions of confinement at State and local government institutions such as prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for people with psychiatric or developmental disabilities. Its purpose is to allow the Attorney General to uncover and correct widespread deficiencies that seriously jeopardize the health and safety of residents of institutions. The Attorney General does not have authority under CRIPA to investigate isolated incidents or to represent individual institutionalized persons.

The Attorney General may initiate civil law suits where there is reasonable cause to believe that conditions are "egregious or flagrant," that they are subjecting residents to "grievous harm," and that they are part of a "pattern or practice" of resistance to residents' full enjoyment of constitutional or Federal rights, including title II of the ADA and section 504 of the Rehabilitation Act. For more information or to bring a matter to the Department of Justice's attention, contact:
Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) (formerly called P.L. 94-142 or the Education for all Handicapped Children Act of 1975) requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs.

IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP's) for each child. The specific special education and related services outlined in each IEP reflect the individualized needs of each student.

IDEA also mandates that particular procedures be followed in the development of the IEP. Each student's IEP must be developed by a team of knowledgeable persons and must be at least reviewed annually. The team includes the child's teacher; the parents, subject to certain limited exceptions; the child, if determined appropriate; an agency representative who is qualified to provide or supervise the provision of special education; and other individuals at the parents' or agency's discretion.

If parents disagree with the proposed IEP, they can request a due process hearing and a review from the State educational agency if applicable in that state. They also can appeal the State agency's decision to State or Federal court.

For more information, contact:
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-7100
www.ed.gov/about/offices/list/osers/osep
(202) 245-7468 (voice/TTY)

Rehabilitation Act

The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. The standards for determining employment discrimination
under the Rehabilitation Act are the same as those used in title I of the
Americans with Disabilities Act.

**Section 501**

Section 501 requires affirmative action and nondiscrimination in employment by
Federal agencies of the executive branch. To obtain more information or to file a
complaint, employees should contact their agency's Equal Employment
Opportunity Office.

**Section 503**

Section 503 requires affirmative action and prohibits employment discrimination
by Federal government contractors and subcontractors with contracts of more
than $10,000. For more information on section 503, contact:

Office of Federal Contract Compliance Programs
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room C-3325
Washington, D.C. 20210

www.dol.gov/esa/ofccp
(202) 693-0106 (voice/relay)

**Section 504**

Section 504 states that "no qualified individual with a disability in the United
States shall be excluded from, denied the benefits of, or be subjected to
discrimination under" any program or activity that either receives Federal
financial assistance or is conducted by any Executive agency or the United
States Postal Service.

Each Federal agency has its own set of section 504 regulations that apply to its
own programs. Agencies that provide Federal financial assistance also have
section 504 regulations covering entities that receive Federal aid. Requirements
common to these regulations include reasonable accommodation for employees
with disabilities; program accessibility; effective communication with people who
have hearing or vision disabilities; and accessible new construction and
alterations. Each agency is responsible for enforcing its own regulations. Section
504 may also be enforced through private lawsuits. It is not necessary to file a
complaint with a Federal agency or to receive a "right-to-sue" letter before going
to court.

For information on how to file 504 complaints with the appropriate agency,
contact:
Section 508

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508. For more information on section 508, contact:

U.S. General Services Administration
Center for IT Accommodation (CITA)
1800 F Street, N.W.
Room 1234, MC:MKC
Washington, DC 20405-0001

www.gsa.gov/section508

(202) 501-4906 (voice)
(202) 501-2010 (TTY)

U.S. Architectural and Transportation Barriers Compliance Board
1331 F Street, N.W., Suite 1000
Washington, DC 20004-1111

www.access-board.gov

800-872-2253 (voice)
800-993-2822 (TTY)

Architectural Barriers Act

The Architectural Barriers Act (ABA) requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA
requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities. Facilities of the U.S. Postal Service are covered by the ABA. For more information or to file a complaint, contact:

U.S. Architectural and Transportation Barriers Compliance Board
1331 F Street, N.W., Suite 1000
Washington, D.C. 20004-1111

www.access-board.gov
(800) 872-2253 (voice)
(800) 993-2822 (TTY)

General Sources of Disability Rights Information

ADA Information Line
(800) 514-0301 (voice)
(800) 514-0383 (TTY)

www.ada.gov

Regional ADA and IT Technical Assistance Centers
(800) 949-4232 (voice/TTY)
wwwadata.org

Statute Citations

Air Carrier Access Act of 1986
49 U.S.C. § 41705

Implementing Regulation:
14 CFR Part 382

Americans with Disabilities Act of 1990
42 U.S.C. §§ 12101 et seq.

Implementing Regulations:
29 CFR Parts 1630, 1602 (Title I, EEOC)
28 CFR Part 35 (Title II, Department of Justice)
49 CFR Parts 27, 37, 38 (Title II, III, Department of Transportation)
28 CFR Part 36 (Title III, Department of Justice)
47 CFR §§ 64.601 et seq. (Title IV, FCC)

Architectural Barriers Act of 1968
42 U.S.C. §§ 4151 et seq.

Implementing Regulation:
41 CFR Subpart 101-19.6

Civil Rights of Institutionalized Persons Act
42 U.S.C. §§ 1997 et seq.
Fair Housing Amendments Act of 1988
42 U.S.C. §§ 3601 et seq.
Implementing Regulation:
24 CFR Parts 100 et seq.

Individuals with Disabilities Education Act
20 U.S.C. §§ 1400 et seq.
Implementing Regulation:
34 CFR Part 300

National Voter Registration Act of 1993

Section 501 of the Rehabilitation Act of 1973, as amended
29 U.S.C. § 791
Implementing Regulation:
29 CFR § 1614.203

Section 503 of the Rehabilitation Act of 1973, as amended
29 U.S.C. § 793
Implementing Regulation:
41 CFR Part 60-741

Section 504 of the Rehabilitation Act of 1973, as amended
29 U.S.C. § 794
Over 20 Implementing Regulations for federally assisted programs, including:
34 CFR Part 104 (Department of Education)
45 CFR Part 84 (Department of Health and Human Services)
28 CFR §§ 42.501 et seq.

Over 95 Implementing Regulations for federally conducted programs, including:
28 CFR Part 39 (Department of Justice)


Other Laws of Interest

Aviation Consumer Protection Division
800-778-4838 (voice)
800-455-9880 (TTY)

Internet address:
http://airconsumer.ost.dot.gov

Accessibility laws applying to Congress for questions or information, contact the office of compliance:

Congressional accessibility
202-724-9250 (voice)
202-426-1912 (TTY)

Internet address: www.compliance.gov
Federal Laws and Legislation

The Declaration of Independence and the Constitution of the United States describe the rights of all citizens.

1935  Social Security Act establishes Old Age and Survivors' Insurance that provided for compulsory savings for wage earners so that benefits may be paid to them on retirement at 65. Other provisions include financial support for aid to the disabled and vocational rehabilitation.

1938  The Fair Labor Standards Act leads to an increased number of sheltered workshop programs for blind workers. Although intended to provide training and job opportunities, it leads to unfair wages and poor conditions.

1943  The LaFollette-Barden Act amends Vocational Rehabilitation, adding physical rehabilitation as a goal and providing funding for certain health care services.

1950  The Social Security Amendments of 1950 establish a federal-state program to aid the permanently and totally disabled (APTD). This will become a model for later programs such as Social Security Disability Insurance.

1954-1965  Additional amendments to The Social Security Act include a “freeze” provision, protecting retirement benefits by not counting the years between the time people cease working and their retirement; the creation of Social Security Disability Insurance (SSDI) for disabled workers and their dependents, and the creation of Medicare and Medicaid.

1968  Fair Housing Act: Title VIII of the Civil Rights Act of 1968 as amended, prohibits discrimination in the sale, rental, and financing of housing based on race, color, national origin, religion, sex, familial status and handicap (disability).

The Architectural Barriers Act: federally constructed buildings and facilities must be accessible to people with physical disabilities. This is seen as the first ever-federal disability rights legislation.

1970  Congress passes the Urban Mass Transportation Assistance Act, declaring that elderly and handicapped persons have the same right to mass transit as others.

1971  The Fair Labor Standard Act of 1938 is amended to add people with disabilities other than blindness to the sheltered workshop system. This leads to a sheltered workshop system for people with cognitive and developmental disabilities.


1973  Federal-Aid Highway Act authorizes federal funds to provide for construction of curb cuts.

Rehabilitation Act of 1973, Section 504 prohibits discrimination based on disability in any program or activity receiving federal financial assistance.

1975  Community Services Act creates the Head Start program, at least 10 percent of program openings must be used for disabled children.
The Developmentally Disabled Assistance and Bill of Rights Act provides federal funds to programs serving people with developmental disabilities, defines rights for those who are institutionalized, and sets up Protection and Advocacy or P & A’s in each state.

The Education for All Handicapped Children Act (Pub. Law 94-142): children with disabilities have a right to a public school education in an integrated setting. Parent Training and Information Centers are founded to help parents.

1976 The Higher Education Act of 1972 is amended to provide services to physically disabled students entering college.

1978 Title VII of the Rehabilitation Act Amendments of 1978 establishes the first federal funding for independent living and creates the National Council of the Handicapped under the U.S. Department of Education.

1980 Amendments to Social Security: Section 1619 is to address work disincentives within the SSDI and SSI programs. It also requires a review of Social Security recipients, which leads to the termination of benefits of hundreds of thousands of people with disabilities.

The Civil Rights of Institutionalized Persons Act authorizes the U.S. Justice Department to file civil suits for persons in institutions whose rights are violated.

1984 Social Security Disability Reform Act: the complaints of people whose benefits have been terminated lead to requirements that benefits continue until all appeals have been exhausted and decisions to terminate be made case by case.

1990 The Americans with Disabilities Act gives Americans with disabilities full legal citizenship. It mandates that local, state, and federal governments and programs be accessible, that businesses with more than 15 employees make “reasonable accommodations” for disabled workers, that public accommodations such as restaurants and stores make “reasonable modifications” to ensure access for disabled members of the public. The act also mandates access in public transportation, communication, and in other areas of public life.

2001 George W. Bush issues an Executive Order requires federal agencies to evaluate programs and policies to improve community based living arrangements for persons with disabilities.
Disability Rights in Housing

**Definition of Disability:** Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or 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.

**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 individual 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. For more information, see the Reasonable Accommodations section of the Section 504 Frequently Asked Questions page.

- **Requires that new covered multifamily housing be designed and constructed to be accessible.** In covered multifamily housing consisting of 4 or more units with an elevator built for first occupancy after March 13, 1991, all units must comply with the following seven design and construction requirements of the Fair Housing Act:
  - Accessible Entrance on an Accessible Route
  - Accessible Public and Common-Use Areas
  - Usable Doors
  - Accessible Route Into and Through the Dwelling Unit
  - Accessible Light Switches, Electrical Outlets, Thermostats, and Environmental Controls
  - Reinforced Walls in Bathrooms
  - Usable Kitchens and Bathrooms

In covered multifamily housing without an elevator that consists of 4 or more units built for first occupancy after March 13, 1991, all ground floor units must comply with the Fair Housing Act seven design and construction requirements.

For information on how to comply with the physical accessibility requirements of the Fair Housing Act, visit the Fair Housing Accessibility FIRST Web site.

These requirements apply to most public and private housing. However, there are limited exemptions for owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

If you live in Federally assisted multifamily housing consisting of 5 or more units, 5 percent of these units (or at least one unit whichever is greater) must meet more stringent physical accessibility requirements. Additionally, 2 percent of units (or at least one unit whichever is greater) must be accessible for persons with visual or hearing disabilities. For more information, visit Section 504 Questions and Answers.

**People with Disabilities in Federally Assisted Housing:** Federal law makes it illegal for an otherwise qualified individual with a disability to be excluded, solely because of his or her disability, from programs receiving federal financial assistance. For more information on the rights of persons with disabilities in federally assisted housing as well
as the responsibilities of housing providers who receive federal financial assistance, visit our Section 504: Disability Rights in HUD Programs site.

**Zoning and Land Use:** It is unlawful for local governments to utilize land use and zoning policies to keep persons with disabilities from locating to their area. For more information, see the Joint Statement of DOJ and HUD on Group Homes, Local Land Use, and the Fair Housing Act.

**State and Local Laws:** Many states and localities have fair housing laws that are substantially equivalent to the Federal Fair Housing Act. Some of these laws prohibit discrimination on additional bases, such as source of income or marital status. Some of these laws may impose more stringent design and construction standards for new multifamily housing.

**The Americans with Disabilities Act:** In most cases, the ADA does not apply to residential housing. Rather, the ADA applies to places of public accommodation such as restaurants.
Centers for Independent Living – Establishment and Funding by the Federal Government

Program Office: Rehabilitation Services Administration
CFDA Number: 84.132A, B
Program Type: Discretionary/Competitive Grants, Cooperative Agreements

The purpose of the independent living programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society. Independent living programs provide financial assistance to provide, expand and improve independent living services; develop and support statewide networks of centers for independent living; and improve working relationships among state independent living rehabilitation programs, centers for independent living, statewide Independent Living Councils (SILCs), Rehabilitation Act programs outside of Title VII, and other relevant federal and non-federal programs.

The independent living programs are current-funded. However, the Act contains a provision allowing all Title VII grantees to carry over unobligated funds for an additional fiscal year. States participating in the State Grants and Older Blind programs must match every $9 of federal funds with $1 in non-federal cash or in-kind resources in the year for which the federal funds are appropriated. To be eligible for financial assistance under the Independent Living State grants or Centers for Independent Living programs, states are required to establish a SILC. Each State must also submit a state plan for independent living that is jointly developed and signed by the director of the designated State vocational rehabilitation unit(s) (DSU) and the chairperson of the SILC.

The Centers for Independent Living program provides grants for consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities and provide an array of independent living services. At a minimum, centers are required to provide the core services of information and referral, independent living skills training, peer counseling, and individual and systems advocacy. Most centers are also actively involved in one or more of the following activities: community planning and decision making; school-based peer counseling, role modeling, and skills training; working with local governments and employers to open and facilitate employment opportunities; interacting with local, state, and federal legislators; and staging recreational events that integrate individuals with disabilities with their nondisabled peers.

A population-based formula determines the total amount that is available for discretionary grants to centers in each state. If state funding for the operation of centers for independent living exceeds the level of federal funds for this program in any fiscal year, the designated state unit may apply for authority to award grants under this program in the following fiscal year. There are currently only
three states that are both eligible and have elected to manage their own centers program. In all other cases, the Department makes the awards.

In addition to funding centers for independent living, between 1.8 and 2 percent of the funds appropriated under this part must be used for grants, contracts or cooperative agreements to provide training and technical assistance with respect to planning, developing, conducting, administering, and evaluating centers for independent living. Annual performance reports provide information regarding the centers’ and SILCs’ most pressing training and technical assistance needs.

The Act establishes a set of standards and assurances that centers for independent living must meet and requires the Department to develop and publish indicators of minimum compliance with the standards. These standards and assurances are used in evaluating compliance in the following areas: philosophy, including consumer control and equal access; provision of services on a cross-disability basis; support of the development and achievement of the independent living goals chosen by consumers; advocacy to increase the quality of community options for independent living; provision of independent living core services; resource development; and community capacity-building activities, such as community advocacy, technical assistance and outreach. Each year, the Department must conduct compliance reviews of at least 15 percent of the centers and one-third of the designated state units funded under this part.

As required by the 1998 amendments to the Rehabilitation Act, the Department must award grants to any eligible agency that had been awarded a grant as of September 30, 1997. In effect, all CILs funded by the end of fiscal year 1997 are "grandfathered in," and thus guaranteed continued funding as long as they continue to meet program and fiscal standards and assurances.
The Dignity of Risk

From: "Hope for the Families"

by Robert Perske

This classic statement by Robert Perske became a central affirmation in “normalization theory.”

Overprotection may appear on the surface to be kind, but it can be really evil. An oversupply can smother people emotionally, squeeze the life out of their hopes and expectations, and strip them of their dignity.

Overprotection can keep people from becoming all they could become. Many of our best achievements came the hard way: We took risks, fell flat, suffered, picked ourselves up, and tried again. Sometimes we made it and sometimes we did not. Even so, we were given the chance to try. Persons with special needs need these chances, too. Of course, we are talking about prudent risks. People should not be expected to blindly face challenges that, without a doubt, will explode in their faces. Knowing which chances are prudent and which are not - this is a new skill that needs to be acquired. On the other hand, a risk is really only when it is not known beforehand whether a person can succeed..

The real world is not always safe, secure, and predictable. It does not always say “please”, “excuse me”, or “I’m sorry”. Every day we face the possibility of being thrown into situations where we will have to risk everything...

In the past, we found clever ways to build avoidance of risk into the lives or persons living with disabilities. Now we must work equally hard to help find the proper amount of risk these people have the right to take. We have learned that there can be healthy development in risk taking... and there can be crippling indignity in safety!
A Resource List on
Person-Centered Planning

Creating Individualized Support for People with Developmental Disabilities. Published in 1994, this book was edited by Valerie Bradley, John Ashbaugh and Bruce Blaney. It includes chapters on everything from public policy and funding to inclusion to personal futures planning. It's available from Brookes Publishing Company at P.O. 10624, Baltimore, Maryland 21285-0624.

Dare to Dream: An Analysis of the Conditions Leading to Personal Change for People with Disabilities. Written by Beth Mount (1991). Available from Communitas, P.O. Box 374, Manchester, CT 06040 (203) 645-6976.

PATH: A Workbook for Planning Positive Possible Futures. Uses an eight-step process to help people figure out life goals; build their strengths; include others in a personal support network; and, develop a commitment to action. This booklet was written by Marsha Forest, John O'Brien, and Jack Pearpoint and is printed by Inclusion Press. You can find out about where to order by contacting Marsha Forest or Jack Pearpoint at the Centre for Integrated Education and Community, 24 Thorne Crescent, Toronto, Ontario, Canada M6H 2S5, (416) 658-5363 or FAX 658-5067.

Person Centered Planning: How do we know when we are doing it? An overview on a variety of approaches to person-centered planning and what is common to all of them. This booklet also contains a list of resources and a checklist for looking at your planning approach. You can obtain a copy from: Oregon Transition Systems Change Project, Oregon Dept. of Education, Office of Special Education, Salem, Oregon (503) 378-3598.

It's Never Too Early, It's Never Too Late! The goals of Personal Futures Planning are to: help someone develop a picture of what the future will look like for him or her; to build a circle of people who will help support that picture or plan; and, to take some first steps. For more information on how to use Personal Futures Planning, you can get a copy of this booklet by Beth Mount and Kay Zwernik (1988) from the Minnesota Governor's Council on Developmental Disabilities, 370 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155, (651) 296-4018 voice, (877) 348-0505 toll free, (651) 297-7200 fax, (651) 296-9962 TDD, admin.dd@state.mn.us, www.mnddc.org OR www.mncdd.org.

It's My Life Materials: Preference-Based Planning, My Life Planner Series, A Self-Determined Life, The Self-Determination Profile, Lifestyle Dreams and Plans, The I WANT MY DREAM DECK and Hat Card Deck. The workbooks and card decks provide a variety of activities to assist individuals, their families and significant others in planning for the future and figuring out more about their preferred lifestyles, interests and preferences. The Dream Deck, Profile Cards, and Hat Cards are a hands-on visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great materials, contact Emilee Curtis at New Hats, Inc., HC 64 Box 2509, Castle Valley, Utah 84532. (435) 259-9400 or FAX 259-2209.
MAPS (Making Action Plans). MAPS helps bring together the key people in someone’s life to develop a support plan. A MAPS get-together is usually hosted by two people, one who helps guide the meeting and one who records what happens on chart paper on the wall. For more information on how to use the MAPS process, you can find out about available texts, videotapes and training by writing to Marsha Forest and Jack Pearpoint at the Centre for Integrated Education and Community, 24 Thorne Crescent, Toronto, Ontario, Canada M6H 2S5 (416) 658-5363 or FAX 658-5067.

Reach for the Dream: Developing Individual Service Plans for Persons with Disabilities. A manual on integrating the development of individual service plans with the futures planning process. Includes sections on: developing personal profiles; personal futures statements; writing service plans; and, putting it all together. You can order this booklet from: TRN, Inc., P.O. Box 439, St. Augustine, FL 32085-0439, (904) 823-9800.

Supporting People with Severe Reputations in the Community. A handbook presenting a variety of tools to develop better community capacity to support people with severe reputations (behavior challenges). The handbook is divided into three components: How to plan with the individual for community services; How to recruit and develop the supports needed to implement the plan; and how to sustain flexible and responsive ongoing supports. By Michael W. Smull and Susan Burke Harrison, (1991). Community Support & Access Unit, Department of Pediatrics, UMAB, 630 W. Fayette Street, Baltimore, Maryland 21201, (410) 328-2140.
Employment Development for Services for Adults in Recovery from Mental Illness

Our Employment Vision

This document presents a vision of employment services for people in recovery from mental illness. Key factors in this vision are a commitment to identifying "best practice" that result in easy access and rapid placement, incorporation of psychosocial rehabilitation principles into employment services and integration of an individualized support plan to sustain employment.

Background

The primary goal of employment development services for people in recovery from mental illness is to empower individuals to identify employment as a viable goal and to facilitate the process of choosing, getting and keeping a job. Opportunities to enter the workforce are expanding with the passage of the Americans with Disability Act and the inclusion of those individuals with a mental disability as a target for government funded employment programs. As the mental health field identifies effective new treatments for mental disorders the number of Americans with a mental disorder who are becoming employed has increased dramatically.

An estimated 40 million adult Americans have a mental disorder. Of this number, many have disorders severe enough to lead to major disabilities which make the tasks of living and working difficult. The nature of the disability depends upon the disorder itself, the adaptive capabilities of the individual and the support available in the surrounding environment. Key features in the environment are the family and other social support; health and human services, including housing, clothing, food and basic health care, and mental health and rehabilitation services, including psychosocial and vocational training and supports.

When these services and supports are carefully integrated into a planned individualized program, the opportunity to be successfully employed is increased. The individual can then participate more fully in community life and develop the identity of an employee rather than that of patient or client.

Employment services for all adults in recovery from mental illness should offer a broad menu of employment options based on each individual's goals, strengths, and required environmental supports.
State of Employment Development Services

Access

Although encouraging progress has been made by including adults with mental disorders in the target population to be served by state funded Vocational Rehabilitation Departments, the unique needs of this population have not been addressed in Department statute, regulatory or procedural requirements. The length of time required to complete the eligibility determination and rehabilitation plan required by state Vocational Rehabilitation Departments often discourage tentative and anxious candidates for employment services. The measurements used to define success in employment by state funded Vocational Rehabilitation Departments often undermeasure actual achievements while overemphasizing the value of first job retention. Many rehabilitation counselors are strongly committed to, and achieve excellent results for, persons with a mental disorder. These obsolete outcome measurements, however, can provide disincentives for rehabilitation counselors and employment service programs to work with mentally disordered individuals who may need a longer time to become "vocationally mature" enough to sustain long term employment.

Mental health agencies have only recently begun to consider their role in the provision of vocational services and to develop programs related to that role. Private rehabilitation providers -- such as psychosocial rehabilitation agencies and consumer-run services -- are among the most active in providing services that respond in a variety of contexts to levels of need that fluctuate throughout the lifetime of the individual. However, because these providers rely upon uncertain funding sources while providing services to an expanding membership, their financial stability can be threatened.

Finally, practitioners generally accept that they still do not know what are the most effective methods of providing employment services to the array of individuals with a mental disorder with whom they work. What they have come to realize is that the best way for adults in recovery to experience the benefits of employment is to work. They have also learned that this basic premise alters the role of a practitioner from emphasizing long term preparation for work to identifying a plan to support the actual effort.

Guidelines for Employment Development Services for Adults with Mental Illness

Access

- Individuals in recovery from mental illness who want to work should have simple and rapid access to employment opportunities;
- Assessment is an ongoing process result in course adjustments for both the individual being served and the service provider;
- Employment development services and outcomes should capitalize on the individual's strengths, and accommodate functional limitations in a manner that is appropriate for the individual's language, culture, environment, gender and age. These services must address other secondary disabilities.
that may be present, including mental retardation, substance abuse, sensory losses or physical disabilities;

- Development of a "best practices" approach to employment services requires that practitioners have skills grounded in current research.

**Consumer Involvement**

Individuals in recovery from mental illness must play a major role in planning their own employment development services and goals. Supportive family members or significant others should be involved in the employment services planning to the extent that the individual being served desires.

Consumers (and representatives of their families) must have the opportunity to provide input into the conceptualization, design, implementation and evaluation of research projects, service development and service delivery related to achieving optimal employment outcomes.

In some instances, individuals with psychiatric disabilities have assumed a highly influential role in planning their individual vocational services and have achieved a high degree of input and cooperative participation in the planning and delivery of vocational rehabilitation services. In general, however, this has not occurred to the degree most individuals would desire, especially in publicly funded programs.

Throughout the United States there are several consumer organizations which are making themselves heard in relation to consumer participation on policy making boards and regulatory bodies. Consumers are increasingly having input on service development and implementation and the conceptualization, design, implementation and evaluation of research. Overall, however, there is a large gap between optimal consumer participation at every level of services and research and the current status of their efforts.

**Identification and Integration of Supports and Other Services**

Individuals in recovery who have no recent work experience may exhibit fear and "vocational immaturity". Support is most effective when it is responsive to the individual's need for hands-on assistance and for clarification of the specific job's expectations.

Individuals may need and want other essential services such as mental health services, other medical services, housing alternatives, financial assistance, or any other assistance that provides the foundation for the person's health and well being, and thus facilitates the attainment of employment goals. The individual and the providers of these other services should collaborate in the development of an integrated rehabilitation plan and a support network congruent with the individual's lifestyle and personal goals that has the capacity to respond quickly when and where needed throughout the lifetime of the individual. This network should incorporate family members, co-workers, other consumers and community members, to the extent desired by the individual in recovery from mental illness.
Employment of people in recovery from mental illness is hampered by the federal benefit program that is confusing, complex and often seen as punitive by individuals returning to competitive employment or finding a job for the first time. Supplemental Security Income and Social Security Disability Insurance laws should be simplified, implemented consistently and amended to insure effective work incentives.

**Availability and Integration of Other Services and Supports**

Agencies providing housing, medical care and financial benefits do not consistently respond in a timely manner to fluctuating levels of need and are often encumbered by eligibility criteria, waiting lists and lack of financial and personnel resources. Policies among agencies may not be coordinated, thus allowing people to "fall between the cracks". The treatment or rehabilitation setting in which the individual with psychiatric disabilities finds him/herself may dictate the vocational services received rather than the development of a plan to provide the supports and services needed to enable the individual to achieve the employment of choice.

The tendency of mental health systems to focus on symptomatic rather than social and vocational aspects of psychiatric disability may cause problems at the point of referral to a vocational rehabilitation program or at the point that employment support services are needed.

Practitioners agree that there is a lack of interagency coordination and common knowledge of each other's system with no focal point for bringing everyone together. Although private rehabilitation programs have been more successful at blending and integrating services and systems, these programs themselves may not be well-integrated into the public vocational rehabilitation or mental health systems.

**Accommodation in the Workplace**

There has been considerable hesitancy among employers to hire people with mental illness and uncertainty about how to accommodate them. Further, many people are reluctant to disclose their psychiatric disabilities for fear of discrimination. The passage of the Americans with Disabilities Act creates a need for widespread dissemination of accurate information about mental illness and a critical need for both employers and individuals with psychiatric disability to access information related to accommodations for workers with psychiatric disabilities, and the risks and benefits of disclosure.

Unfortunately, information related to disability management in the workplace, to job accommodation and to the design of jobs and workstations to fit workers' needs have focused on disability areas other than mental illness. In addition, the impact of employer needs on the delivery of vocational rehabilitation and mental health services and on the integration of support networks into the workplace has only begun to be recognized.
Dissemination and Utilization of Knowledge

The mechanisms for dissemination of research findings are not effective in reaching practitioners, individuals with psychiatric disabilities and their families, employers and members of policy-making and regulatory bodies.

Vocational services may be provided by practitioners who are not skilled in working with people who have psychiatric disabilities, by people who are not in touch with the latest research findings and who are not ready to adapt to new technologies.

What is known from Research

In recent years, numerous studies have been conducted to identify the significant characteristics of persons with psychiatric disabilities, effective programs and environmental supports that contribute to successful rehabilitation outcomes. These studies have sought to establish reliable, predictable relationships between individual characteristics, vocational rehabilitation procedures and programs and successful results. Such research is on-going, and some results are merely suggestive at this time. But with respect to the vocational rehabilitation of persons with psychiatric disabilities, there is general agreement that:

A person's ability to function in one environment (e.g. a clinical program or a social setting) is not necessarily predictive of that person's ability to function in a work setting.

Although predicting future work performance of a person with psychiatric disabilities remains difficult, the best predictors appear to be: 1) the individual's prior work history; 2) assessments of the person's work adjustment skills made in a work-related setting; and 3) tests that measure the person's ego strength or self-concept in the role of worker.

Persons with psychiatric disabilities, especially those with a prior work history, benefit from rapid entry into competitive employment.

Vocational programs studied thus far, regardless of type, improve rates of paid employment for people with psychiatric disabilities, but not necessarily through the achievement of full-time, fully paid employment. Vocational and related psychosocial programs need to be planned as long-term, and initiated as early as possible as the individual begins to re-establish work activities and community relations.

If the mental disorder of a person with psychiatric disabilities is inadequately medically treated or unresponsive and the individual has active symptoms or deleterious side effects from medication, vocational rehabilitation is less likely to be effective.

Successful vocational outcomes are more likely to occur when work opportunities for people with psychiatric disabilities are compatible with their skills and aspirations.
A continuum of vocational services should be made available to persons with psychiatric disabilities. Persons should receive services in the least restrictive setting with a goal toward community placement. A sheltered work setting should be an option in the continuum as evidence exists that pre-vocational preparation in a workshop setting can contribute to later success in an integrated placement. A sheltered setting also addresses the issue of "consumer choice" in that some persons with psychiatric disabilities prefer the support and flexibility provided through this type of work environment.

Adapted from Vocational Rehabilitation for Persons with Psychiatric Disabilities: A Vision For The Year 2000 prepared by the National Task Force on Rehabilitation and Employment for People with Psychiatric Disabilities, an advisory committee to the Rehabilitation Services Administration, Department of Education, of which NMHA is a member.
State of Nebraska

Official Website: http://www.nebraska.gov/index.phtml
Nebraska Unicameral: http://www.unicam.state.ne.us/
Nebraska Online Bill Tracker: http://www.nebraska.gov/billtracker/login.html
Nebraska Statutes Search: http://statutes.unicam.state.ne.us/default.asp
Welcome to the Nebraska Blue Book Online:
http://www.unicam.state.ne.us/bluebook/index.htm

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Appendix-Political Contacts.doc
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.cfm
### Rep. Jeff Fortenberry (R) – District 1

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<th>Washington, DC Office</th>
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<tbody>
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<td>Washington, DC 20515</td>
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<tr>
<td>Fax: (202) 225-5686</td>
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**Lincoln Office:**
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Phone: (402) 438-1598
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**Web Site:** [www.house.gov/fortenberry](http://www.house.gov/fortenberry)
E-mail Form:
[http://www.congress.org/congressorg/mail/?id=143017&type=CO&state=NE](http://www.congress.org/congressorg/mail/?id=143017&type=CO&state=NE)

### Rep. Lee Terry (R) – District 2

<table>
<thead>
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<th>Washington Office:</th>
<th>Omaha District Office:</th>
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<tbody>
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<td>(402) 397-9944 phone</td>
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<tr>
<td>(202) 226-5452 fax</td>
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</table>

Website:[http://leeterry.house.gov/](http://leeterry.house.gov/)
E-mail Form:

### Rep. Adrian Smith (R) – District 3

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The Honorable Adrian Smith
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Scottsbluff, NE 69361
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Fax: (308) 635-7412
A Successful Group Has the Following:
How do you plan to form this group?

Qualified members

Commitment to the group

Good communication

Organization

Good Leadership

Members who accept the best

Members who recognize and praise each other
What is the Purpose of a Mission Statement?

- An organization's mission is an expression of the values you want to see implemented in your community.
- A mission statement is a stable foundation on which to base planning-both for the long- and short-term.
- Mission statements serve as a good measure of the integrity of a team-there must be consistency among and between the values, vision, goals and objectives, and strategies.
- The heart of a vision of mission is not the actual words, but the process and act of creating it, and then making a commitment to carry it out.

Example of a Coalition Member Job Description

Members of the Coalition will develop and implement plans to accomplish the mission of xxxxx. This team will identify, promote, and coordinate projects that encourage people with disabilities to xxxxx.

Specific Responsibilities:

- Attend Coalition meetings
- Serve as a member of a standing committee, ad hoc committee, task force and/or action team, as needed
- Help assess community needs and identify existing resources
- Develop action plan/s to carry out the Coalition’s mission
- Develop a mechanism for evaluating and monitoring the strategies

Time Commitment:

- One to three year position
- XXXXX coalition meetings per year (approximately 2 hours per meeting)
- Committee/task force/action meetings as needed

Personal Qualities:

- Commitment to xxxxx in the disability community of Nebraska
- Cross disability focus
- Enthusiasm
- Resourcefulness

Serving will provide members with opportunities to:

- Broaden their knowledge
- Gain new experiences and skills
- Increase communication skills
- Work with other community advocates
NATIONAL WEBSITES

DISABILITY-SPECIFIC ORGANIZATIONS

United Cerebral Palsy
http://www.ucpa.org/

The Arc of the U.S
http://www.thearc.org

AAPD - American Association Of People With Disabilities
http://www.aapd-dc.org/

Spina Bifida Association of America
http://www.sbaa.org/

AAMR (AAIDD)
http://www.aamr.org/

TASH
The Association for Persons with Severe Handicaps
http://www.tash.org/

Bazelon Center for Mental Health Law
http://www.bazelon.org/

INFORMATION & RESOURCES

National Center for Family Support (NCFS)
http://www.familysupport-hsri.org/

Beach Center on Disability
http://www.beachcenter.org/

Easter Seals
http://www.easter-seals.org/index.html

Justice for ALL
http://www.jfanow.org

NICHCY
National Information Center for Children and Youth with Disabilities
http://www.nichcy.org/

National Program on Self Determination
http://www.self-determination.org/

Through the Looking Glass
http://www.lookingglass.org/

The Technical Assistance Alliance for Parent Centers
http://www.taalliance.org/

Family Village
http://www.familyvillage.wisc.edu/

Disability Rights Education and Defense Fund Inc.
http://www.dredf.org/

QualityMall.org - Home Page
http://www.qualitymall.org/

Association of Birth Defect Children, Inc.
http://www.birthdefects.org/mainppopup.htm

Special Education News
http://www.specialednews.com

Assistive Technology - Custom Durable Products
http://www.pvcdme.com/

www.IDEAdata.org
http://www.ideadata.org/index.html

National Health Law Program
http://www.healthlaw.org/

The Boulevard - A healthcare site for the disabled by the disabled
http://www.blvd.com/

Welcome to WorkSupport.Com
http://www.worksupport.com/

SpineWire.com
http://www.spinewire.com/

Consortium for Citizens with Disabilities
http://www.c-c-d.org/index.htm

Protection and Advocacy -
http://www.protectionandadvocacy.com/

Welcome to the Civil Rights Project -
http://www.law.harvard.edu/groups/civilrights/

Exceptional Parent Magazine
Eparent.com
http://www.exceptionalparent.com/

National Association of Developmental Disabilities Councils
http://www.naddc.org/

disAbility.gov Home Page
http://www.disability.gov/

Catalog of Federal Domestic Assistance
http://www.cfda.gov/

Families USA - The Voice for Health Care Consumers
http://www.familiesusa.org/
Home and Community Based Services Resource Network
http://www.hcbs.org/

The Children's Defense Fund
http://www.childrensdefense.org/

A D A WATCH!
http://www.adawatch.org/

The Center for Law and Education
http://www.cleweb.org/

American Disabled for Attendant Programs Today
http://www.adapt.org/

Christopher Reeve Paralysis Foundation--Quality of Life Grant
http://www.paralysis.org/quality/index.cfm

ABLEKIDS
http://www.ablekids.org/

The State of The States in Developmental Disabilities Overview
http://www.cusys.edu/ColemanInstitute/stateofthestates/statehomepage.htm

Assistive Technology Partnership -
http://www.nde.state.ne.us/ATP/TECHome.html

Welcome To TheArcLink.org National Homepage
http://www.thearclink.org/

Special Education Law & Advocacy Strategies - Reed Martin, J.D. – Educational
http://www.reedmartin.com/

WorkWORLD© Homepage
http://www.workworld.org/WWHome.html

Mouth Magazine: Dedicated to disability rights & discrimination issues
http://www.mouthmag.com/

Job Accommodation Network Homepage
http://www.jan.wvu.edu/

Home and Community Based Services Resource Network Home Page
http://www.hcbs.org/

Tennessee Microboards Association
http://www.tnmicroboards.org/index.html

Disability and Aging Issues
www.cms.hhs.gov/medicaid/consumerag.asp

Bridges4Kids – Building Partnerships between Families, Schools and Communities
http://www.bridges4kids.org/

The National Center on Education, Disability and Juvenile Justice
http://www.edjj.org/

FCTD | Welcome to the Family Center on Technology and Disability (FCTD)
http://www.fctd.info/

Mothers from Hell – Facing Disability Issues with Combustible Humor
http://www.mothersfromhell2.org/

kaisernetwork.org
http://www.kaisernetwork.org/

National Center on Workforce and Disability/ Adult
http://www.onestops.info

Disability is Natural - Discover a new way of thinking about people with disabilities
http://www.disabilityisnatural.com/

Aging and Disability Services Administration
http://www.aasa.dshs.wa.gov/

Center for the Study and Advancement of Disability Policy (CSADP)
http://www.disabilitypolicypcenter.org/

Ticket to Work: Ticket to Work
http://www.yourtickettowork.com/

Welcome to SABE USA's Online Directory!
http://www.sabeusa.org/

National Disability Rights Network – Home
http://www.napas.org/

Center on Budget and Policy Priorities -
http://www.cbpp.org/

FirstGov – Nonprofit
http://www.firstgov.gov/Topics/Nonprofit.shtml

**Federal Resources on Disability and Health**

Administration on Aging
U.S. Department of Health and Human Services
http://www.aoa.gov

Administration on Developmental Disabilities
Administration for Children and Families
U.S. Department of Health and Human Services
http://www.acf.gov
Center for Financing, Access and Cost Trends
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
http://www.ahrq.gov

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
http://www.cms.hhs.gov

Clearinghouse on Disability Information
Office of Special Education and Rehabilitative Services
U.S. Department of Education
http://www.ed.gov

Disability Rights Section
Civil Rights Division
U.S. Department of Justice
http://www.usdoj.gov/crt/drs/drshome.htm

Division of Human Development and Disability
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
http://www.cdc.gov

Health Resources and Services Administration
U.S. Department of Health and Human Services
http://www.hrsa.gov

Interagency Committee on Disability Research (ICDR) http://icdr.us/

National Center on Medical Rehabilitation Research
National Institute of Child Health and Human Development
National Institutes of Health
U.S. Department of Health and Human Services
http://www.nichd.nih.gov

National Council on Disability
http://www.ncd.gov

National Institute on Deafness and Other Communication Disorders
National Institutes of Health
U.S. Department of Health and Human Services
http://www.nih.gov/nidcd

National Institute on Disability and Rehabilitation Research
U.S. Department of Education
http://www.ed.gov

Office for Civil Rights
U.S. Department of Health and Human Services
http://www.hhs.gov/ocr/

Office of Disability Employment Policy
U.S. Department of Labor
http://www.dol.gov/odep

Office of Equal Opportunity and Diversity Management
National Institutes of Health
U.S. Department of Health and Human Services
http://nih.hhs.gov

Office of Special Education and Rehabilitative Services
U.S. Department of Education
http://www.ed.gov

Office of the President’s Council on Physical Fitness and Sports
U.S. Department of Health and Human Services
http://www.fitness.gov

Office on Disability
U.S. Department of Health and Human Services
http://www.hhs.gov/od/

Office on Women’s Health
U.S. Department of Health and Human Services
http://www.4woman.gov

The President’s Challenge Physical Activity and Fitness Awards Program
http://www.presidentschallenge.org

Social Security Administration
http://www.ssa.gov

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
http://www.samhsa.hhs.gov