



National Disability Policy: A Progress Report



National Council on Disability
July 26, 2015

National Council on Disability
1331 F Street, NW, Suite 850
Washington, DC 20004

National Disability Policy: A Progress Report

National Council on Disability, [July 26, 2015]
Celebrating 25 years of the Americans with Disabilities Act

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ncd@ncd.gov Email

202-272-2004 Voice

202-272-2074 TTY

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National Council on Disability

An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

Letter of Transmittal

July 26, 2015

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

The National Council on Disability (NCD) is pleased to present the 2015 *National Disability Policy: A Progress Report*. This statutorily mandated report is submitted as our nation celebrates the 25th anniversary of the Americans with Disabilities Act (ADA). In recognition of this landmark legislation, NCD has dedicated the 2015 report to exploring how the ADA and other federal legislation has been put into practice by five state and local agencies to improve outcomes for people with disabilities. It focuses on five critical policy areas including employment, education, health care, transportation, and housing. This approach provides us with the opportunity to demonstrate the impact of federal legislation. Equally as important, it reflects the significant role of disability advocates along with state and local government officials who translate the spirit and letter of the ADA and other federal legislation into practice.

Our nation has made significant progress in promoting and protecting the civil rights of people with disabilities, but NCD acknowledges that much work remains. Youth and young adults who were born in a post-ADA era have still not experienced all of the protections that the ADA introduced 25 years ago. Looking forward, NCD's vision for the future closes the report. This commentary outlines the progress that we collectively need to make between now and the time we celebrate the 50-year anniversary of the ADA in 2040.

NCD applauds the efforts of policymakers who introduce and preserve federal legislation that protects the civil rights of people with disabilities. NCD also appreciates the activities of state and local government officials and disability advocates who advance federal legislation and shape inclusive policies and practices. As NCD celebrates the 25th anniversary of the ADA, we respectfully ask Congress and the White House to carefully consider the practices and concerns reflected in this report. In doing so, we urge support of NCD's recommendations as a demonstration of strong commitment to an equitable society for all. Acting on these recommendations will lead

to a more accessible and inclusive environment both in the short term, and by 2040, when we celebrate the 50th anniversary of the ADA.

Respectfully,

A handwritten signature in black ink, appearing to read "Jeff Rosen". The signature is stylized and cursive.

Jeff Rosen

Chairperson

(The same letter of transmittal was sent to the President Pro Tempore of the U.S. Senate and the Speaker of the U.S. House of Representatives.)

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- Nebraska Vocational Rehabilitation
- Minnesota Department of Education
- Massachusetts Department of Public Health, Office of Health Equity; Massachusetts Executive Office of Health and Human Services, Office of Medicaid; and the Disability Policy Consortium
- New York City Mayor’s Office for People with Disabilities
- Texas Governor’s Committee on People with Disabilities

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EXECUTIVE SUMMARY

NCD's 2015 Annual Progress Report commemorates the 25th anniversary of the Americans with Disabilities Act (ADA) by demonstrating how federal legislation has influenced state and local practices and has led to innovative initiatives designed to improve outcomes for people with disabilities. The report explores this in five NCD policy areas: employment, education, health care, transportation, and housing. These policy areas influence one's opportunities to access resources needed to thrive in society and lead a meaningful life. NCD explored these policy areas by engaging with five state and local agencies to learn about their experiences creating and implementing innovative initiatives to operationalize federal legislation.

The report begins with an exploration of opportunities to promote increased **employment** outcomes for people with disabilities through three Nebraska Vocational Rehabilitation agency practices that focus on consumer engagement, employer engagement, and assistive technology. The report then examines two **education** initiatives in Minnesota that align with the spirit of the ADA to ensure that people with disabilities are able to access the same education opportunities as people without disabilities. These initiatives include the Minnesota Olmstead plan and statewide 504 training for Minnesota public school educators. Next, the report turns to how **health care** initiatives help protect people with disabilities against discrimination and promote accessible and high-quality health care for this population. These initiatives include the Massachusetts Facility Assessment Tool and the One Care Dual Eligibles Demonstration. The report then highlights initiatives that promote accessible public **transportation** through New York City's subway system, taxis, and paratransit system. Finally, the report explores initiatives that demonstrate how **housing** policies have been influenced by the ADA and subsequent civil rights laws and legal rulings. Examples from Texas include the Amy Young Barrier Removal Program and Project ACCESS.

NCD provides policy recommendations for Congress, the White House, and federal agencies as well as state and local governments in each of the topic areas. NCD's policy recommendations from each chapter are listed by topic area in the appendices.

The Council recognizes that the initiatives featured in this report do not represent or do justice to the full range of issues that impact the quality of life and inclusive practices for people with disabilities. Rather, they serve to highlight the impact of the ADA and related legislation on state and local policies.

The 2015 Annual Progress Report concludes with NCD's vision for 2040 when the ADA will turn 50, with additional recommendations to realize this vision. NCD envisions a society in which all people with disabilities are fully engaged and have opportunities to choose their careers; excel in education; receive the highest quality health care; access any transportation option; and live in safe, affordable, and accessible housing. Internationally, NCD also envisions that the United States will have a stronger presence in the international arena through support of the Convention on the Rights of People with Disabilities (CRPD) and increased representation of U.S. officials with disabilities abroad.

As we reflect on the progress made since the implementation of the ADA 25 years ago, we cannot overlook the work that remains for people with disabilities to achieve full access and inclusion. A summary of NCD's vision for 2040, along with recommendations to realize this follows:

- **Work incentive programs for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) beneficiaries, such as the Ticket-to-Work program, will receive the support necessary to enhance their effectiveness.** Congress should provide additional guidance to state agencies and mandate closer collaborative, rather than competitive, relationships between state vocational rehabilitation agencies and employment networks to identify and develop models that more effectively contribute to employment for people with disabilities.
- **The promise of the Workforce Innovation and Opportunity Act will be fulfilled, leading to greater collaboration among local, state, and federal employment services and enhanced opportunities for integrated, competitive employment for people with disabilities.** State agencies should collaborate with their planning and action committees to draw on the strengths of multiple programs and minimize

the overlap of services. Federal agencies such as the U.S. Department of Education, U.S. Department of Health and Human Services (HHS), and U.S. Department of Labor (DOL) should support technical assistance centers to support state and local providers as they develop their understanding of the new federal requirements. These agencies should also support technical assistance opportunities that empower people with disabilities to participate in postsecondary education and prepare for integrated employment.

- **Discrimination against people with disabilities during hiring, job assignment, promotion, and retention will end. These decisions will be based solely on the qualifications and performance of the individual.** Congress should provide additional funds to the Rehabilitation Services Administration-funded vocational rehabilitation agencies to address the supports needed for competitive, integrated employment and the education of employers to create inclusive work environments.
- **The sub-minimum wage provisions of the Fair Labor Standards Act will be eliminated, guaranteeing competitive wages for all people with disabilities.** Congress should amend the Fair Labor Standards Act to eliminate the allowance of sub-minimum wages for people with disabilities once sub-minimum wage employment is phased-out.
- **Workplace accessibility, a reasonable accommodation, will be extended to people with disabilities who work remotely.** Congress should amend the tax code to allow for an expansion of presently available tax credits for access modifications in home offices.
- **Employers will become partners in disability employment, working in collaboration with the individual, support providers, disability advocacy groups, and state agencies to develop competitive employment opportunities for all people with disabilities.** DOL should require representation of people with disabilities on local workforce investment boards required under the WIOA and encourage efforts to promote people with disabilities to positions of influence and leadership in both the public and private sectors. Simultaneously, federal contractors

must recognize that the 7 percent inclusion target applies across job categories for firms with more than 100 people.

- **Students with disabilities will have equal opportunity and access to a meaningful education.** Local education agencies (LEAs) and state education agencies (SEAs) should implement evidence-based practices such as universal design for learning principles and also promote positive behavior interventions and supports. Congress should work closely with NCD to reauthorize the Individuals with Disabilities Education Act (IDEA) in a manner that facilitates the meaningful inclusion of all students with disabilities. Additionally, Congress should authorize the United States Access Board to establish guidelines for accessible instructional materials that will be used by government, in the private sector, and in postsecondary academic settings.
- **The school-to-prison pipeline for students with disabilities and from diverse backgrounds will be dismantled.** SEAs and LEAs should offer social skills instruction and individualized wraparound supports to connect students with disabilities to community services. These agencies should also adopt positive behavioral systems and end zero tolerance disciplinary practices. Federal, state, and local education agencies should allocate funding to support school-based mental health service providers. The U.S. Department of Education should support research that determines factors that contribute to the disproportionality of students with disabilities in the juvenile justice system, as well as evidence-based practices to address these factors.
- **Students with disabilities will be fully included in appropriate accountability and achievement metrics.** LEAs and SEAs should ensure that students who need assistive technology to access standard assessments are provided with this support, as well as all other accommodations identified in their individualized education program (IEP). These agencies should also ensure that principles of universal design for learning extend to assessment. The U.S. Department of Education should collect data on the academic progress of students with disabilities that are

disaggregated by subgroups of IDEA eligibility or disability categories and include this data within the annual state report cards, LEA report cards, and U.S. Department of Education report card to Congress. Data should be disaggregated by race, ethnicity, and other identifying factors within the IDEA eligibility subgroups.

- **Technology will be readily available to support students to participate and succeed academically.** SEAs should collaborate with institutions of higher education to identify basic learning standards involving technology and students with disabilities for pre-service teachers. The U.S. Department of Education should collaborate with states to identify funding options that would allow students transitioning out of the purview of their LEA to maintain devices provided by an IEP or 504 plan, or secure a comparable device within a timely manner. Further, local, state, and federal education and health agencies should collaborate with private and public health insurance providers to establish clear plans and policies to ensure that students with disabilities have access to the necessary assistive technology.
- **Self-determination will drive the transition of students with disabilities into integrated postsecondary education and competitive employment settings that match individuals' interests, skills, and abilities.** The U.S. Department of Education, in collaboration with HHS and the Social Security Administration, should fund resources and support opportunities that help students with disabilities and their families to understand and navigate home and community-based services and manage long-term services and supports.
- **Students with disabilities in postsecondary education settings will be provided with the financial, technological, and academic supports to be successful.** Colleges and universities should operate fully-functioning offices dedicated to serving students with disabilities. The U.S. Department of Education should require consistent, disaggregated, data collection on the enrollment of students with disabilities in institutions of higher education and their completion rates to better understand the extent to which students with disabilities enter into and graduate from institutions of higher learning.

- **People with disabilities will realize health equity goals currently promised under the ADA.** HHS and state health officials should work directly with health care providers to establish and maintain accessible health care facilities. Further, HHS should invest in research to better understand the continuing health disparities that exist among people with disabilities.
- **The holistic needs of people with disabilities will be an integral part of the health care delivery system.** HHS should promote the development of health care delivery systems that are highly coordinated with social service and supports, and are able to improve the health outcomes and overall satisfaction of people with disabilities through continued funding of new demonstrations. Health care delivery systems should invest in the delivery of high-quality health care and support services that prevent expensive health care use in the future. HHS should develop measures that fully capture the lived experience of people with disabilities.
- **People with disabilities will benefit from stronger consumer protections with health insurance and throughout the health care delivery process.** HHS and state regulators should encourage public deliberation and stakeholder engagement in the design and operations of health care policy and programs. This could include promoting and implementing stronger ombudsman programs, consumer majority advisory councils, and public forums that address consumer protection issues.
- **Mass rapid transit systems will be a viable transportation option for people with disabilities.** State agencies that provide oversight of mass rapid transit should engage people with disabilities early on to provide insight on unexpected barriers to access and opportunities to overcome those barriers. They should also reach out to professional peers in established cities to gain insight on access barriers that have surfaced and recommendations to avoid these barriers. When retrofitting existing transit stations to be accessible and when designing new transit systems, relevant state agencies should factor in alternative options to accommodating passengers with disabilities.

- **Transportation network companies (TNCs) will be subjected to the same accessibility standards for their network of vehicles as are companies regulated by state or local government agencies.** TNCs, the U.S. Department of Transportation and U.S. Department of Justice, in collaboration with NCD, should explore options to provide oversight of TNCs and create an operating plan to promote accessible vehicles in TNC networks. TNCs should also adopt universal design principles throughout all aspects of their service.
- **Governing bodies that regulate taxi services will operate fleets that consist of at least 50 percent accessible taxis, 100 percent accessible mobile technology, and staff who are responsive to the needs of passengers with disabilities.** State agencies should collaborate with governing bodies that regulate taxi services to develop a strategic plan to increase the number of accessible taxis with features such as wheelchair access and auditory systems.
- **People with disabilities who reside in rural and suburban communities will have accessible and reliable transportation options.** Local planners, public officials, staff in rural jurisdictions, and anyone affected by rural or transportation issues should learn about the successful strategies that have been used to provide rural transportation, including voucher programs, volunteers, flex services, taxis, mobility management, and neighborhood co-operatives.
- **Autonomous vehicles will be a viable transportation option for people with disabilities.** The U.S. Department of Transportation should collaborate with private sector research firms to design and invest in autonomous vehicle research to help refine the technology that powers this initiative and explore the implications for people with disabilities.
- **The airline industry will operate in a manner that is responsive to the needs of people with disabilities.** The U.S. Department of Transportation in collaboration with NCD, should establish a Passengers with Disabilities Bill of Rights document that is based on the Air Carrier Access Act but written in plain language. NCD also recommends that Congress authorize the U.S. Department of Transportation to hold

the airline industry accountable for abiding by the Air Carrier Access Act and other relevant federal legislation.

- **The availability of accessible public housing units will reflect the percentage of the population of people with disabilities.** Congress should raise the current federal requirements for new accessible housing to reflect the percentage of the American population identified as having disabilities by the American Community Survey.
- **All new homes and apartments will meet universal design accessibility standards.** State housing commissions should mandate that universal design accessibility principles be incorporated into the permitting requirements for all new homes and apartments.
- **People with disabilities will have greater access to community housing.** The U.S. Department of Housing and Urban Development (HUD) should increase the number of housing choice vouchers to an amount that reflects the number of individuals who meet HUD Area Median Income requirements. Furthermore, HUD should issue a regulatory statement requiring that vouchers currently held by people with disabilities be set aside specifically for people with disabilities. This will reduce the loss of these vouchers from the disability community as they are turned in for reissue.
- **Congress will make a permanent commitment to the Money Follows the Person initiative and provide expanded home and community-based services for people with disabilities.** The Centers for Medicare and Medicaid Services should make a permanent commitment to the Money Follows the Person initiative by ending its demonstration project status and making it a permanent, funded service available to people with disabilities nationwide.
- **The United States will ratify the Convention on the Rights of People with Disabilities (CRPD).** The White House should continue to promote the CRPD through its outreach efforts, explicitly identify and address common misconceptions

about the CRPD, and highlight the benefits of ratifying the treaty. In addition, government agencies should post information on their websites about the implications of ratifying the CRPD for their stakeholders with disabilities.

- **Representation from the United States will be inclusive of people with disabilities in international activities.** Congress should include specific language in the Rehabilitation Act that extends protections of the legislation to international operations of the U.S. government. The President should appoint an ambassador who has a disability, with the goal of 25 years from now, having at least one diplomat in each mission with a disability. The State Department should offer fellowship programs for American students with disabilities enrolled in universities that have not been traditional past producers of Foreign Service officers.

INTRODUCTION

In this monumental year for our nation, we celebrate the 25th anniversary of the Americans with Disabilities Act (ADA). This historic civil rights legislation prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. The National Council on Disability (NCD) is proud to have played a significant role in conceptualizing, developing, and advancing the initial legislation shortly after the agency was instituted in 1984.

The ADA and other relevant federal legislation set the standards for the protection of civil rights for people with disabilities. As importantly, state and local policy, programs, and practices, often with influence from disability advocates, bring such legislation to life. NCD's 2015 Annual Progress Report explores how federal legislation has successfully influenced and led to innovative initiatives designed to improve outcomes for people with disabilities in five NCD policy areas: employment, education, health care, transportation, and housing. These policy areas influence one's opportunities to access resources needed to thrive in society and lead a meaningful life. Appendix A contains a list of select NCD resources that addresses these five policy areas.

NCD explored these policy areas by engaging with five state and local agencies to learn about their experiences to create and implement innovative initiatives that put federal legislation into practice. These agencies shared challenges and successes in their experiences as they took aggressive steps to enhance access and inclusion for people with disabilities. One chapter is dedicated to each of the five policy areas. Each chapter opens with an introduction. Next, the chapter identifies and describes initiatives and offers an implementation subsection that provides insight on the motivations and process behind each initiative. Each chapter then contains broader implications of the policy topics described. Finally, each chapter closes with two sets of recommendations. The first set guides federal policymakers as they support states and local agencies. The second set of recommendations offers items for state and local agencies to consider as they create and execute policy and programs that promote opportunities for people with

disabilities related to each policy area. Recommendations are offered to help federal, state, and local policymakers further advance provisions found in the ADA and other legislation that promotes access and inclusion for people with disabilities. Appendix B offers a list of links to state resources discussed in each chapter. Appendix C lists NCD's policy recommendations from each policy area chapter of this report.

The Council recognizes that the initiatives featured in this report do not represent or do justice to the full range of issues that impact the quality of life and inclusive practices across the country for people with disabilities. However, these examples highlight the impact of the ADA and related legislation on state and local policies in several key areas that promote self-directed and independent living. Principles behind each initiative have broad applications to other state and local agencies, and anecdotal accounts from each participating agency demonstrate how legislation can lead to positive change. In the future, the Council would like to see a 50-state metric study exploring policy areas of great interest to people with disabilities such as those included in this report.

Federal Legislation That Influences Full Access and Inclusion

- 21st Century Communications and Video Accessibility Act
- Air Carrier Access Act
- Americans with Disabilities Act
- Architectural Barriers Act
- Civil Rights of Institutionalized Persons Act
- Communications and Video Accessibility Act
- Fair Housing Act
- Individuals with Disabilities Education Act
- National Voter Registration Act
- Rehabilitation Act of 1973
- Technology Related Assistance for Individuals with Disabilities Act
- Telecommunications Act
- Voting Accessibility for the Elderly and Handicapped Act
- Workforce Innovation and Opportunity Act

Although our nation has made significant progress in protecting the civil rights of people with disabilities, much work remains for people with disabilities to enjoy the benefit of full access and inclusion throughout society. The Council sets forth a bold vision for 2040 when the ADA will turn 50. By then, all people with disabilities will be fully engaged in society and have opportunities to choose their careers; excel in education; receive the highest quality health care; access any transportation option; and live in safe, affordable, and accessible housing. Internationally, NCD envisions that the United States will have a stronger presence in the international arena through support of the Convention on the Rights of People with Disabilities (CRPD) and increased representation of U.S. officials with disabilities.

Convention on the Rights of People with Disabilities (CRPD)

In addition to helping shape inclusive practices in the United States, the ADA contributed to the development of the CRPD. The United Nations General Assembly adopted the CRPD in 2006. This non-legally binding treaty provides guidance for nations to promote, protect, and ensure the rights of people with disabilities in order to realize a fully inclusive global society. The CRPD aligns with NCD's long-standing commitment to human and civil rights, and the Council has been a vocal proponent for the United States to adopt the treaty. As of May 2015, 154 countries have ratified the CRPD. NCD supports our nation's ratification of the CRPD.

EMPLOYMENT

Introduction

NCD is strongly committed to the increased employment of people with disabilities. Competitive, integrated, and meaningful work leads to greater economic self-sufficiency and independence. It also contributes to personal growth and self-fulfillment as workers develop professional skills and contribute to society. Unfortunately, a significant employment gap exists between people with and without disabilities. In May 2015, only 19.8 percent of people with disabilities were participating in the labor force compared with 68.8 percent of people without disabilities. For those people with disabilities who did enter the workforce, though, the unemployment rate was at 10.1 percent, twice as high as the national average for people without disabilities at 5.1 percent. (U.S. Department of Labor Bureau of Labor Statistics 2015). And even when employed, wages are on average lower for people with disabilities when compared with that of workers without disabilities. As people with disabilities achieve greater postsecondary education, this gap expands. While people with disabilities make about \$6,500 less than people without disabilities when both groups have a high school diploma, the gap expands to almost \$21,000 for those people with and without disabilities who achieve a master's degree or higher (Yin, Shaewitz, Megra 2014). As a result, people with disabilities are unable to reap the same economic and personal benefits from employment as their peers without disabilities.

Various factors—including low expectations, lack of training, inadequate transportation, and discrimination—can create barriers to employment among people with disabilities. Thus, the issue is complex and cannot be remedied by one solution. The ADA addresses many barriers outside of the workplace that can interfere with employment and directly prohibits discrimination during the application process and while on the job in work settings with 15 or more employees. Both the ADA and the Rehabilitation Act of 1973 require the use of “reasonable accommodations” to allow a person with a disability to perform employment tasks for which he or she is qualified. Failures in either of these areas—to act without bias in employment decisions or to provide reasonable

accommodations to employees with disabilities—can lead to legal action by the U.S. Equal Employment Opportunity Commission (EEOC). Examples of reasonable accommodations include modified schedules, restructured jobs, accessible workstations, interpreter services, and modified equipment and policies (Americans with Disabilities Act 1990).

Highlights of ADA Employment Provisions

Employers with 15 or more employees must provide reasonable accommodations that do not impose undue hardship in the areas of:

- The job application process
- The work environment or circumstances in which a job is typically performed
- Policies that set out the benefits and privileges of employment

In addition to the ADA, the federal government has instituted other initiatives to encourage the hiring of qualified persons with disabilities. For example:

- Through a combination of federal and state funds, state vocational rehabilitation (VR) services provide significant support—such as career assessment, counseling, education and training, job placement, and follow-up support—to youth and adults with significant disabilities in search of employment.
- The Department of Labor’s (DOL) Employment and Training Administration has established a national network of American Job Centers (AJCs), formerly known as One-Stop Career Centers, whose goal is to serve as a resource for all job seekers, including those with disabilities. These centers bring together numerous state services and act as a job announcement and recruitment agency for area employers, as well as provide career counseling and networking services for job seekers.
- The Workforce Innovation and Opportunity Act (WIOA), the successor to the Workforce Investment Act (WIA), authorizes funding to state agencies to support job

seekers. Title IV of the Amendments to the Rehabilitation Act of 1973 specifically targets funds to support job seekers with disabilities. These services are provided within states by VR agencies, AJCs, or contracted providers. Because of WIOA, state VR agencies will be required to designate 15 percent of their WIOA youth funds to pre-employment and employment experiences for youth with disabilities. AJCs use their WIOA funding to provide supported internships, work experiences, and on-the-job training subsidies with employers in the community to promote competitive and integrated employment. These opportunities assist job seekers with disabilities in developing their job skills and building a work history.

- The Disabled Access Credit provides a non-refundable credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities—as job seekers, employees, or patrons. This benefit cannot reduce a company’s tax liability beyond zero, leading to a federal refund, nor can the credit be applied over a series of years for a single expenditure.
- The Architectural Barrier Removal Tax Deduction encourages businesses of any size to remove architectural and transportation barriers to the mobility of persons with disabilities and the aging.
- New regulations within Section 503 of the Rehabilitation Act of 1973 that strengthen the affirmative action requirements for federal government contractors became effective March 24, 2014. The new regulations establish a nationwide 7 percent utilization goal for qualified people with disabilities. Contractors must apply the goal to each of their job groups or to their entire workforce if the contractor has 100 or fewer employees. Although the number of federal contractors is difficult to quantify, the U.S. government awarded \$230,578,567,445 in federal contracts in Fiscal Year 2015 across more than 1.3 million transactions (USA Spending.gov, n.d.). This level of expenditure underscores the importance of the 7 percent utilization goal, which has the potential to greatly expand the hiring and placement of people with disabilities in competitive employment settings. In addition, Section 503 regulations

encourage affirmative action hiring and retention of people with disabilities, which further supports future employment gains.

Employment Initiatives

The Nebraska Vocational Rehabilitation (Nebraska VR) agency has adopted a “Meet You Where You Are” approach to promoting increased employment outcomes for people with disabilities. This approach led to an employment rate of 43.6 percent for people with disabilities in the state in 2012, a significant improvement over the national average of 33.5 percent in that same year (Erickson, Lee, and von Schrader 2014). This chapter highlights three Nebraska VR agency initiatives that contribute to positive employment outcomes for people with disabilities and involve consumer engagement, employer engagement, and assistive technology. Each initiative begins with a description of the action taken by Nebraska VR followed by a description of the implementation process and effectiveness data when available.

Initiative 1: Consumer Engagement

Nebraska VR services are designed to meet individual employment needs and facilitate a client-centered partnership with the consumers they serve. To accomplish this, staff engage with consumers through motivational interviewing techniques and maintain engagement through a targeted social media strategy. They also promote ownership of the VR experience through the use of the *MyVR* application, an online communication and data management tool developed by Nebraska VR. Nebraska VR personnel started using motivational interviewing techniques after receiving training in 2012 from their regional Rehabilitation Services Administration-funded training center. Motivational interviewing is a counseling technique that identifies and strengthens an individual’s commitment to change. VR is a client-centered process, and the motivation a person with a disability possesses is critical to achieving a positive employment outcome. Nebraska VR staff report that motivational interviewing has helped the agency improve its rehabilitation rate from 61.58 percent in 2012 to 66.32 percent in 2014 by identifying people with disabilities who are most ready for services and supporting them through the creation and completion of an Individualized Plan for Employment. These

percentages represent 208 more people with disabilities who were successfully employed through VR services in 2014 than in 2012. As a point of comparison, the federal standard for the rehabilitation rate for general and combined VR agencies is 55.8 percent—Nebraska VR continues to strive for better outcomes. The state's VR staff have found motivational interviewing to be an especially valuable tool in discussions about self-employment options and they credit this technique for improving the quality of referrals to its self-employment partnership, Nebraska Self-Employment Services.

Frequent, consistent engagement between clients and Nebraska VR counselors is crucial for assisting consumers with disabilities in reaching their goals. Nebraska VR staff described losing contact with consumers early in the rehabilitation process as a challenge and they found that this was partly due to the difficulty in tracking down or finding consumers for follow-up. Clients moved frequently or had services disconnected because of financial challenges. The VR agency staff decided to address this by developing a new social media strategy. Through this social media approach, VR counselors connect with clients through social media accounts, such as Twitter, Facebook, and LinkedIn, which helped them to maintain contact and meet the requirement of engaging with consumers at least once every 30 days. Social media tools are also used to disseminate information about the agency, its work, and its offerings to the community.

Another strategy to better engage consumers has been the development of a secure social media application called *MyVR*. Through grant funds provided by the Research and Technical Assistance Center on VR Program Management, *MyVR* is a tool that gives VR consumers access to certain components of their own case file, allowing them to communicate with their counselor, update their status, read task notes, and access pre-populated job applications and résumés. The tool was piloted in two local service areas, Norfolk and Grand Island, and after revision, was deployed statewide in spring 2015.

Each of these consumer engagement strategies have been supported by the agency's growing use of technology. In addition, the agency has provided Nebraska VR staff with iPads, iPhones, and other wireless systems in support of greater engagement.

Implementation

Nebraska VR personnel developed a social media strategy to identify and implement alternative ways to engage with service consumers. They did this after learning through surveys and counselor-consumer conversations that mobile phone texting, Facebook, and Twitter messaging were more effective at reaching consumers than traditional calls, emails, and letters. Development of the Nebraska VR social media strategy required personal advocacy by the agency director, the support of the commissioner of education, authorization of the agency director of the Office of Administrative Services' Division of Communication, and a commitment to responsible usage by the agency's staff. The commissioner of education allowed Nebraska VR to pilot the use of social media, with the understanding that significant monitoring and accountability of staff usage would be required. The requirements for social media use were communicated to VR staff by all levels of management with the expectation that staff would model appropriate online behavior in their interactions with consumers, employers, and the community at large during all online activities. Nebraska's VR agency and the Office of Administrative Services' Division of Communication monitor social media use to ensure that privacy and professional standards are maintained.

Initiative 2: Employer Engagement

Nebraska VR uses several strategies to apply its Meet You Where You Are philosophy to employer engagement. The agency's goal is to serve as a resource to employers by filling vacancies, while simultaneously placing people with disabilities in competitive employment career paths with opportunities for advancement. Nebraska VR staff offer consultation on compliance with the ADA and the new Section 503 of the Rehabilitation Act regulations to business leaders. Also, the Nebraska VR Omaha office began conducting quarterly panel discussions with the local business community in 2009, though they are now occurring only annually. Omaha staff joined the state Office of

Federal Contract Compliance Programs (OFCCP) to establish panel discussions on affirmative action hiring practices for people with disabilities at these business meetings. During these meetings, the OFCCP staff led the discussions about Section 503, and VR staff present how the agency can support local businesses and job seekers with disabilities. Nebraska VR and OFCCP staff identified the need for Section 503 seminars after discovering that approximately 10,000 businesses in Nebraska hold federal contracts and were subject to the new 7 percent utilization goals. Nebraska VR and its partner organizations proactively reached out to human resource professional organizations in the state and offered to coordinate panels for employers to learn more about the requirements and resources in the state to aid in compliance. During these events, participants discussed techniques to recruit qualified people with disabilities and strategies to support them after being hired. These strategies included assistive technology (e.g., ergonomic supports), job site accommodations, home office accessibility, and ongoing consultation through Nebraska VR. The lead staff member of this initiative indicated that these meetings have raised awareness of Nebraska VR and established the agency as a resource for the business community.

Nebraska VR also created a new business account manager position in its offices. The business account managers, unlike traditional VR counselors, have a business background and the positions are funded through a blending of federal and state resources. As of May 2015, three business account managers were hired to build relationships with employers in Grand Island/Kearney, Norfolk/Columbus, and Omaha to meet employer business service requirements included in WIOA. This new approach replaces previous efforts at employer engagement through a state-level program manager. Business account managers are charged with representing businesses for Nebraska VR, identifying customized training needs, and using targeted placement techniques to place qualified persons with disabilities into vacancies. Early activities included the development of new marketing strategies for the VR agency and a business plan for the business account manager team.

In addition to these efforts, Nebraska has also created several certificate programs for students and adults with disabilities that reflect the training and skills needed by local

business partners. Offerings are based on a career pathways model and include welding, community health worker, and auto technician certificates. The business community is heavily involved in the design of the curriculum. To facilitate the design of these curricula, 5 to 10 essential skills are required for entry-level candidates. Training partners, which may include community colleges, review these lists to develop an approach that meets the hard and soft skills requirements of employers.

Nebraska is one of many states that has developed partnerships to support its youth transition Project SEARCH program, which include businesses, area school systems, the Nebraska Commission for the Blind and Visually Impaired, the Nebraska Assistive Technology Partnership (ATP), and the Nebraska Division of Developmental Disabilities. The foundation of the Project SEARCH experience is a one-year, school-to-work immersion in a large business. For five days a week, participants report to the host business, learn employability skills in the classroom, and apply job skills while participating in a variety of work experiences. They also receive a combination of classroom instruction, career exploration, and hands-on training through work-site rotations. Project SEARCH is business led and occurs completely in the workplace. This contributes to a holistic training experience for the participants with disabilities that match the needs and expectations of employers. Nebraska VR has 15 Project SEARCH sites statewide with 206 graduates and enrolled 106 individuals in the 2014–2015 school year. Participants from the 2013–2014 cohort had a 77.1 percent employment success rate compared to the average state rehabilitation rate of 66.3 percent for the same period working a minimum of 16 hours per week in integrated, non-seasonal employment. Statistics from Ohio, where Project SEARCH was first established, show a 58 percent employment success rate (O'Day 2009).

Nebraska VR views collaboration with employers as necessary to educate them on the capabilities of employees with disabilities, the protections provided to employees through various legal frameworks, and techniques and strategies to obtain maximum productivity, demonstrating that people with disabilities are truly qualified workers. Nebraska VR's business account managers liaise with the business community, gain a clearer understanding of the needs of employers, and introduce those employers to

qualified and trained candidates with disabilities. Project SEARCH also serves this purpose. The seminars and demonstrations focus on Section 503 of the Rehabilitation Act, the ADA, and the use of assistive technology to help educate employers on their responsibilities under the law. Furthermore, these efforts provide employers with the knowledge and resources necessary to fully partner with Nebraska VR and the state's disability community.

Implementation

Nebraska's employer engagement approach proactively connects candidates with disabilities to businesses before discrimination occurs and identifies practical strategies for businesses to treat people with disabilities fairly. This approach is based on the Learning Collaborative for Vermont's Progressive Employment Model, which was developed through activities at the Vocational Rehabilitation Research and Training Center (VR-RRTC) on Demand-Side Strategies (Vocational Rehabilitation Research and Training Center on Demand-Side Strategies 2015). The goal of this model is for a VR agency to serve as a trusted advisor and partner with the business community. This approach aligns with the pro-business politics of the Nebraska VR, while simultaneously aligning with the needs of people with disabilities in the state.

Learning Collaborative for Vermont's Progressive Employment (Key Principles)

- Is a dual customer approach serving employers and job seekers
- Is low risk for both the employer and the participant
- Provides flexibility and creativity based on each person's or employer's situation
- Is an engagement strategy and eliminates the need to be job ready

The business account managers have established themselves as a responsive partner within the business community, and their approaches align with the Sector Partnership measures within WIOA that will be required as of July 2015.

There are two important distinctions about Nebraska VR's approach to protect and promote the civil rights of people with disabilities. First, the Nebraska VR agency is a non-code agency and does not report directly to the governor. Instead, Nebraska VR reports to the commissioner of the Nebraska Department of Education who then reports to a board. Therefore, the agency director and senior staff are professional positions, not political. This provides greater leadership stability and the ability to develop longer term strategies that are proactive rather than reactive. Developing relationships with the business community takes time, consistent contact, and predictability. Having professional, rather than political, leadership in Nebraska VR has facilitated the development of collaborative relationships with the business community.

Second, the use of social media by state officials, as an official practice, is not common. Obtaining approval for this strategy required support from multiple state agencies, along with considerable security measures and training requirements for VR staff. The long tenure of the Nebraska's VR director and long-standing relationships between the director and other state leaders facilitated the approval for this strategy.

Initiative 3: Nebraska Assistive Technology Partnership

Nebraska VR's partnership with the state's Assistive Technology Partnership (ATP) is an example of a joint effort to support both people with disabilities and the businesses that wish to employ them. ATP is a Nebraska state agency that provides individualized assessments of accessibility and assistive technology usage in both home and work environments. Nebraska VR has partnered with ATP for 25 years—using the ATP network of specialists in occupational or physical therapy, speech language pathology, information technology, and architecture—to identify appropriate solutions from a variety of vendors to meet the needs of consumers and businesses. Procedurally, after Nebraska VR determines eligibility for services, the VR counselor and consumer discuss whether assistive technology is needed to succeed in the workplace. A referral to ATP is then made, and the focus shifts toward formally assessing the barriers to employment and making assistive technology recommendations. These can include a variety of devices and accommodations. For example, reaching devices, wheelchairs, recording devices for classroom note taking, modified equipment for the work to be

performed, and bathroom or vehicle modifications that may be required for self-care, living independently, and success on the job. Although funding for assistive technology is the responsibility of Nebraska VR, ATP routinely searches for additional funding for equipment (grants, Medicaid reimbursement, and so on) to help extend the available budget and provide service to more individuals.

In addition, The Lincoln ATP office is developing a model of service to employers known as *Retain Your Skilled Employee*, modeled after a similar initiative in Alabama. One of the focus areas for this initiative is to educate employers on how technology can help employees enter, continue, or return to work after an illness or injury. The Lincoln ATP office possesses approximately 1,100 pieces of assistive technology that are available for loan or demonstration to people with disabilities and employers. Nebraska VR aids in identifying employers interested in these services and supports for their present or future employees. Since 2011, demonstrations to employers have increased by 200 percent (Assistive Technology Partnership 2014).

Implementation

Established in 1989, ATP is funded through the Technology-Related Assistance Act of 1988, which was amended in 2004. The office works to improve the provision of assistive technology through comprehensive, statewide programs that are consumer responsive. For the past 25 years, ATP has focused on state leadership activities that provide assistive technology. Nebraska VR has served as a partner to ATP for many years and is a funder of their assistive technology recommendations and shares their resources with consumers and employers to expand its reach.

Broader Implications

Nebraska VR takes an unusually active pro-business approach in its interactions with the business community. It markets assistive technology supports, legal education, and supported training models for youth. While there are many benefits to this approach, it is important to note that the ADA emphasizes protection of consumers over partnership with employers. Therefore, it is imperative for VR agencies to collaborate closely with

employers and seek to serve them as a resource for employees, though not to the detriment of protecting workers with disabilities.

Nebraska is also one of several states *not* currently recognized as an Employment First state (i.e., a state possessing codified policy requirements necessitating the use of competitive, integrated employment as the first employment option presented to people with disabilities receiving supported employment services). Formal action to end the use of sheltered workshops and sub-minimum wages for people with disabilities is not occurring under state direction. In spite of this, actions are occurring that reflect federal leadership in this area. The State Association of Providers, in recognition of the Employment First principles in the WIOA, has begun to support competitive employment rather than sheltered workshops or enclave models for people with disabilities. This shift is expected to continue, as WIOA is effective July 2015.

Unlike many other state VR agencies, Nebraska provides more direct services than contractor services. Agency officials view this structure as advantageous because it allows more flexibility in responding to ideas generated by their staff and requests from the disability community. Providing direct services increases the need for communication between the agency and the disability community. Monitoring VR staff in those communications, as with the state's social media efforts, is especially important when communicating with youth populations, one of the target groups for this strategy and a focus of WIOA.

Nebraska VR uses its Meet You Where You Are philosophy to engage constructively with two customer groups: people with disabilities who want employment and employers who can provide it. Direct engagement through social media to stay connected with clients, minimal use of contracted direct service providers, and employment of business account managers to build relationships with employers allow for rapid communication between Nebraska VR and its constituent communities. These strategies help the VR staff to rapidly accommodate the changing needs of people with disabilities and the employer community in their state.

The practices identified in this chapter demonstrate how VR services operationalize legislation while responding to the needs and interests of consumers and employers in order to improve employment outcomes for people with disabilities. Proactive outreach and collaboration with state agencies, the employer community, and VR clients contributes significantly to the success of increased employment outcomes in Nebraska. These practices are initiated through personal contact and formalized through memoranda of understanding, contractual agreements, and programmatic procedures. States could model Nebraska's Meet You Where You Are approach to build similarly collaborative practices between their VR agencies and service consumer and employer constituencies.

NCD Employment Recommendations

Employment supports offered in Nebraska can inform both federal and state policymakers as they design initiatives to promote positive employment outcomes for people with disabilities. The following recommendations are crafted to help guide federal policymakers as they support state and local agencies in these efforts:

- The U.S. Department of Education should fund systematic evaluations of vocational rehabilitation technical assistance centers to determine their efficacy and identify best practices. For example, the U.S. Department of Education issued notice of a proposed priority on May 15, 2015, for funding the Vocational Rehabilitation Technical Assistance Center—Youth with Disabilities. An accompanying priority should be an evaluation of this technical assistance center to determine its effectiveness.
- The U.S. Department of Labor and the Equal Employment Opportunity Commission (EEOC) should provide additional guidance to employers about their obligations under the ADA, Rehabilitation Act of 1973, and other applicable civil rights legislation that affects people with disabilities in the workplace. This guidance should include (a) proactive actions that employers can take to determine whether their practices are meeting requirements, (b) resources that employers can use for self-correction,

and (c) industry-specific resources that address the needs of both blue-collar and white-collar employers.

- The U.S. Department of Labor should provide formal guidance, technical assistance, compliance monitoring, and evaluation of employer efforts to comply with Section 503 of the Rehabilitation Act. These efforts should be based on findings from the EEOC and address common patterns of employer discrimination identified by the U.S. Department of Justice.
- The U.S. Departments of Labor and Education should issue joint statements that reinforce VR's role as a collaborating partner in planning at the state level for the WIOA, which is due to go into effect in July 2015. They should also issue a follow-up statement that reinforces the role that VR can have in sector partnerships with employers. According to WIOA, states must conduct collaborative planning among their federally funded state agencies, including VR.
- Congress should authorize federal tax credits for people with disabilities to partially offset the individual costs of VR services. Many VR services, including assistive technology, are subject to ability to pay and financial participation policies.
- Congress should enact legislation that makes the Work Opportunity Tax Credit program permanent, signifying its commitment to incentivizing private sector employers to hire people with disabilities and with other barriers to employment. The Work Opportunity Tax Credit for employers is currently on hiatus because it was not reauthorized for 2015. This tax credit is designed to encourage the hiring of individuals with barriers to employment, including people with disabilities, and offered a tax rebate of \$1,200 to \$9,600, depending on the target group in which an individual with a disability qualifies.

The following recommendations are for states and local agencies to consider as they design, develop, and execute policy and as they institute practices and initiatives to promote employment opportunities for people with disabilities:

- Expand models, such as Project SEARCH, that can give youth with disabilities more opportunities to obtain employment experiences and on-the-job training. Youth with disabilities who are transitioning from high school to the workplace can benefit greatly from supported work experiences and job exploration guidance. WIOA set-aside funds for youth with disabilities transitioning from high school may assist in these efforts.
- Identify opportunities to provide Section 503 of the Rehabilitation Act training and technical assistance, particularly in the area of assistive technology, to public and private employers within the community.
- Develop strategies to maintain communication with hard-to-reach and highly mobile populations of people with disabilities in the community.
- Collaborate with business leaders in order to inform the development of job training programs for people with disabilities.
- Identify and pursue federally funded resources. The federal government sponsors initiatives that support state and local efforts to promote employment opportunities for people with disabilities. Examples include the following:
 - Job Accommodation Network (JAN): <https://askjan.org/>
 - LEAD Center: <http://www.leadcenter.org/>
 - Partnership on Employment & Accessible Technology (PEAT): <http://www.peatworks.org/>
 - National Collaborative on Workforce and Disability for Youth (NCWD/Youth): <http://www.ncwd-youth.info/>

EDUCATION

Introduction

Education is the cornerstone of society, providing youth with the knowledge and skills necessary to have successful and meaningful lives. Education attainment is correlated with employment rates, earning potential, and life span. The regulations of the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) mandate that students with disabilities receive a free and appropriate public education (FAPE). IDEA provides for early intervention services for young children with disabilities and the provision of education and behavioral services and supports to ensure that students with disabilities, aged 3 to 21, are educated in the least restrictive environment possible.

Despite legal protections and evidence that students with disabilities can succeed academically, students with disabilities face chronic negative misperceptions about their abilities, disproportionate disciplinary practices, and a great disparity in education outcomes as compared with those of students without disabilities. The U.S. Department of Education Office of Civil Rights reported that in 2011–2012, students with disabilities (those served by IDEA) represented 12 percent of the overall student population, with 58 percent of those placed in seclusion or involuntary confinement, and 75 percent of those physically restrained at school to immobilize them or reduce their ability to move freely. Furthermore, 25 percent of students with disabilities were arrested and referred to law enforcement (U.S. Department of Education Office for Civil Rights 2014). Zero tolerance policies have significantly increased student suspensions and expulsions even for offenses that pose little or no safety threat. Students with disabilities and students of color are disproportionately suspended; transferred to alternative schools; expelled; or sent to court for committing nonviolent, minor infractions (Majd 2011). At least one in three juveniles in the juvenile justice system in the United States has a disability, and students with emotional disabilities are three times more likely to be arrested before leaving high school than are members of the general population (Quinn et al. 2005). Recently, some states have passed laws to improve and address

disparities in juvenile justice systems, although few are focused on students with disabilities (Balck 2012).

Research shows that including students with disabilities in education settings consisting of students without disabilities improves achievement for all students, and it is estimated that 85 percent to 90 percent of students with individualized education programs (IEPs) can meet regular diploma requirements with the right supports (Thurlow and Quenemoen 2012). However, in the 2012–2013 school year, the national average graduation rate for students without disabilities was 81.4 percent, while for students with disabilities it was 61.9 percent, nearly 20 percentage points lower (Balfanz et al. 2013). Students who graduate sometimes face challenges in accessing the SAT and ACT standardized exams that act as the gatekeepers to competitive postsecondary education (National Council on Disability 2015b). In higher education, students with disabilities, and most notably students with print disabilities, often experience a variety of challenges that result from inaccessible learning materials or their delivery systems (U.S. Department of Education 2011).

Highlights of Application of ADA in Education Institutions

- A school may not discriminate on the basis of disability in any of its programs or services.
- Institutions must provide auxiliary aids and services that support effective communication (e.g., qualified interpreters, Braille materials, large print materials, captioned videotext, materials on computer, and adapted computer terminals).
- Schools must establish a process for making their tests accessible to people with disabilities.

K–12 students with disabilities have an IEP and receive academic and behavioral accommodations, supports, and services as a part of IDEA. Services students receive as a part of their IEPs are executed, monitored, and reported on at the federal level by local education agencies (LEAs) and state education agencies (SEAs) to the Office of Special Education Programs. Unlike ADA and Section 504, IDEA is connected to a

funding stream that provides state and local education agencies with monies to cover the excess cost of educating students with disabilities; however, the ADA and Section 504 enshrine education as a civil right.

Education Initiatives

This chapter highlights two initiatives that are aligned with the spirit of the ADA to ensure that students with disabilities are able to access the same education opportunities as students without disabilities. These initiatives are the Minnesota Olmstead plan and statewide Section 504 training for Minnesota public school educators.

It is not always clear how the ADA connects directly to academic achievement for students with disabilities. The ADA does not regulate the instructional services that students receive in the K-12 classrooms or in higher education settings. Rather, it promotes an environment of opportunity and access by prohibiting discrimination against students with disabilities. Section 504 of the Rehabilitation Act complements the ADA by requiring access to education settings through the use of individualized Section 504 plans. Most data collected on students with disabilities is specific to those who have an IEP and are served under IDEA. The first time that national data was collected on students with Section 504 plans was the 2009–2010 school year, and this information was simply descriptive. As a result, the data used to demonstrate how ADA has impacted access to education opportunities and improved post-secondary outcomes through Minnesota’s initiatives is anecdotal.

History of Olmstead v. L.C.

In 1999, the state of Georgia was sued for violating the ADA by unnecessarily institutionalizing people with intellectual disabilities. In the United States Supreme Court case, *Olmstead v. L.C.*, the court ruled that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the ADA.

The court commented in its decision that as part of the settlement of this decision and future ones like it, a state could produce a formal plan for increasing community integration of persons with disabilities and specifically encouraged states to plan reforms across contexts affected by the ADA, including health, transportation, housing, education, and other social supports. This decision reinforced the civil rights component of Title II of the ADA for persons with disabilities.

As a result of litigation, more than 40 states have developed Olmstead plans (Alameida et al. 2008).

Initiative 1: Minnesota Olmstead Plan

In 2009, Minnesota was sued on the allegation that a facility in the state subjected people with developmental disabilities to improper and inhumane use of seclusion and mechanical restraints (*Jensen v. Minnesota Department of Human Services* 2015). The court found that the state was in violation of the ADA, and as part of the settlement, Governor Mark Dayton established an Olmstead sub-cabinet to draft and implement a comprehensive plan for the state to follow to improve community integration and inclusion of persons with disabilities.

The sub-cabinet includes representatives from eight state agencies, including the Minnesota Department of Education (MDE). The overall goal of the plan is to make Minnesota a place where people with disabilities are living, learning, working, and enjoying life in the most integrated settings. To achieve the most integrated environments in each of these settings, the plan outlines goals and actions related to the following broad topic areas: employment, housing, transportation, supports and services, lifelong learning and education, health care and healthy living, and community engagement.

Like most state Olmstead plans, Minnesota’s draft plan contains provisions to support the transition of youth with disabilities to employment or postsecondary education settings as a component of the plan’s workforce preparedness section. For example, as part of the employment actions, in June 2015, the state of Minnesota determined that all transition-age students (those aged 14 to 21 years old) on Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) will receive benefit summary and Disability 1010 (DB101) estimator sessions that can be used to inform their employment planning choices and help them understand how integrated competitive employment and benefits will work together.

Minnesota’s draft Olmstead plan is unique in that it contains objectives and actions specific to the school and classroom experiences of K–12 students. The plan’s Lifelong Learning and Education goal is that “People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities” (Minnesota Department of Human Services 2013, p. 11). The action steps of the overarching Lifelong Learning and Education goal reflect a commitment to the ADA spirit of safeguarding the civil rights and supporting the full integration of persons with disabilities into community living.

Lifelong Learning and Education Objectives of Minnesota’s Olmstead Plan

- Reduces the use of restrictive procedures and eliminates the use of prone restraints in schools
- Improves school wide systems of positive behavior interventions and supports
- Provides students with interagency supports and services to access integrated employment options before exiting high school
- Increases the number of students with disabilities enrolling in postsecondary education and training programs
- Ensures that students with disabilities who are placed out of state or in juvenile corrections can return to their resident district or most integrated setting

The first two objectives of the Lifelong Learning and Education goal of Minnesota's draft Olmstead plan relate to how educators respond to and support student behavior. Positive behavior interventions and supports (PBIS) is an evidence-based framework to reduce disciplinary actions and improve outcomes for all students, including those with disabilities. Evaluation and research have shown that school wide PBIS and its components reduce the number of office discipline referrals, help prevent student dropout rates, and improve social and academic outcomes for children with emotional or behavioral disabilities (Horner et al. 2004; Filter et al. 2007; Duda et al. 2004). Since 2005, MDE has collaborated with staff from the National Technical Assistance Center on School-Wide PBIS and the state leadership team has created a blueprint to support schools and programs that demonstrate readiness to implement PBIS in schools. In 2013, MDE secured a grant to provide educators and other staff with PBIS training. Consequently, cohorts of schools received two years of training aligned to a specific scope and sequence to support sustained PBIS implementation.

In 2008, the Juvenile Justice Coalition of Minnesota published a blueprint for reform that noted that there were limited and inaccurate statewide and county data on youth involved in the juvenile justice system. This is a common problem across the country as well (Juvenile Justice Information Exchange n.d.). People of color are disproportionately represented within juvenile justice and adult correctional systems, but few data is available to provide information on these instances and their outcomes. One of the action steps of the Lifelong Learning and Education objectives calls on MDE to review data on students with IEPs in juvenile correctional settings and transition them to more integrated settings. In 2009, Minnesota collaborated with the Institute on Community Integration to create a Reintegration Framework Systems Planning Toolkit to support the successful reintegration of youth with disabilities from separate sites, including juvenile correctional facilities. The toolkit consists of the following indicators: interagency collaboration (10 indicators), team planning (5 indicators), education (10 indicators), and supporting life skills (6 indicators), and continuity during and after transition (8 indicators) (University of Minnesota, n.d.).

The remaining objectives in the Lifelong Learning and Education of the Olmstead plan relate to the transition of students to postsecondary education or integrated employment. Prior to the decision that spurred the creation of Minnesota's Olmstead plan, the state established local Community Transition Interagency Committees that are pivotal in connecting youth to integrated postsecondary settings and meeting the transition goals outlined in the Olmstead plan. Recently, Minnesota began collaborating with the Project SEARCH High School Transition Program, a one-year internship program for students with disabilities who are in their last year of school. In the program, students work with a team that includes their family, supervisors within the host business, a Project SEARCH instructor, vocational rehabilitation services, and county providers to create an employment goal. The program supports the student during the transition from school to employment. To date, Minnesota has established five Project SEARCH sites and will be scaling up more as part of the Olmstead plan.

The Supports and Services section of the Olmstead plan also addresses the education of persons with disabilities. This section addresses the need to understand service gaps and encourage innovations, such as the use of assistive technology, to support the most integrated settings for people with disabilities. The plan also creates a milestone for the commissioner of the Department of Human Services to designate a person to develop a plan for agency collaboration regarding assistive technology. It also allows for a plan for coordinated refurbishment and reuse of assistive technology that will include forecasts, goals, and timelines for expanding the use of technology that increases access to integrated settings (Minnesota Department of Human Services 2013). This recommendation was made to support transition to community-based living, but could be equally applicable to education. Elementary and secondary students use assistive technology devices purchased by their school district when part of their Section 504 plans. The devices are typically considered property of the school. Unless other arrangements are made, students do not retain this assistive technology when transitioning to postsecondary settings.

Implementation

The sub-cabinet has been challenged with securing final approval of the plan from the federal court monitor since the 2009 legal decision that created Minnesota's Olmstead plan was issued. Most recently, a draft of the plan submitted on March 20, 2015, was rejected for failing to contain "concrete, reliable, and realistic commitments, accompanied by specific and reasonable timetables, for which the public agencies are held accountable" (Jensen v. Minnesota Department of Human Services 2015). Despite these setbacks, Minnesota has continued working toward the goal of full community integration and inclusion of persons with disabilities, and progress has been made on the Lifelong Learning and Education goals.

In 2012, the Minnesota legislature, in collaboration with the MDE, updated state laws to clarify that use of prone restraints against children of all ages will be prohibited effective August 1, 2015, in Minnesota schools (Statute 125A.0942 subd. 3 (8)) (Office of the Revisor of Statutes, State of Minnesota 2014). During the 2013–2014 school year, there were 837 prone restraint incidents used on a total of 159 students in Minnesota. In accordance with the Olmstead plan, Minnesota has reduced the number of students who experienced restrictive procedures by 3 percent, from 2,707 to 2,630, for the 2014–2015 school year. In addition, in the last year, the number of schools participating in the PBIS implementation has increased from 423 to 478—an increase of 13 percent. As part of the Olmstead plan, a minimum of 40 schools will be added each year.

The Minnesota Olmstead plan calls for increasing the number of students with disabilities enrolling in postsecondary education and training programs. Baseline data from the Minnesota Post School Outcome Survey shows that, on average, 254 students achieve this outcome each year. MDE has committed to leveraging the Community Transition Interagency Committees, Project SEARCH, and transition planning to increase this number by 50 individuals each year through 2019, an increase of about 20 percent in the first year (Minnesota Department of Human Services 2013).

To meet the Lifelong Learning and Education goal of increasing the number of students enrolling in postsecondary education and training, MDE is scaling up the number of schools

that use evidence-based practices, including customized employment to support students with disabilities so they can transition into integrated, competitive employment.

The Reintegration Framework Systems Planning Toolkit was created to decrease dropout, suspension, and expulsion rates and increase graduation rates for students with disabilities. The toolkit to support the successful reintegration of youth with disabilities from separate sites, including correctional facilities, has been made available on the MDE website. The website contains suggestions and resources for group facilitation, a self-assessment tool that uses research-based indicators, a priority-setting tool, and an action planning tool to support and guide interagency teams to make improvements in their organizations and communities. As part of the Olmstead plan, data will be collected to identify students who have a disability and who are in state correctional facilities and to document who returns to their resident districts and into the most integrated settings, as appropriate.

Sub-cabinet members and responsible MDE staff were strategic in identifying objectives and actions that addressed the needs of people with disabilities. They connected the feedback of stakeholders to existing MDE initiatives and federal reporting requirements. For example, public stakeholders identified the restraint and seclusion of students with disabilities as an area of concern. At the same time, the Minnesota legislature had banned the use of prone restraints in schools, and MDE was scaling up PBIS across the state. The sub-cabinet and MDE staff drafted the Olmstead plan objectives that focused on these issues. This has enabled the MDE to leverage funding already set aside for PBIS and use data already collected to implement and measure the Lifelong Learning and Education objectives of the Olmstead plan.

Most of the actions and goals of the Lifelong Learning Education section of Minnesota's Olmstead plan call for additional scaling up and implementation of established evidence-based practices. This will help safeguard and improve the civil rights and opportunities of students with disabilities in the public education system. Traditionally, the conception of students with disabilities in education is synonymous with the funding streams and regulations of IDEA. The inclusion of MDE and goals for K–12 students in

the development and implementation of Minnesota’s Olmstead plan provides an example of how ADA and its promise of civil rights can be addressed in education.

Initiative 2: Technical Assistance on Section 504 Plans

Title II of the ADA and Section 504 of the Rehabilitation Act of 1973 protect the civil rights of students with disabilities. They do this by mandating that public schools, including charter schools and institutions of higher education, provide reasonable accommodations so that students with disabilities receive an appropriate education that promotes academic success and access to the learning environment. These provisions differ from the IEP and related services provided to students identified as having a disability under IDEA. Students can have a Section 504 plan in addition to or independent from an IEP. However, few education professionals have an understanding of the differences between the two.

Recently, the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 broadened the definition of disability to reject several Supreme Court decisions that were seen as interpreting the ADA too narrowly (U.S. Department of Education 2013). Specifically, the definition was updated to expand the definition of *major life activities* which affected the number of students who were eligible for Section 504 plans, especially those who were not receiving services under IDEA.

Differences Between the IDEA and Rehabilitation Act

IDEA	Rehabilitation Act
Students must be evaluated and found to have characteristics of at least 1 of 13 specified disability categories.	Students must demonstrate a physical or mental impairment that substantially limits one or more major life activities. There is no pre-defined exhaustive list of what this may refer to, and activities include chronic and short-term disabilities, or illnesses.
An IEP contains specific, measurable learning goals for students and outlines the type of supplemental instruction, services (e.g., occupational therapist, speech language provider), or support they need to meet those goals.	A Section 504 plan describes the physical, technological, and logistical accommodations and modifications that allow a student to access the educational environment and materials.

Source. Disability Rights Education and Defense Fund, n.d.

In accordance with federal regulations, MDE conducts civil rights compliance reviews of school districts, including interviews with Section 504 coordinators and a review of Section 504 practices and procedures. Throughout these reviews, MDE identified a number of common Section 504 errors on forms. MDE also found that there were misconceptions regarding the Section 504 legal requirements and definitions of disability in communication with educators and parents. In 2010, MDE staff developed a Section 504 manual and made sample forms available on the MDE website. However, it became clear that technical assistance was needed to build staff capacity and provide information to families and advocates of students with disabilities. This initiative would also help protect the civil rights of students with disabilities.

In 2013, MDE's Division of Compliance and Assistance developed a full-day Section 504 training. This training was designed to provide information on Section 504 eligibility, evaluation, placement, Section 504 plans, and procedural safeguards. It was developed primarily for Section 504 coordinators and addressed school district obligations and responsibilities, frequently asked questions, important case law, Section 504 resources, and the intersection between the ADAAA and Section 504.

Participants were asked to complete an evaluation form at the end of each Section 504 training. They shared what was most useful, areas in which they required additional training, and the changes that they would apply in their districts as a result of the training. Evaluation results were overwhelmingly positive, with 97 percent of respondents indicating that they agreed or strongly agreed that they would be able to apply the knowledge they learned. Eighty-two percent of participants were able to identify a specific practice, tool, or piece of information that they planned to apply within their district.

As of June 2015, approximately 900 individuals attended 1 of the 18 live, full-day Section 504 trainings, which were held at 11 different sites statewide. Follow-up conversations with educators by MDE staff provided anecdotal evidence that many of the practices highlighted in the training have been implemented following the training. MDE staff report that more schools are conducting high-quality evaluations, using a

robust Section 504 team procedure, and providing better services to more students under Section 504. Furthermore, anecdotal evidence from staff who conduct the civil rights compliance reviews indicates that fewer eligible students are going unserved or under-served and that students appear to be receiving better education services and obtaining better outcomes. MDE staff also reported that technical assistance phone and email lines have facilitated communication and relationship building between MDE staff and district Section 504 coordinators. These technical assistance channels have also built capacity for staff to conduct complex evaluations and serve all students.

Implementation

The beginning stages of implementing this initiative were challenging for MDE. Preparing for, developing, and conducting the Section 504 training required a significant amount of staff time and resources. MDE viewed the Section 504 training initiative as a priority and provided the resources needed for implementation. MDE staff dedicated between three and four months reviewing Section 504 regulations, guidance from the Office of Civil Rights, case law, and other materials. In addition, MDE held trainings at sites across different regions of the state, which required funds for MDE staff time to identify and secure host sites, as well as requiring staff travel time and expenses.

One challenge for implementing Section 504 training involved differences in information provided through the MDE initiative and that provided by private attorneys external to the initiative. In Minnesota, a few private attorneys provide legal representation for most school districts and have also provided Section 504 compliance training for many years. After MDE developed the Section 504 training, educators raised concerns about conflicting information they learned on Section 504. MDE staff members raised these inconsistencies with the attorneys. Discussions revealed that differences mainly related to best practices for Section 504 processes and procedures rather than differing interpretations of the law.

Broader Implications

Minnesota's initiatives demonstrate how comprehensive state activities under ADA, Section 504 of the Rehabilitation Act, and IDEA overlap to promote academic

achievement and protect civil rights for students with disabilities. The ADA protects the civil rights of students with disabilities by mandating that they are provided with accommodations and modifications necessary to access educational settings. Minnesota has a history of legislation to improve education outcomes for students with disabilities. In 1984, Minnesota was one of the first state legislatures in the nation that formally developed a state-wide system of services to ensure that youth with disabilities had the opportunity to transition to training, education, and postsecondary education communities (see Minn. Stat. 125A.08 and Minn. Rule 3525.2900). However, as in the rest of the nation, disproportionate punitive disciplinary practices and education practices that are inconsistent with the ADA can threaten the civil rights of students with disabilities.

Minnesota's Olmstead plan addresses the civil rights of students with disabilities by outlining and acting on goals for training to significantly and consistently reduce seclusion and restraint practices for students and scale up PBIS training. It also requires data collection on students with disabilities in the juvenile justice system and has begun to focus on successfully integrating these students into education settings. Students who are black or Hispanic also have higher rates of restrictive disciplinary practices (U.S. Department of Education 2014) and instances of juvenile incarceration (Juvenile Justice Information Exchange n.d.), so the plan will address the civil rights of these students as well.

Issues with access to assistive technology and the accessibility of education technology are particularly topical given the increasing prevalence of technology in classrooms and the changing world in which youth with disabilities are learning and will be employed. The Section 504 training in Minnesota will ensure that educators and administrators can meet their responsibilities for providing students with disabilities their right to accommodations, including assistive technology.

NCD Education Recommendations

Minnesota's Olmstead plan and Section 504 plan technical assistance offerings demonstrate how states can establish policies and adjust practices to create an

environment with resources that align with the ADA. The following NCD recommendations offer insight on opportunities for federal policymakers to support states in their efforts to promote accessible and inclusive learning environments. The recommendations also address the issues that states and local agencies should consider as they develop policies and institute innovative practices to enhance learning opportunities for students with disabilities.

Opportunities for federal policymakers to support accessible local and state education initiatives include the following:

- Congress should reauthorize the Elementary and Secondary Education Act (ESEA) to include unambiguous nondiscrimination requirements for charter schools and private schools that educate students through Title I portability provisions along with clear standards for charter school authorizers.
- Congress should reauthorize the ESEA to require that state education agencies (SEAs) and local education agencies (LEAs) intervene when schools or districts report significant achievement gaps in disaggregated data between the achievement of students with disabilities and students without disabilities.
- Congress should work closely with NCD to reauthorize IDEA in a manner that facilitates the inclusion of all students with disabilities. Reauthorization should include updates to Indicator 5 to ensure that SEAs and LEAs are not disproportionately placing students of color with disabilities outside of the least restrictive environment, authorization of SEAs to use IDEA professional development funds to provide training in methods of PBIS, guidance on standards for Functional Behavioral Assessments (FBAs) and Behavioral Improvement Plans (BIPs), and guidance on school districts' obligation to provide free and appropriate education to students with disabilities exhibiting problematic behaviors.
- The U.S. Department of Education Office of Civil Rights should support the preparation of students to better negotiate their accommodations by assisting

students with coordinating and managing a variety of services from multiple sources and facilitating the use of technology in education or employment.

- Congress should authorize the United States Access Board to establish guidelines for accessible instructional materials that will be used by government, in the private sector, and in postsecondary academic settings.
- Congress should reauthorize the Higher Education Act to extend provisions for capacity building for postsecondary educators to support students with disabilities. It should also provide funding for model demonstration projects on implementing and improving campus wide accessible instructional materials and universally designed materials in science, technology, engineering, and mathematics (STEM).
- The U.S. Department of Education should conduct an analysis of current data on Section 504 plans to review current practices and determine their effectiveness in protecting the civil rights of all students with disabilities across their education experiences.

Considerations for state and local agencies include the following:

- Offer Section 504 coordinators and other relevant staff members training on Section 504 requirements so they have a common understanding of eligibility, evaluation, placement, plans, and procedural safeguards.
- Include academic growth measurement in state accountability systems. Accountability and standards should be based on both proficiency and growth and must fully include all students.
- Provide reasonable adaptations and accommodations for children with disabilities during assessments so that the academic achievement of such children can be measured relative to the same academic standards applied to the general population.
- Collect data disaggregated by race and disability status at key points at which youth interact with the juvenile justice system to determine and address disparities and barriers to equitable treatment.

- Explore federal guidance on the interpretation and application of regulations. The federal government provides information on public obligations under the ADA and Olmstead, as well as updates on different Olmstead actions in the states. The U.S. Department of Education Office of Civil Rights posts guidance on the application of Section 504 and the ADA for students with disabilities. The U.S. Department of Education also funds national technical assistance centers on accessible instructional material and behavioral supports for students with disabilities. Examples of federally funded resources include:
 - Olmstead: Community Integration for Everyone: <http://www.ada.gov/olmstead/>
 - Frequently Asked Questions About Section 504 and the Education of Children with Disabilities: <http://www2.ed.gov/about/offices/list/ocr/504faq.html>
 - Bookshare: An Accessible Online Library for People with Print Disabilities (free access to students with print disabilities): <https://www.bookshare.org/cms>
 - National Center on Accessible Educational Materials: <http://aem.cast.org>
 - National Collaborative on Workforce and Disability: Making the Right Turn: A Guide About Improving Transition Outcomes for Youth Involved in the Juvenile Corrections System: <http://www.ncwd-youth.info/juvenile-justice-guide>
 - National Center on Secondary Education and Transition: <http://www.ncset.org/>
 - PACER Center (Parent Advocacy Coalition for Educational Rights): <http://www.pacer.org/>
 - Technical Assistance Center on Positive Behavioral Interventions and Supports: <http://www.pbis.org/>

HEALTH CARE

Introduction

The implementation of the Patient Protection and Affordable Care Act (PPACA) and other market and policy shifts are quickly changing the financing and delivery of health care. Health care providers and insurers are conducting many experiments, or demonstrations, across the country to create new innovations for the reorganization and delivery of health care and related services. Health insurance payers, including Medicare and Medicaid, are beginning to incentivize health care providers to deliver high-quality health and preventive care at a lower cost by moving from fee-for-service payments to performance-based and capitated (i.e., fixed fee per enrollee) payments.

These shifts, which aim to create a more integrated health care system, have the potential to improve preventive care, care coordination, and to promote patient-centered care. However, they also have the potential to incentivize the stinting of health care services to save health insurers on costs. Managed care plans have a long history within the U.S. health care system and illustrate how the delivery of high-quality health care can sometimes conflict with aggressive cost controls.

The ADA protects people with disabilities from discrimination by health insurers on administrative coverage decisions, such as when a health insurer denies a covered benefit solely on the basis of a person's disability status. However, it does little to protect the person from excessively restrictive benefit designs. The PPACA includes some new consumer protections and mandated health benefits but does not fully address some significant gaps in coverage (Rosenbaum 2007).

Although the ADA is intended to protect people with disabilities from discrimination in the provision of health care, it remains one of the few civil rights laws that lacks real enforcement. Enforcement of ADA accessibility regulations is most often tied to litigation and is therefore reactionary rather than proactive. Accessibility to health care facilities remains a surprisingly significant problem for people with disabilities because of a lack of accountability and understanding of the ADA compliance requirements on the part of

health care providers and payers. Unfortunately, the PPACA does not directly address these lingering compliance issues (Rosenbaum 2007).

Highlights of ADA Related to Health Care

- Offers protection for people with disabilities against discriminatory choices made by health plans in administrative coverage decisions
- Offers few protections for people with disabilities against discriminatory choices made by health plans in benefit design decisions
- Prevents discrimination against people with disabilities in the provision of health care, including failure to offer health care services in an accessible manner

Health Care Initiatives

This chapter highlights two innovative initiatives that demonstrate how health care policies and programs help protect people with disabilities against discrimination as dictated by the ADA. These practices also operationalize the PPACA to ensure that people with disabilities receive accessible and high-quality health care, and these practices begin to offer consumer protections where the ADA often falls short. The initiatives highlighted in this chapter include the Massachusetts Facility Assessment Tool (MFAT) and the One Care Dual Eligibles Demonstration.

Initiative 1: Massachusetts Facility Assessment Tool

The Massachusetts Facility Assessment Tool (MFAT) was developed by the Massachusetts Department of Public Health (MDPH) and was initiated in response to its Disability Access Project (DAP) (Massachusetts Department of Public Health, Health and Disability Program 2009). The MFAT serves as a survey instrument to identify and rectify common architectural barriers for people with disabilities. The MFAT compiles standards from the ADA and other Massachusetts state accessibility requirements to assist those responsible for facilities accessibility to better understand and comply with architectural requirements. The MFAT does not encompass the entirety of all ADA and Massachusetts facilities accessibility requirements but focuses on select priorities to keep the length of the assessment manageable.

The MFAT is designed for ease of use by both professional and nonprofessional audiences and is publicly available free of charge. The tool clarifies which architectural features to assess and how to assess them. It provides instructions and relevant standards necessary to assess facility accessibility with easy-to-understand illustrations and measurement guidelines and also provides specific instructions for documenting survey findings.

Highlights of the Massachusetts Facility Assessment Tool

- The MFAT serves as a survey instrument to identify and rectify common architectural barriers for people with disabilities.
- The MFAT compiles standards from the ADA and other Massachusetts state accessibility requirements to assist those responsible for facilities accessibility to better understand and comply with architectural requirements.
- The MFAT provides instructions with easy-to-understand illustrations and measurement guidelines and also provides specific instructions for documenting survey findings.
- The MFAT is publicly available and can be adapted to align with the accessibility requirements of other states.

In order to increase the usage and impact of the MFAT, the MDPH Purchase of Service (POS) Office has worked with the Health and Disability Program (HDP) to ensure that all health care vendors contracting with the MDPH have met certain requirements with regard to ADA, Section 504, and other nondiscriminatory practices based on disability. MDPH requires all vendors providing direct services to MDPH to provide a signed attestation that they are ADA compliant and nondiscriminatory based on disability; this requirement has been embedded in the Purchase of Service application along with one of the other Office of Health Equity program tools, the CLAS Self-Assessment Form. HDP collaborates with the POS unit to provide training and technical assistance on accessibility.

Since its implementation, the MFAT has been used successfully to promote the accessibility of health care facilities. MDPH reports that site visits using the MFAT, as

well as additional technical trainings on safety and accessibility, have made a positive impact on the accessibility of mammography centers in Massachusetts. These centers now self-report on MFAT survey findings on a public website, the Massachusetts Mammography Project. Because of MDPH's successes, other states—including Montana and Oregon—have adopted and modified the MFAT to align with their respective state requirements and improve the accessibility of mammography screening facilities for people with disabilities (Massachusetts Department of Public Health, Health and Disability Program 2009).

Implementation

The inception of the MFAT began in the 1990s when a disability advocacy group sued the state for lack of access to substance abuse treatment facilities. Stakeholders were also concerned that people with disabilities were not able to access other programs and medical services, including mammography facilities. In response, the MDPH looked to publicly available health data to understand whether a problem with accessibility existed. Specifically, MDPH examined data from the Behavioral Risk Factor Surveillance System (BRFFS) and found that the difference between the use of routine care by women with disabilities and those without disabilities was not significant. However, MDPH found a significant difference in the rates of mammography screening between women with disabilities and those without disabilities (Massachusetts Department of Public Health, Health and Disability Program 2009).

To address the newfound disparity, the MDPH Health and Disability Program collaborated with the Women's Health Network (WHN) on developing the Mammography Facility Assessment Tool, which predates the MFAT. After the original tool was implemented across the state as part of the DAP, MDPH determined that this tool could have application for a wider audience. It was revised to become the Massachusetts Facility Assessment Tool (also known as MFAT), which gave it application to additional types of medical facilities.

MDPH reported that factors essential to the successful implementation of the MFAT included the availability of funds from the Centers for Disease Control and Prevention

(CDC) for the Women’s Health Program and the Health and Disability Program, as well as strong cross-collaboration across MDPH programs, advocacy groups, researchers, and other stakeholders. Barriers to MFAT implementation included initial resistance from hospitals and health care providers who were concerned about site visits for measurements and the possibility of expenses for new accommodations for women with disabilities to undergo mammography screenings. MDPH emphasized the need to communicate clearly with providers about the importance of this work for compliance with ADA requirements and to ensure equitable access to needed health care for people with disabilities. MDPH also reported ongoing challenges with training staff involved in inspections of mammography sites as well as medical staff involved in assisting women with disabilities with their mammography appointments, but MDPH emphasized the importance of these functions.

Initiative 2: One Care Dual Eligibles Demonstration

Massachusetts was one of 15 states to receive a Center for Medicare and Medicaid Innovation planning grant from the Centers for Medicare and Medicaid Services (CMS) to develop a capitated financial alignment demonstration to integrate care for dual eligible individuals—consumers who qualify for both Medicare and Medicaid (Kaiser Family Foundation 2015a). The dual eligibles population includes beneficiaries with highly complex and often costly health care needs (Kaiser Family Foundation, n.d.). Through these demonstrations and in partnership with CMS, state grantees are looking to improve care quality and outcomes for dual eligible enrollees and reduce inconsistency between Medicare and Medicaid policies and regulations (Kaiser Family Foundation 2015a).

The Massachusetts capitated financial alignment demonstration, known as One Care MassHealth + Medicare, or simply *One Care*, was designed to integrate medical care with behavioral health care, long-term services and supports (LTSS), and additional community support services for dually eligible individuals ages 21 to 64 through contracts with health plans (MassHealth/Executive Office of Health and Human Services, n.d.a). MassHealth began planning and developing the demonstration with a very broad and collaborative stakeholder process that included disability advocates,

consumers, providers, health plans, policy experts, and other interested parties. Discussion topics included integration of the recovery model and independent living philosophy through the creation of a Long-Term Supports (LTS) Coordinator role, participation in the One Care plan procurement process, and the creation of an Implementation Council.

Highlights of Innovation in the One Care Demonstration

- The use of an interdisciplinary care team, including the enrollee, primary and behavioral health care providers, a care coordinator, and a Long-Term Supports (LTS) Coordinator
- A unique approach of fully involving people with disabilities and advocates in the operations of One Care through the establishment of an Implementation Council—a body made up mostly of consumers that is highly active in providing One Care with recommendations and advice

An emphasis on the independent living and long-term services and supports (LTSS) preferences and goals of enrollees is central to the One Care demonstration. The addition of a unique care team role, the LTS Coordinator, was created to bring the independent living and recovery perspective to the care team as a means of supporting the implementation of LTSS in a person-centered manner. The LTS Coordinator is available to meet one-on-one with One Care enrollees to assess needs, preferences, and goals as desired by the enrollee. If preferred by the enrollee, these meetings can occur at the enrollee's home. The LTS Coordinator then works with the enrollee and their entire care team including their primary care physician, personal care assistants (PCAs), or other parties identified by the One Care enrollee, to develop a plan for LTSS that aligns with the enrollee's preferences and goals.

The One Care program is also innovative for its high level of stakeholder engagement with people with disabilities, and its approach is a much needed positive step in developing an effective model of consumer engagement. The Massachusetts Executive Office of Health and Human Services (EOHHS) established an Implementation Council for One Care that is a body made up mostly of consumers that provides input and

recommendations on various aspects of the One Care program to the EOHHS, the secretariat level of oversight for MassHealth and other health agencies. The Implementation Council also solicits input from stakeholders on plan benefit delivery, plan quality, issues raised through the grievances and appeals process and ombudsman reports, and access to services (medical, behavioral health, and LTSS). Further, the Implementation Council has a role in the development of public education and outreach campaigns. In addition to the Implementation Council, MassHealth regularly engages with stakeholders and Endeavors to make its activities highly transparent through public meetings and posting meeting minutes and materials online. In addition to the high level of stakeholder engagement, One Care has also taken steps to include strong consumer protections.

Consumer Protections Integrated into the One Care Demonstration

- Upon joining a One Care plan, enrollees' prior providers, services, and authorizations are protected by a continuity of care period (approximately 90 days) while a comprehensive assessment process and individualized care plan are completed with the member
- Access to a Long-Term Supports (LTS) Coordinator who is part of a community-based organization that is independent from each participating managed care plan and helps secure the best care plan possible for enrollees
- Establishment of an Implementation Council—a body made up mostly of consumers established by the Commonwealth that meets monthly to provide input on One Care
- Regular stakeholder engagement with high transparency
- Provision of cultural competency trainings to providers and One Care plans on disability and related matters
- Establishment of an independent ombudsman program
- The right of a consumer to opt out if the consumer believes One Care does not suit his or her needs

Because the demonstration uses a capitated model, there are ample opportunities to examine population health, consumer experience, and cost data that would not be available under more typical fee-for-service payment structures. It will take some time for the impact of the demonstration to be documented, reviewed, and analyzed. Demonstration findings have potential importance for informing new models of care across the nation.

Implementation

The One Care program was launched in October 2013 and welcomed 4,715 new enrollees in the first three months through self-selected enrollment (MassHealth/Executive Office of Health and Human Services 2015a). In addition to continuously available self-enrollment, starting in January 2014, MassHealth also began to enroll some members through a voluntary auto-assignment process that included an opt-out option (Kaiser Family Foundation 2015b).

One Care plans are contractually required to report on a wide range of quality metrics, some of which will result in a withholding of payments if not met. Plans that don't meet certain quality metrics must earn back payment based on their performance. Other monitoring requirements include submission of encounter data; member, provider, and plan participation in surveys; and other quality improvement data. Quantifiable data regarding the implementation of One Care include reports that detail both new and ongoing monthly enrollment by plan, rating category, and enrollment penetration rates by county, as well as opt-out rates. Other quantifiable data includes new quarterly reports on member health assessment completion, LTS Coordinator referrals, and program-level spending information. These reports are publically available on the One Care and Massachusetts Duals Demonstration websites (MassHealth/Executive Office of Health and Human Services n.d.b, n.d.c). In addition, MassHealth collects health and experience quality metrics such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and the Mental Health Recovery Measure (MHRM) survey during the demonstration period.

In recognition of the need for early data on member experience with One Care to better inform and guide the development of the program, MassHealth created the Early Indicators Project (EIP) in collaboration with the Implementation Council. The EIP uses multiple methods to gather qualitative and quantitative data from various sources. These methods include focus groups, surveys, MassHealth enrollment data, the MassHealth Customer Service Center (CSC), the One Care Ombudsman, the Serving the Health Insurance Needs of Everyone (SHINE) program, the Commonwealth's Brain Injury and Statewide Specialized Community Services Program (Formerly Statewide Head Injury Program [SHIP]), and the One Care plans themselves. The EIP has released two reports on early member experiences, the most recent of which became available in May 2015 (MassHealth/Executive Office of Health and Human Services, n.d.b).

MassHealth also created an encounter data workgroup, which includes members from the Implementation Council, in order to develop policy and evaluation questions for analysis. In addition, CMS contracted with independent evaluators to document and measure the impact of all of the duals demonstrations, and it is expected that the report on the first demonstration year will come out some time during 2016. This report is expected to include benchmarks and analysis based on quality metrics for the first year of the demonstration.

Through discussions with the chair of the Implementation Council, a mix of successes and continued barriers were identified. As of May 2015, approximately 17,600 consumers were enrolled in the One Care program (MassHealth/Executive Office of Health and Human Services 2015a). The number of enrollees increased significantly within the first two years of the demonstration and has remained fairly constant since mid-2014. Currently, the opt-out rate of those eligible for One Care is approximately 28 percent, a decrease from the first few months of the demonstration as reported by MassHealth.

Although six health plans initially planned to participate in One Care, three plans withdrew because of concerns over financing and infrastructure (Kaiser Family

Foundation 2015b). Three One Care plans are currently operating in Massachusetts with coverage available in 9 of Massachusetts' 14 counties. However, one of these plans recently announced its withdrawal effective October 2015 (Dickson 2015).

Consumer satisfaction with health care and provider interactions is generally quite high, and 83 percent of enrollees plan to stay in One Care according to the most recent EIP report (MassHealth/Executive Office of Health and Human Services 2015b). The EIP report also found that there appeared to be some confusion among enrollees about the role of the LTS Coordinator. Although the role of the LTS Coordinator seems straightforward, the Implementation Council chair reports that there are challenges with implementation complexity and capacity. MassHealth and its stakeholders are invested in working through these growing pains with the LTS Coordinator role because of the reliance of the One Care population on LTSS and nonmedical services, which can greatly affect their quality of health.

The Implementation Council chair also raised concerns about disparities in access to care for people with behavioral health needs as well as concerns about auto-enrollment and the lack of objective, nonclinical measures of LTSS quality for consumers to use to compare plan options. The chair has also raised concerns with the speed of scale and continuing to ensure that the unmet medical and LTSS needs of the One Care population can be addressed, and is currently pressing for a more sustainable financing structure and risk adjustment methodology. The chair also reports that MassHealth continues to conduct extensive outreach and education efforts, and the Implementation Council remains highly engaged with community stakeholders. MassHealth is committed to continuing its work with CMS, the health plans, members, the Implementation Council, and other stakeholders to ensure the effective implementation and success of One Care.

It is too early to understand the impact of the One Care demonstration on cost and health outcomes to date, but the continued success of the program will be measured on both. As new models of care delivery continue to be tested across the country, lessons from One Care's emphasis on a holistic approach to independent living, long-term

services and supports, and stakeholder engagement will be important to the health care and policy communities.

Broader Implications

Massachusetts has made targeted efforts to advance equity in health care access for people with disabilities and is testing innovations for health care coordination and delivery. Massachusetts's efforts are important to the field, and federal and state policymakers have opportunities to replicate and build from these efforts to advance health equity and consumer protections for people with disabilities.

Many health care providers are unaware of ADA and state regulations regarding accessibility, and they require assistance to meet accessibility goals. Furthermore, there is little accountability for health care providers to meet these goals. The development of the MFAT represents a smart and practical way to help organizations meet accessibility goals, and importantly, the MFAT is a framework that other states can replicate. Federal and state policymakers can enforce ADA accessibility regulations by establishing systems of accountability. With adequate funding and resources, regulators can also offer technical assistance to health care providers to proactively improve accessibility for people with disabilities.

While health care organizations across the country continue to test and refine new models of health care delivery, attention must be paid to the holistic needs of people with disabilities, emphasizing supports for independent living and preferences and goals for long-term supports and services. The Massachusetts One Care demonstration's model for care delivery and coordination is unique in its use of an LTS Coordinator as well as its use of stakeholder engagement in informing health plan operations and shaping health plan benefit design. Although the program has had successes, particularly with regard to patient satisfaction, significant challenges remain. For health plans across the country, there is a serious gap in consumer protections due to ill-defined federal and state-required health plan benefits, particularly in managed care settings. Health care delivery models will continue to vary across both health systems and states, but it is important for policymakers and regulators to prioritize the values that

imbue the One Care demonstration and consider how stronger consumer protections for people with disabilities can be established.

NCD Health Care Recommendations

There are numerous lessons from the Massachusetts experience that can inform federal and state policymaking. For example, opportunities for federal policymakers to support better and more equitable health care for people with disabilities include the following:

- CMS should take a more population-based approach to rate setting and risk adjustment in new capitated plans, particularly for dual eligible MCOs. The needs of potential enrollees 65 years or older and those younger than 65 are quite different, and risk adjustment and capitation levels should reflect these differences in order for plans to succeed and beneficiaries to receive the services they need to live quality lives.
- CMS should reevaluate the emphasis on scale in the movement of high-risk, vulnerable populations with thin margins of physical and behavioral health because of the high potential for disrupting previously developed fragile systems of care. Providers may be at risk of not reaching the do-no-harm threshold in delivering services to potential enrollees. Instead, CMS and the state should take a more evidence-based approach that includes putting a strong evaluative process in place before the full rollout of any demonstration.
- The U.S. Department of Health and Human Services (HHS) should strengthen consumer protections and oversight of managed care. This should begin with mandatory coverage of health benefits that support the holistic needs of people with disabilities such as home care, assistive technology, mental health services and supports, and wraparound services. HHS should also implement a medical loss ratio standard for Medicaid MCOs like that required for Health Insurance Marketplace plans. Finally, HHS should consider implementing capacity standards for managed

care—for example, a 1:40 ratio for care coordinators to beneficiaries with intellectual or developmental disabilities.

- HHS should prevent the development of institutional service carve-outs from managed care, such as for skilled nursing. The carve-outs make it impossible for states to lower costs by substituting effective but less expensive community services for institutional care.
- HHS should enhance public health surveillance data to better understand disparities in health and health care access for people with disabilities by continuing to invest in publicly funded research. Special consideration should be given to diverse populations and those with behavioral health needs.
- HHS should develop measures that fully capture the experience of people with disabilities and better reflect the realities of people with long-term disabilities and chronic conditions who use LTSS. This should include measures that are not overly clinical in nature as well as effective resource use measures that recognize the long-term value of delivering up-front investments in care.

Considerations for state and local agencies include the following:

- Increase public deliberation and stakeholder engagement by integrating people with disabilities into health care policy and program operations. This can include obtaining stakeholder input for health plan benefit design; health plan quality review; review of appeals, grievances, and ombudsman reports; outreach and communications; and general counsel and oversight of managed care.
- Design and implement an MFAT-type tool and establish systems of accountability to improve health care facilities' compliance with ADA and state accessibility requirements.
- Support demonstrations of new models of care coordination to improve health outcomes and consumer satisfaction with health care and independent living and long term services and supports while reducing total costs of long-term care.

- Strengthen consumer protections and oversight of managed care and mandate coverage of health benefits that support the holistic needs of people with disabilities. Strengthening ombudsman programs is also an important consideration for regulatory agencies.
- Explore federally funded resources. The federal government sponsors initiatives that support state and local efforts to provide accessible and high-quality health care. Examples include the following:
 - State Innovation Models Initiative: General Information: <http://innovation.cms.gov/initiatives/state-innovations/>
 - Disability-Competent Care Self-Assessment Tool: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf>
 - National Center for Assisted Living (NCAL): <http://www.ahcancal.org/ncal/Pages/index.aspx>

TRANSPORTATION

Introduction

Transportation is an essential factor for participating in basic life activities, such as employment, community engagement, service work, and recreation. The ADA contains provisions to promote accessible transportation options for people with disabilities in order to ensure their civil right of equitable treatment. However, people with disabilities report greater barriers to transportation than do those without. A 2010 survey found that 34 percent of people with disabilities reported inadequate transportation compared with 16 percent of people without a disability (Kessler Foundation and National Organization on Disability 2010a). The same study reports that the transportation gap for people with disabilities has continued to widen since 1998 when authors started measuring transportation disparities.

Highlights of ADA Transportation Provisions

- Promotes equal access to public transportation services for people with disabilities
- Mandates that newly purchased vehicles that serve the public comply with accessibility standards
- Requires paratransit services for inaccessible fixed-route systems and for anyone who cannot use accessible transit because of disability

More large-scale quantitative studies are needed to identify the most common accessibility barriers related to transportation among people with disabilities. NCD offers insight on the issue in its 2015 transportation report (National Council on Disability 2015c), which explores the state of surface transportation throughout the nation, along with changes during the previous 10 years. The report illustrates the need for additional progress on the basis of a review of the literature; the current state of the industry; state and local implementation of federal legislation; and information gleaned from outreach to stakeholders, including people with disabilities and other experts.

Transportation Initiatives

State and local governments are obligated to comply with ADA mandates but have flexibility in their approaches to operationalize provisions of the legislation. This chapter highlights three initiatives that demonstrate how transportation programs have evolved to align with the letter and spirit of the ADA in response to the needs of people with disabilities. These examples focus on initiatives in New York City (NYC): accessible subway stations, accessible taxis, and the Access-A-Ride paratransit program.

Initiative 1: Accessible Subway Stations

The subway system in NYC is one of the oldest, largest, and busiest rapid transit systems in the world. The original NYC subway line opened in 1904, predating the ADA by more than 85 years. Accessibility was not a priority when the system was introduced, which has led to barriers in use among riders with disabilities. In 1979, disability advocates filed a lawsuit against the Metropolitan Transit Authority (MTA) under New York state law. One of the outcomes from the settlement agreement was retrofitting 100 key subway stations by 2020. Provisions of the settlement agreement and a similar settlement in Pennsylvania became the model for the ADA's key station requirements. Key subway stations are known as

- (1) Stations where passenger boardings exceed average station passenger boardings on the rail system by at least 15 percent, unless such a station is close to another accessible station;
- (2) transfer stations on a rail line or between rail lines;
- (3) major interchange points with other transportation modes, including stations connecting with major parking facilities, bus terminals, intercity or commuter rail stations, passenger vessel terminals, or airports;
- (4) end stations, unless an end station is close to another accessible station; and
- (5) stations serving major activity centers, such as employment or government centers, institutions of higher education, hospitals or other major health care facilities, or other facilities that are major trip generators for individuals with disabilities (Americans

with Disabilities Act 1990) (U.S. Department of Transportation, Federal Transit Authority 2007).

Metropolitan Transportation Authority (MTA)

MTA New York City Transit is a public-benefit corporation chartered by the New York state legislature in 1968. MTA is governed by a 17-member board. Members are nominated by the governor, with four recommended by New York City's mayor and one each by the county executives of Nassau, Suffolk, Westchester, Dutchess, Orange, Rockland, and Putnam counties. All board members are confirmed by the New York state senate (Metropolitan Transportation Authority, n.d.).

MTA has launched initiatives that respond to the settlement agreement and comply with the Rehabilitation Act and the ADA. As a result, 108 stations, representing 84 key stations and 24 non-key stations (five of which are accessible in only one direction), are accessible with elevators, and almost every station contains accessibility features such as tactile strips along platform edges, assistive listening devices at ticket booths, and accessible ticket vending machines. In addition to the embedded accessibility features, MTA offers provisions to address temporary environmental barriers. For example, through its website, MTA updates customers about interrupted service and elevator outages. It also offers a subscription-based email and text message alert system (e-alert) that sends this information and travel alternatives to customers' mobile devices. MTA also maintains a telephone line so users can call for information about elevator or escalator outages and to report outages. Gaps between subway cars and platform edges are a structural barrier that has proven challenging to adjust. This is due to an initial design that did not account for wheelchair access. MTA addressed gaps at accessible stations with platform edge extensions that are placed at the center of the platform near the conductor's position. In all stations, MTA makes announcements advising passengers to be aware of such gaps when exiting and entering subway cars.

Features of New York City's Accessible Subway Stations

Features of accessible NYC subway stations include elevators and ramps, handrails on ramps and stairs, large-print and tactile-Braille signs, audio and visual information systems, accessible station booth windows, accessible MetroCard vending machines, accessible service entry gates at subway stations, platform-edge warning strips, telephones at an accessible height with volume control and text telephones (TTYs), and accessible restrooms at commuter rail stations with restrooms (Metropolitan Transportation Authority, n.d.).

In addition to addressing environmental barriers in the subway system to promote access, MTA takes into account accessibility features when new initiatives are introduced. For example, the Public Address Customer Information Screen system, which is commonly referred to as a “countdown clock” and is available at 288 stations, offers train arrival messages by using both audio and video formats to appeal to different senses. This technology alerts passengers about the upcoming arrival of new trains and their destinations and offers other audio and visual messages to keep customers fully informed about service delays and emergency situations.

MTA offers travel training to Access-A-Ride registrants that provides short-term, comprehensive, and intensive individualized instruction for paratransit customers with physical or cognitive impairments. The instruction addresses how to safely and independently navigate through a repetitive route in public transit environments by using buses or subways instead of paratransit vehicles. Travel training facilitates the use of mass transit, thereby reducing reliance on the paratransit service.

The addition of the Second Avenue Subway is the first major expansion of NYC's subway system in more than 50 years. This line, which will be completed in four phases, will stretch 8.5 miles and consist of 16 new stations. All stations will be built in accordance with ADA guidelines and include accessibility features described in this section. The initial phase of the Second Avenue Subway line will involve four new stations and is expected to be complete by December 2016. The entire project is scheduled to be completed by 2029. MTA also has construction plans for the 7 Line

Subway Extension that will include an accessible subway station on the west side of Manhattan scheduled to open in 2015.

Implementation

The ADA and New York State and NYC building codes have guided progress to date. Accessible station activities are included in MTA capital planning and coordinated with the city and state. The NYC Mayor's Office of People with Disabilities and people with disabilities provide input to the NYC mayor's office to ensure that laws and policies are followed. MTA board members and employees are also instrumental in this initiative through logistical and financial planning and demonstrating support publicly.

Progress to enhance accessibility throughout NYC's subway stations has not come without challenges. MTA experienced significant expense to enhance accessibility at the 108 stations that were retrofitted with access features. This has required federal monies to be coordinated and committed to ensure that completion is on schedule. MTA has plans to spend \$100 million in additional funds through 2019 to build in features throughout the stations. Obtaining and retaining the funds has been challenging, in part because funding issues surface with each state budgeting process. Therefore, existing funding allocations for the Second Avenue Subway are subject to change as the state budgeting process evolves. Scope serves as an additional challenge to retrofitting subway stations. The system consists of 468 stations in operation, meaning that less than one in every four stations is retrofitted to meet accessibility standards. The scope of retrofitting stations is limited to key stations as identified in a settlement agreement, with an additional 24 stations that have been enhanced with accessibility features. However, all newly constructed stations will meet ADA regulations and be fully accessible to people with disabilities.

Initiative 2: Access-A-Ride Paratransit Program

MTA New York City Transit (NYCT) administers the Access-A-Ride program, the city's paratransit service. Access-A-Ride was launched as a result of the same 1979 lawsuit and settlement agreement that shaped accessible subway stations. The program was

revamped after a 1999 lawsuit filed against NYCT under the ADA, which uncovered that NYCT did not operate in a manner that aligned with ADA mandates.

Access-A-Ride currently operates 2,200 vehicles and provides 25,000 trips per day. It is available for people with disabilities who are certified through the paratransit service and unable to use accessible mass transit for some or all of their travel. Access-A-Ride is offered 24 hours per day, 7 days per week and covers destinations served by public buses and subways. Access-A-Ride customers pay the same full fare charged for public transit (\$2.75 at the time of this report). Service options include a shared-ride service, which drives multiple riders during a trip; door-to-door service, which drives one passenger or party at a time; and feeder service, during which trips are made partly by paratransit and partly by a fixed-route bus or subway. To provide Access-A-Ride services, NYCT contracts with private companies that operate vehicles that meet the specific needs of customers.

Access-A-Ride has grown to provide innovative methods of service delivery to its customers. For example, NYCT introduced interactive voice response (IVR) in 2009, an automated customer agent that provides information automatically, such as a reminder to each customer the night before about his or her booked trips, an alert stating when a vehicle will arrive (e.g., in approximately 15 minutes), an alert that a person's eligibility will expire soon and needs to be renewed, and a reminder to subscription service users to call to reserve subscription trips on holidays. Customers subscribe to the IVR by calling Access-A-Ride and asking staff to send information via telephone, text message, or email.

Access-A-Ride customers can complete trip-related transactions using Manage My Trips. Customers access this Web-based tool from their personal computers or Web browsers on their smartphones. They can schedule, confirm, and cancel a trip; request subscription service; learn the status of a subscription service request; and put their subscription service account on hold or cancel it. Access-A-Ride customers may also elect to contact Access-A-Ride directly to schedule travel and request updates. Access-A-Ride offers an automated telephone survey for customers to provide feedback about

their experiences using the service. NYCT keeps customers informed of Access-A-Ride services through *On the Move*, a periodic newsletter that communicates information about Access-A-Ride services and other issues related to accessible mass transit.

Implementation

Access-A-Ride has evolved in NYC over the past several decades. Although it originated in 1984 as part of a settlement agreement, the MTA struggled to operate the service in a manner consistent with minimum service criteria during the early years of operation (Fleischer and Zames 2001). Consequently, in 1999, three paratransit users and five disability organizations filed a lawsuit against MTA and NYCT under the ADA. The plaintiffs reported that Access-A-Ride often did not pick up customers or subjected them to long waits and lengthy trips. The settlement agreement led to a committee appointed by the governor and NYC mayor to develop a more efficient paratransit system. NYCT has since adopted technologies that were not anticipated at the time the ADA was enacted to offer IVR, such as Manage My Trip, and other supports to further improve Access-A-Ride. The NYC Mayor's Office of People with Disabilities reports that Access-A-Ride now operates at a 93 percent on-time pickup rate, an improvement from 90 percent in 1999. Furthermore, Access-A-Ride has attained and maintained a zero percent denial of service rate since March 2003 through the present, which is down from between 7 percent and 10 percent in 1999.

Improvements in the Access-A-Ride program have led to enhanced communications between passengers and providers and increased flexibility for passenger scheduling (e.g., more options to coordinate times properly), which reduces stress among customers between rides and helps to increase customer satisfaction. These efforts have decreased the amount of fuel used throughout the system, reducing operating costs and pollution.

Initiative 3: Accessible Taxis

Taxis in NYC transport an estimated 1 million passengers each day. This includes yellow medallion taxis and street hail livery vehicles (Boro Taxis), which are painted green. In the past, access barriers made it challenging or impossible for many people

with disabilities in NYC to use taxis. Many taxis could not accommodate passengers seated in wheelchairs, and some drivers refused to pick up people with wheelchairs or service animals. Such incidents sparked a class action lawsuit filed by disability advocates under the ADA. The lawsuit netted a settlement agreement resulting in a number of initiatives to enhance access. These initiatives include increasing the number of wheelchair-accessible taxis, providing training for drivers of wheelchair-accessible taxis, introducing new dispatch options for passengers with disabilities, offering audio-screen technology in vehicles, and producing public service announcements.

In 2014, the NYC Taxi and Limousine Commission (TLC) began executing a long-term plan to increase the number of wheelchair-accessible taxis throughout the city. There are two designs of these vehicles in NYC. One involves wheelchair access through a rear entry and accommodates one passenger who remains seated in a wheelchair or scooter and an additional passenger next to the driver. The other design involves side-entry wheelchair access and can accommodate one person who remains seated in a wheelchair or scooter and four additional passengers who do not use a wheelchair or scooter. As of March 2015, the number of accessible yellow medallion taxis on the road increased from 231 from before the implementation of the Disabled Accessibility Plan to 573. In addition, 1,003 wheelchair-accessible green taxis were introduced following the implementation of the Disabled Accessibility Plan. The Disabled Accessibility Plan calls for a total of 16,900 accessible taxis by 2024. TLC requires all drivers who operate wheelchair-accessible taxis to successfully complete wheelchair passenger assistance training to learn how to dispatch equipment.

To connect passengers to wheelchair-accessible taxis, TLC manages the Accessible Dispatch Program. This initiative allows customers to request a taxi for pickup anywhere in Manhattan for travel to anywhere in the five boroughs and Westchester and Nassau counties and to three regional airports. Customers pay standard metered taxi fare, and there are no additional costs to other passengers. TLC maintains a list of Boro Taxi car services with wheelchair-accessible vehicles on its website for trips originating in the Bronx, Brooklyn, northern Manhattan, Queens, and Staten Island. The agency is scheduled to expand the Accessible Dispatch Program in 2015 to feature citywide

pickup by either a yellow medallion taxi or Boro Taxi, depending on availability. The expansion is expected to include innovative smartphone app technology to request taxis and a marketing campaign to promote the program to potential users.

NYC has also introduced technology in taxis that offer access to riders with sensory impairments. For example, audible touch screen systems are available in select taxis, and they enhance independence for passengers with visual impairments. They include audio output that announces fare changes periodically throughout the duration of a trip, verifies taxi fares, gives information on tipping, and provides guidance on paying with a credit card. This technology also features images of trip information on the taxi screen alongside text information, which can support individuals who struggle to process text. Some taxis include induction loops that provide access for passengers with hearing impairments. This technology magnetically transmits sound to hearing aids and cochlear implants by using telecoils. Taxis equipped with induction loops have exterior decals indicating this feature in the vehicle. In addition to this innovative technology, taxis also contain contact information for the TLC in Braille and large print.

TLC, in collaboration with the NYC Mayor's Office of Media and Entertainment, has developed a public service announcement to keep customers with disabilities informed of their right to ride in a taxi. The announcement explains that a taxi driver is not allowed to refuse service on the basis of disability, along with destination, age, race, gender, or ethnicity. It is scheduled to be released in 2015 and will be featured in taxis throughout NYC.

Implementation

State and city policies have helped shape practices that promote accessible taxis throughout NYC. For example, the New York state HAIL Act requires the NYC City Council and New York State Department of Transportation to develop and submit the Disabled Accessibility Plan. TLC consulted with disability advocates and the NYC Mayor's Office of People with Disabilities to create the plan, which outlines a framework for growing the fleet of accessible taxis to 50 percent and ensuring that they are reachable by people with disabilities (New York City Taxi and Limousine Commission

2014). The Disabled Accessibility Plan was approved by the New York State Department of Transportation in August 2014.

Highlights of the Disabled Accessibility Plan

- Designates a certain number of licenses to operate wheelchair-accessible vehicles
- Outlines an approach for 50 percent of vehicles in the yellow medallion taxi fleet to be accessible by 2020 to people who use wheelchairs
- Addresses TLC's position on expanding the accessible share of the Boro Taxi fleet beyond 20 percent accessible taxis to 45 percent by 2024 and eventually to 50 percent
- Describes TLC's plans to expand the Accessible Dispatch Program to operate throughout NYC by using accessible yellow medallion taxis and Boro Taxis

NYC's accessible taxi initiatives benefit riders with disabilities because they offer greater flexibility to travel independently and on one's own schedule. These initiatives also lead to greater opportunities for the NYC paratransit service to use taxis as a mode of transportation for Access-A-Ride customers. Traditional paratransit trips cost \$66.00 per request, compared with \$15.33 per yellow medallion taxi ride and \$13.22 per Boro Taxi ride. However, the initial investment in accessible vehicles served as a significant barrier to executing this initiative. It costs approximately \$15,000 to convert one vehicle to full accessibility. The TLC authorized a \$0.30 per ride surcharge to offset costs associated with increasing the number of wheelchair-accessible taxis and for operating these vehicles.

Compliance among the taxi industry is another obstacle to fully implementing the Disabled Accessibility Plan. Through an undercover operation, TLC monitors the taxi industry for compliance with TLC accessibility requirements to provide equivalent services to passengers using wheelchairs. Examples of infractions include not offering wheelchair-accessible vehicles, not providing wheelchair-accessible vehicles within a reasonable time frame, and charging more money for these vehicles. Companies that are subjected to TLC rules and do not comply are summoned accordingly.

Broader Implications

Federal legislation, such as the ADA and Rehabilitation Act, serve as the basis for New York state and NYC to institute inclusive transportation policies that govern how MTA, TLC, and NYCT operate. These examples also highlight the importance of advocacy to help operationalize legislation when necessary. Disability advocates identified obstacles throughout subways, taxis, and paratransit, and they drew on federal legislation to facilitate change. In addition, state and local officials play important roles when developing innovative solutions for overcoming accessibility barriers. These officials identified accessibility barriers and offered solutions when crafting guidelines for accessible subway stops (as reflected through capital planning), determining regulations for wheelchair-accessible taxis (as reflected in the Disabled Accessibility Plan), and operating the paratransit service. This is especially challenging when they are faced with financial constraints and competing political interests. However, NYC transportation initiatives demonstrate that productive collaboration among advocates and city and state officials can lead to common ground, accessible options, and compliance with federal legislation.

Technology has also been a critical facilitator of accessible transportation initiatives. NYC accessible subway stations, taxis, and the Access-A-Ride program make use of technology in ways that were not conceived of when the ADA was crafted 25 years ago. Advances in technology can contribute to more efficient systems, enhance customer service, and save local and state government money on operating expenses.

Features described in NYC's accessible transportation initiatives demonstrate how cities can transform traditional transportation services into inclusive practices that benefit everyone in society. These initiatives also support civil rights for people with disabilities, because they provide access to employment locations; housing communities; shopping options; and diverse cultural, community, and recreational activities. Although accessible transportation programs were instituted to provide equitable options for people with disabilities, benefits associated with them reach beyond people with disabilities. For example, access features in subway stations benefit passengers with strollers, packages, and luggage and those who have sustained temporary injuries or experience fatigue. Multiple means of providing information helps all passengers who

are unfamiliar with the subway to navigate their way around. Wheelchair-accessible taxis provide more options for people without disabilities to ride with colleagues, friends, and family members who use wheelchairs. Costs associated with these accessible options remain an ongoing concern among many people with disabilities and should always be considered when introducing new opportunities to travel.

NCD Transportation Recommendations

Examples involving accessible subway stations, paratransit, and accessible taxis help to illustrate the process of how legislation can be operationalized into programs that promote accessible transportation. Opportunities for federal policymakers to support accessible transportation initiatives at the state and local levels include the following:

- The U.S. Department of Transportation should invest in research to understand current facilitators of and barriers to accessible transportation as experienced by people with disabilities in urban, suburban, and rural settings. This could include developing survey items addressing experiences of customers with disabilities for transit systems that solicit feedback to use in their efforts to understand accessibility trends. Findings would help to inform new or reauthorize existing legislation and inform state and local policies.
- Congress should, as it has for Amtrak, set aside funds specifically for achieving station accessibility on subways where it does not yet exist, including platform connectivity, detectable warning installation, elevators, ramps, and full-length platform-level boarding. There should be clear objectives, deadlines, and outcomes analysis to achieve full and timely accessibility.
- Congress should explore and support regulations and universal design and standards for accessibility features in taxis and other transit provided through transportation network services. Examples include wheelchair-accessible vehicles and audible touch screen systems.

Considerations for state and local agencies that are designing and executing accessible transportation initiatives are as follows:

- Factor in accessibility during planning phases for new transportation initiatives. This can reduce or eliminate expenses associated with ADA lawsuits and retrofitting equipment and infrastructure to comply with ADA guidelines.
- Offer multiple ways to communicate transit information to customers. Customers cannot take advantage of accessibility features if they are not aware of them. Update transit websites with all access features; explore opportunities to push information to consumers about unexpected environmental obstacles, such as elevator outages; and use a combination of audio and tactile signage along with audio announcements to convey information in stations.
- Identify and implement ongoing feedback from people with disabilities related to transportation policies, equipment, programs, and other factors impacting transportation and people with disabilities. This should be done through multiple channels, such as collecting input online, developing advisory committees for different transportation modes, and using periodic questionnaires.
- Collaborate with governing bodies that regulate taxi services to develop a strategic plan to increase the number of accessible taxis. Consider incentives for compliance, such as additional medallions or offering priority to operate at airports. The plan should also include expectations for driver training that support appropriate customer service when engaging with passengers with disabilities, as well as an approach to efficiently dispatching accessible taxis.
- Explore federally funded resources. The federal government sponsors programs and centers that support accessible transportation for state and local agencies. Examples include the following:
 - Easter Seals Project Action: <http://www.projectaction.org/>
 - Transportation for Elderly Persons and Persons with Disabilities (5310): http://www.fta.dot.gov/grants/13093_3556.html
 - National Rural Transit Assistance Program: <http://nationalrtap.org/>

HOUSING

Introduction

Affordable, accessible, and appropriate housing is essential for all people with disabilities to experience independent community living. Approximately one fifth of families that receive public housing have a family member with a disability living with them (National Low Income Housing Coalition 2012). The ADA has significantly influenced policies that affect people with disabilities and their right to live in safe, accessible, and inclusive housing. This law requires that public accommodations, which include publicly subsidized housing, comply with requirements that prohibit exclusion, segregation, and unequal treatment. In addition, it requires public accommodations to remove barriers in existing buildings when renovation is considered not overly burdensome, as determined by the resources possessed by the owners of the property (Americans with Disabilities Act 1990).

ADA Public Accommodations Requirements

- Must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment
- Must follow 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
- Must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources

In spite of these requirements, barriers continue to exist. All housing built with federal funds, as well as housing programs receiving federal funds, are subject to the requirements of Section 504 of the Rehabilitation Act of 1973. These regulations require 5 percent, with a minimum of one dwelling unit per complex, to be accessible to people with mobility disabilities, and at least 2 percent, but not less than one dwelling unit, to be accessible for people with visual and hearing disabilities. However, these percentage

requirements do not match the percentage of households reported to have a family member with a disability. Data from the U.S. Department of Housing and Urban Development's (HUD's) Resident Characteristics Report state that 36 percent of public housing units have a resident with a disability living in the unit (U.S. Department of Housing and Urban Development 2015).

The ADA standard has influenced subsequent legal rulings and legislation that impact housing accessibility for people with disabilities. Significant examples include the Supreme Court's decision in *Olmstead v. L.C.* (1999), one of the leading influences on the deinstitutionalization movement, as well as the New Freedom Initiative of 2001 and Developmental Disabilities Assistance and Bill of Rights Act of 2000. Each of these reinforces the notion that community living should be the rule rather than the exception for people with disabilities.

Housing Initiatives

This chapter highlights two initiatives that demonstrate how housing policies have been influenced by the ADA and subsequent civil rights laws and legal rulings. Both initiatives, the Amy Young Barrier Removal Program and Project Access, are found in Texas and focus, respectively, on the enhancement of accessibility and deinstitutionalization for people with disabilities.

Initiative 1: Amy Young Barrier Removal Program

The Amy Young Barrier Removal Program is a Texas Department of Housing and Community Affairs (TDHCA) program within the Housing Trust Fund (HTF). The program supports people with disabilities in need of housing modifications. Launched in 2010, the Amy Young Barrier Removal Program is named in honor of the late Amy Young, an advocate for Texans with disabilities. Ms. Young, a public policy analyst with the Texas Council for Developmental Disabilities, gave shape to the program and also urged TDHCA to fund it locally through its HTF. Ms. Young passed away one year before TDHCA announced the new statewide housing program created in part from her advocacy and policy recommendations to improve the lives of Texans with disabilities.

The ADA has limited applicability to private homes and only addresses portions that may be public accommodations within a private home—for example, a ground floor doctor’s office or an area designated as an in-home day care (ADA National Network, n.d.). The Amy Young Barrier Removal Program’s objectives align with provisions that seek to promote accessibility to public spaces and the removal of barriers that hinder functioning within those spaces. Three ADA sections (§36.207 places of public accommodation located in private residences, §36.211 maintenance of accessible features, and §36.304 removal of barriers) each mandate that public spaces be accessible to people with disabilities and that modifications be made to promote their accessibility (Americans with Disabilities Act 1990). The Amy Young Barrier Removal Program, though not a legally enforceable mandate like the ADA, extends this focus on accessibility into private homes.

The Amy Young Barrier Removal Program provides onetime grants up to \$20,000 to people with disabilities who need home modifications to increase accessibility and eliminate hazardous conditions. Program beneficiaries must include a person with disability (any age), must have a household income that does not exceed 80 percent of the area median family income, and may be tenants or home owners. Of the \$20,000 total grant, at least 75 percent of it must be applied toward barrier removal activities, with no more than 25 percent applied to correction of other unsafe and hazardous housing conditions. Common home modifications in the program include adding handrails and ramps; widening doors; adjusting countertops and cabinets to appropriate heights; installing buzzing or flashing devices; installing accessible showers, toilets, and sinks; and customizing other modifications for program participants (Texas Department of Housing and Community Affairs, n.d.a). These modifications help participants to remain in their communities, which in turn keeps their existing social networks intact and decreases their dependence on institutional assistance.

The Amy Young Barrier Removal Program, one of several HTF initiatives, is funded under the guidance of the Texas State Legislature through the appropriations process every biennium. The program is implemented by Texas nonprofit organizations and local governments that process intake applications, verify eligibility, and work with

program beneficiaries to design modifications and oversee construction. As a result, the HTF can respond to the unique housing needs of low-income Texans—especially people with disabilities. At the beginning of the 2014 and 2015 biennium, the Texas state legislature allocated \$3,578,250 for the Amy Young Barrier Removal Program. Additional funds became available over the course of the biennium as a result of loan repayments from previously funded HTF projects. This allowed TDHCA to significantly increase the funds available to the Amy Young Barrier Removal Program during the second half of the biennium. These funds were released during multiple phases. By the end of state fiscal year 2015, the HTF will have funded approximately 245 persons with disabilities to modify and improve their homes (Texas Department of Housing and Community Affairs, n.d.a).

To promote equitable distribution of funds to urban and rural areas of the state in the Amy Young Barrier Removal Program, the HTF applies an allocation formula in which both rural and urban areas of the state have a predetermined amount of funding reserved only for their region for the first phase of funding availability. For 2014 and 2015, HTF staff observed that approximately 17 percent of the total number of participating households in the Amy Young Barrier Removal Program lived in rural Texas. This percentage is comparable to the population of Texas as a whole—approximately 14 percent of Texans live in a rural area (Texas Comptroller 2008).

For policy guidance and critique on the design of the Amy Young Barrier Removal Program, TDHCA seeks public participation from TDHCA's Disability Advisory Workgroup (DAW) and publicly announced roundtable discussions. Participants in the DAW include disability advocates, service providers, state health and human services agency staff, affordable housing advocates, and TDHCA administrators. TDHCA regularly consults with community advocates, program administrators, and potential applicants for funding in order to research and develop effective policies, programs, and rules. To augment its formal public comment process, TDHCA also maintains the DAW for ongoing guidance on how its programs can most effectively serve people with disabilities.

Implementation

Before 2010, TDHCA had only one home modification program that focused on serving people with disabilities, and it was administered through the federal HOME Investment Partnerships Program. This was viewed as less flexible by government officials and not able to yield the same kinds of results that the Amy Young Barrier Removal Program has since been able to produce. Since 2010, the Amy Young Barrier Removal Program has helped more than 650 Texans with disabilities increase their independence through creative design and barrier removal. In addition, because of the funding opportunity and TDHCA's technical assistance, the number of administrators capable of implementing quality home accessibility modifications has steadily increased since the program's inception.

The Amy Young Barrier Removal Program began in 2010 with eight administrators, and as of 2015 it has 40. This expansion has helped to market and provide assistance to more people with disabilities and housing modification needs, particularly in rural Texas. Despite this rapid growth, less than 25 percent of the counties in Texas have access to an administrator of the Amy Young Barrier Removal Program. TDHCA continues to work on increasing the cadre of experienced nonprofit organizations and local governments that will implement the program to the satisfaction of its beneficiaries.

A continued high level of need and limited community capacity are ongoing challenges for the Amy Young Barrier Removal Program. Though a base of funding is established by the Texas Legislature through its appropriations process, additional funds may become available due to loan repayments, interest earnings, and de-obligation of resources to HTF-funded initiatives. In the 2012–2013 biennium, unexpended funds from the previous biennium were carried over, though the increase in community administrators may quicken the drawdown of funds in the future as more people become aware of the program.

Initiative 2: Project Access

The Project Access Program is a collaborative effort among TDHCA, the Texas Department of Aging and Disability Services (DADS), and the Texas Department of

State Health Services. The Project Access program uses Section 8 Housing Choice Vouchers administered by TDHCA to assist low-income people with disabilities in transitioning from institutions to the community by providing access to affordable housing. These institutions include nursing facilities, Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IID), and state psychiatric facilities.

Unlike many other states, DADS contracts with relocation specialists to provide outreach to individuals in nursing facilities who have expressed a desire to move into the community. DADS policy permits the relocation specialists access to the facilities to educate interested individuals on services and opportunities allowed through the Money Follows the Person (MFP) policy. With the resident's approval, the relocation specialist meets with family members or other representatives and accesses written records.

Transition specialists, filling a role similar to the relocation specialists, facilitate the transition of people with disabilities from Texas' State Supported Living Centers to community settings. The transition specialists work with local authorities and qualified developmental disabilities professionals regarding needed supports and services—identifying barriers to alternate community settings, initiating strategies to overcome those barriers, serving as a resource for the person's support team, and developing effective information exchange strategies to support the individual's transition to the community.

As of February 2015, Project Access and the continued coordination between state agencies resulted in 1,025 people with disabilities successfully moved into the community and out of an institution. This number continues to rise. The MFP policy has helped to facilitate Project Access by allowing individuals to bypass the Medicaid waiver program interest lists and expedite the transition process. As with the Amy Young Barrier Removal Program, TDHCA sees more demand for placement into accessible housing in urban areas.

THDCA's DAW was instrumental in determining how the Project Access pilot program would work and continues to advise staff in the design of program changes as needed

to address unexpected issues. Participants of the DAW include disability advocates, service providers, state health and human services agency staff, affordable housing advocates, staff from Centers for Independent Living, and TDHCA administrators.

Implementation

Project Access began as a pilot initiative from HUD. HUD continues to allow the program as a set-aside in Section 8's Annual Public Housing Agency plan. The TDHCA governing board voted to continue the program after the pilot ended and continue the partnership with the DADS, the Texas Health and Human Services Commission (HHSC), and the Texas Department of State Health Services (DSHS). The TDHCA governing board continues to sustain the program by directing staff to use TDHCA Section 8 resources for up to 140 vouchers for people with disabilities, though advocates continue to request additional vouchers for the program. TDHCA partners with the DADS MFP Demonstration (MFPD) Program through the Centers for Medicare and Medicaid Services. MFPD funding partially funds a TDHCA program performance specialist, as well as the Section 8 manager, who transition individuals who are on the Project Access waiting list, but have not been issued a voucher, into the community by using the HOME tenant-based rental assistance (TBRA) program. As a result of this effort, 31 individuals who were on the Project Access wait list have utilized TBRA to move back into the community while waiting for a voucher. The MFPD-funded positions have played a critical role in supporting the transition of people with disabilities, and Texas has committed to continuing these roles after MFPD funds have been expended.

Funding for community-based services and affordable, integrated, accessible housing continues to be a barrier. Texas continues to apply for funding as opportunities arise, such as the Section 811 Project Rental Assistance program. In 2012, Texas was 1 of 13 states to receive funding and was awarded \$12 million from HUD. Texas applied for 2013 Section 811 Project Rental Assistance funding and received an additional \$12 million for the program (TAC Resource Center on Supportive Housing 2012).

Broader Implications

Texas' policy orders and programmatic actions are a result of the housing requirements of the ADA, subsequent federal requirements, and the Olmstead decision. The Promoting Independence Statewide initiative began in 1999 when Governor George W. Bush affirmed the value of community-based alternatives for persons with disabilities in Executive Order GWB 99-2 (Legislative Reference Library of Texas, n.d.). This initiative supports a desire among people with disabilities to live in the most appropriate care setting available (Texas Health and Human Services Commission 2012). In response to Governor Bush's order, the Texas HHSC created the Promoting Independence Advisory Committee (PIAC). The committee advises staff of the Texas HHSC on the development of the Texas Promoting Independence Plan and the stakeholder report. Members represent disability advocates, service providers, and state agencies (including TDHCA). Subsequently, Governor Rick Perry signed Executive Order RP-13 in April 2002. This order requires the Texas HHSC to review and amend state policies that impede moving children and adults from institutions when the individual desired the move. This plan is updated biennially and describes the state's efforts to meet these requirements, as well as how these efforts will continue. Furthermore, it focuses attention on the civil rights of people with disabilities among state lawmakers and promotes dialogue between policy makers and stakeholders in the disability community.

Promoting Independence Plan Housing Recommendations to Support Increasing Affordable, Accessible, and Integrated Housing

- Increase the number of Project Access vouchers for individuals regardless of disability or age.
- The Texas Department of Housing and Community Affairs should continue to increase the amount of set-asides for people with disabilities at the SSI level of income in all of its programs.
- If directed by the legislature, funding should be increased for the Housing Trust Fund.
- HHSC should request that the Texas Department of Agriculture use a portion of its Community Development Block Grant funding allocations to address the housing needs of people with disabilities who receive SSI in rural communities.
- DADS should explore allowing consumer-directed services for adaptive aids and home modifications in all waivers, specialized therapies in Community Living Assistance and Support Services, and nursing and professional therapies in home and community-based services and deaf-blind multiple disabilities.

Within the framework of Texas' Promoting Independence Plan, the Project Access program responds to the Olmstead decision and preserves and protects the civil rights of people with disabilities. The initiative offers people with disabilities the opportunity to live in communities where they have social bonds with friends and family members rather than having to move elsewhere to find accessible housing or remain in an institutional setting.

Although all levels of government should focus on the civil rights of people with disabilities to drive housing policy decisions, fiscal limitations exist that hinder the rapid closure of institutions and the creation of fully accessible housing. In spite of the efforts of Texas, which have helped more than 40,000 citizens of various ages move from institutions to the community since 2001, the number of institutional facilities remains, though their populations are slowly decreasing. These remaining facilities are often significant employers in their communities, and local leaders have a vested interest in protecting the jobs of community residents.

With an aging U.S. population, many of whom will develop disabilities as they enter their senior years, alternatives to institutions will be needed to manage costs. Financial evidence shows that providing services in a home, rather than in an institutional facility, are less costly. The average cost of a semi-private room in a nursing home was \$6,235 per month in 2010, and this rate rises when additional supports are required (Longtermcare.gov, n.d.). The Kaiser Family Foundation reported that the average monthly cost for in-home supports provided through MFP was \$3,934 per month in 2013 (O'Malley et al. 2014). Federal and state policies can address this issue by investing in new housing that is accessible or retrofitting current housing stock to meet the changing needs of residents. Adaptations and modifications to an individual's home may include things such as chair lifts to reach upstairs bedrooms; modifications to bathrooms that facilitate self-care; and visual alarms and notifications for phones, doorbells, or smoke detectors to alert an individual to needed information. These types of investments can pay for themselves over time as people with disabilities are able to remain in their homes and live independently for many more years.

NCD Housing Recommendations

The practices identified in this chapter demonstrate how Texas housing authorities operationalize legislation and increase opportunities for people with disabilities to remove barriers and access inclusive housing within communities of their choice.

The following recommendations are crafted to help guide federal policymakers as they support states throughout processes related to accessible housing initiatives at the state and local levels:

- Congress should establish a permanent funding stream for the MFP Demonstration program to increase opportunities for people with disabilities to live inclusively in their communities among their friends and families.
- HUD should raise the current federal requirements for new accessible housing constructed with federal funds from a minimum of 5 percent (at least one) accessible new units for persons with physical disabilities and 2 percent (at least one)

accessible new units for persons with sensory disabilities to match the percentage of the American population with disabilities as identified by the American Community Survey (ACS).

- Congress should allocate additional funding to HUD to begin retrofitting older public housing units so that they meet federal accessibility requirements.
- HUD should make grant money available to states to subsidize the permanent renovation of privately held housing stock in order to enhance its accessibility, allowing more people with disabilities to live safely in the community.
- Congress should increase the number of federal housing vouchers available to low-income individuals and families. Furthermore, a percentage set-aside should be instituted to require that the number of available vouchers specifically for people with disabilities reflects the percentage of people with disabilities in the population.

The following recommendations are for states and local agencies to consider as they design, develop, and execute policy and institute practices and initiatives to promote accessible housing opportunities for people with disabilities:

- State and local building commissions should modify their housing codes to institute universal accessibility design requirements in all newly constructed homes and apartments.
- State governments should offer tax credits to architectural and construction firms to encourage pro bono accessibility design and home modification for low-income people with disabilities who are living in the community.
- State legislatures should set up housing trusts that allow for funds to be used for home modification grants under state, rather than federal, oversight. This would allow for more targeted and rapid dispersal of resources. Funds for these initiatives could be generated through fees or surcharges on new construction permits or materials.
- Rural and suburban communities should increase the number of accessible housing units available, with special emphasis placed on developing units near public

transportation and community service hubs. Ease of access to transportation, shopping, and recreation will increase community inclusion. Particular emphasis should be placed on housing for aging people with disabilities, especially those leaving institutional settings, because of functional limitations they might have that prevent them from driving independently.

- States should identify and pursue federally funded resources. The federal government sponsors initiatives that support state and local efforts to promote accessible housing opportunities for people with disabilities. Examples include:
 - ADA National Network: <https://adata.org/>
 - Aging and Disability Resource Center (ADRC) Technical Assistance Exchange: <http://www.adrc-tae.acl.gov/>
 - U.S. Department of Housing and Urban Development, Community Development Block Grant Program (CDBG): http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/comm_unitydevelopment/programs
 - U.S. Department of Veterans Affairs, Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs: <http://www.benefits.va.gov/homeloans/adaptedhousing.asp>

VISION FOR THE FUTURE

Introduction

The 2015 edition of *National Disability Policy: A Progress Report* includes just a few of the many initiatives that state and local agencies have implemented to operationalize the ADA and other legislation relevant to people with disabilities. These examples demonstrate not only the role of federal legislation in improving outcomes for people with disabilities but also the importance of advocates working with policymakers to translate legislation into practice. Although our country has made great progress in shaping practices that align with the ADA and other related legislation, much work remains to be done in order for us to realize a fully inclusive society. Although youth and young adults with disabilities were born into a post-ADA environment, far too many have not experienced the civil rights for equitable access that federal legislation was enacted to protect.

As we commemorate the 25-year anniversary of the ADA, advocates serve as a driving force behind the enforcement of legislation that protects the civil rights of people with disabilities. NCD's hope for the 50-year anniversary of the ADA is that the role of the disability advocate will shift to that of *advisor* to policymakers, technologists, industry, educators, and others who themselves are intrinsically motivated to incorporate provisions found in disability legislation throughout their professional practices. This section outlines NCD's vision for a society that has benefited from such practices. It reflects a national perspective by highlighting policy areas addressed in this report. NCD's vision also extends to a global society, which aligns with the contributions that the ADA made to the development of the Convention on the Rights of People with Disabilities (CRPD).

NCD's National Vision for the 50th Anniversary of the ADA

Employment

“Full employment of youth and adults with disabilities is the surest path to America's economic vitality and global competitiveness.”

—Lynnae Rutledge, NCD Council Member

NCD envisions a future in which all people with disabilities are afforded the same opportunities for inclusive, competitive employment as are those without disabilities. This will require changes in discriminatory thinking, particularly in the views on the ability of people with disabilities to perform in the workplace. At present, the percentage of people with disabilities who are employed is still astonishingly low. In May 2015, only 19.8 percent of people with disabilities were participating in the labor force compared with 68.8 percent of people without disabilities. For those people with disabilities who did enter the workforce, though, the unemployment rate was at 10.1 percent, twice as high as the national average for people without disabilities at 5.1 percent. (U.S. Department of Labor Bureau of Labor Statistics 2015). These numbers point to a stark employment picture for people with disabilities. For us as a nation, this is unacceptable. The following examples describe NCD's vision for the future in the area of employment for people with disabilities, as well as the Council's views on actions that should be taken to address this challenge.

Work incentive programs for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) beneficiaries, such as the Ticket-to-Work program, will receive the support necessary to enhance their effectiveness. Ticket-to-Work is a Social Security Administration-sponsored initiative that allows an SSI/SSDI beneficiary to receive extended coaching and support through an employment network to enter or re-enter the workforce. During this period, a person with a disability is able to maintain his or her SSI/SSDI benefits, though income benefits are gradually reduced as working income rises. Ticket-to-Work has been characterized by a low participation rate since its inception in 1999, and evaluations have shown limited effectiveness. Congress should act to provide additional guidance to state agencies and mandate closer collaborative,

rather than competitive, relationships between state vocational rehabilitation agencies and employment networks in order to identify and develop models that more effectively contribute to employment for people with disabilities.

The promise of the Workforce Innovation and Opportunity Act will be fulfilled, leading to greater collaboration among local, state, and federal employment services and enhanced opportunities for integrated, competitive employment for people with disabilities.

The Workforce Innovation and Opportunity Act (WIOA) reauthorizes the Workforce Investment Act (WIA) of 1998 through 2020 and reauthorizes and updates the Rehabilitation Act of 1973 (U.S. Department of Labor, Employment and Training Administration 2014). Key provisions that directly impact with people with disabilities include mandated cooperative agreements between state vocational rehabilitation agencies, state agencies that provide services to people with developmental disabilities, and Medicaid home and community-based services providers. State agencies should collaborate with their planning and action committees to draw on the strengths of multiple programs and minimize the overlap of services. This could provide more comprehensive employment support to people with disabilities through more efficient use of resources. Further, federal agencies such as the U.S. Department of Education (Rehabilitation Services Administration), U.S. Department of Health and Human Services (National Institute on Disability, Independent Living, and Rehabilitation Research), and U.S. Department of Labor (Office of Disability Employment Policy) should exercise their authority to fund technical assistance centers to support state and local providers as they develop their understanding of the new federal requirements and begin instituting new employment policies and practices for people with disabilities. These agencies should also support technical assistance opportunities that empower people with disabilities, including intellectual disabilities, to participate in postsecondary education and prepare for, and retain, competitive, integrated employment.

Discrimination against people with disabilities during hiring, job assignment, promotion, and retention will end. These decisions will be based solely on the qualifications and performance of the individual. The ADA and the Equal

Employment Opportunity Commission have enacted protections that prohibit discrimination against people with disabilities in terms of hiring, job assignment, promotion, and retention processes. Yet, the labor participation rate for people with disabilities remains stagnant. One factor is a limited understanding among employers concerning the capabilities of people with disabilities, particularly those with significant disabilities. Exposure to people with disabilities builds understanding of their capacities to perform in the workplace. Supportive employment is a practice that provides résumé-building opportunities to people with disabilities while simultaneously providing context-based education to employers concerning the capabilities of people with disabilities. This type of workplace exposure benefits both people with disabilities and employers, and can help to dispel negative perceptions of people with disabilities. Congress should provide additional funds to the Rehabilitation Services Administration-funded vocational rehabilitation agencies to address the supports needed for competitive, integrated employment and the education of employers to create inclusive work environments.

The sub-minimum wage provisions of the Fair Labor Standards Act will be eliminated, guaranteeing competitive wages for all people with disabilities.

Sheltered workshops are working environments characterized by variable wages, which are generally based on a piece rate that can be as low as pennies per hour. This wage rate is allowed under the Fair Labor Standards Act and reflects an outdated understanding of the productive capabilities of people with disabilities. At present, a large percentage of people with disabilities live below the poverty line, regardless of their labor participation status. Competitive employment at regular wages would help to reduce the number of people with disabilities living in poverty and provide enhanced opportunities for self-sufficiency and personal advancement.

Although states have the ability to eliminate sub-minimum wage employment, which New Hampshire has already done, others will need to take a phased approach, led by the federal government, to end this practice. As described in NCD's *Subminimum Wage and Supported Employment* report (National Council on Disability 2012), the U.S. Department of Labor should cease issuing new authorizing certificates to ensure the phased elimination of the 14(c) sub-minimum wage program, and the present holders of

14(c) authorizing certificates should participate in a phased conversion to supported employment models. People with disabilities participating in sub-minimum wage employment will be transitioned to supported, integrated employment, with all transitioned within six years. Clauses within WIOA encourage this phase-out and direct funds to initiatives that support competitive, integrated employment for people with disabilities. Following completion of this phase-out, Congress should amend the Fair Labor Standards Act to eliminate the allowance of sub-minimum wages for people with disabilities.

Workplace accessibility, a reasonable accommodation, will be extended to people with disabilities who work remotely. The ADA requires that reasonable accommodations be provided to workers with disabilities to facilitate their ability to perform their work tasks. Employers should view working remotely—a workplace flexibility provision that is increasingly being embraced by employers and supported by technology advancement (Global Workplace Analytics, n.d.)—as a reasonable accommodation for people with disabilities. Among workers with disabilities, 5.3 percent, compared with 4.3 percent of workers without disabilities, worked from home in 2013 (U.S. Census Bureau 2014). Modification of an individual’s home work space for accessibility may be less burdensome than modifying a large work site. Tax credit programs to reduce the cost of access modifications in home offices can help extend accessible employment opportunities to remote workspaces. To assist in this, Congress should amend the tax code to allow for an expansion of presently available tax credits for access modifications in home offices.

Employers will become partners in disability employment, working in collaboration with the individual, support providers, disability advocacy groups, and state agencies to develop competitive employment opportunities for all people with disabilities. Many employers currently focus on the local, state, and federal compliance requirements of the ADA and other legislation. Federal contractors are required to meet the 7 percent inclusion targets within the updated Section 503 of the Rehabilitation Act of 1973 regulations. Work spaces are made compliant with state and federal standards. These actions are reactive rather than proactive and create an

atmosphere of compliance rather than voluntary commitment. Closer engagement among vocational rehabilitation service agencies, the disability community, and private employers can assist in the development of dialogue and then action. To accomplish this, the Department of Labor should require representation of people with disabilities on local workforce investment boards as required under the WIOA and encourage efforts to promote people with disabilities to positions of influence and leadership in both the public and private sectors. Simultaneously, federal contractors must recognize that the 7 percent inclusion target applies across job categories for firms with more than 100 people. This includes senior leadership positions within an organization. Private employers should identify qualified candidates with disabilities who can inspire an inclusionary vision for their organizations.

Education

“With accessible and available high-quality early intervention through postsecondary education, people with disabilities have the opportunity to move beyond discrimination and high risk for prison to full realization of their abilities.”

—*Kate Seelman, NCD Council Member*

NCD envisions a future in which students with disabilities can enroll in any school in the country, along with students without disabilities, and be provided appropriate supports and instruction that prepare them with the necessary academic and social skills needed to transition to postsecondary academic opportunities or competitive employment. At this time students with disabilities face discrimination and misperceptions that likely have a negative impact on their academic and behavioral outcomes. For instance, a 2012 survey found that about 40 percent of parents, educators, and members of the general public incorrectly believe that learning disabilities are correlated with IQ or are associated with blindness and deafness (Cortiella et al. 2014). Despite the fact that IDEA has put in place procedures to prevent schools from suspending or expelling students without considering the effects of the child's disability, students with disabilities are more than twice as likely to receive one or more out-of-school suspensions as are students without disabilities. The high school graduation rate for the majority of states

has consistently been about 85 percent, but in many states, students with disabilities graduate at a rate 30 points behind their peers (Cortiella et al. 2014). Discriminatory practices and disproportionate outcomes must be addressed. The following examples describe NCD's vision for the future in the area of education for people with disabilities.

Students with disabilities will have equal opportunity and access to a meaningful education. Although federal legislation encourages students to be educated alongside peers without disabilities, many students with disabilities do not experience meaningful inclusion and integration in schools and general education classrooms. This can be attributed to various factors, such as teaching practices that do not reach all students along with ineffective behavior modification strategies that separate students from instruction time. To promote meaningful education, Local Education Agencies (LEAs) and State Education Agencies (SEAs) should implement evidence-based practices such as universal design for learning that support all students in the classroom, including students with disabilities. These agencies should also promote positive behavior interventions and supports, which are designed to be proactive in preventing problem behavior rather than reactive. Congress should work closely with NCD to reauthorize IDEA in a manner that facilitates the meaningful inclusion of all students with disabilities. This should include clear requirements that all schools, including charter schools, have inclusive recruitment, acceptance, and education policies for students with disabilities. Additionally, Congress should authorize the United States Access Board to establish guidelines for accessible instructional materials that will be used by government, in the private sector, and in postsecondary academic settings.

The school-to-prison pipeline for students with disabilities and from diverse backgrounds will be dismantled. Zero tolerance policies have significantly increased suspensions and expulsions for students with disabilities and from diverse backgrounds. This is true even for offenses that pose little or no safety threat. Youth with disabilities are overrepresented in the juvenile justice systems, and students with emotional disabilities are at greater risk of being arrested before leaving high school than their peers. To address these issues, SEAs and LEAs should offer social skills instruction and individualized wraparound supports to connect students with disabilities to

community services. These agencies should also adopt positive behavioral systems and end zero tolerance disciplinary practices. Federal, state, and local education agencies should allocate funding to support school-based mental health service providers. Furthermore, the U.S. Department of Education should support research that determines factors that contribute to the disproportionality of students with disabilities in the juvenile justice system, as well as evidence-based practices to address these factors.

Students with disabilities will be fully included in appropriate accountability and achievement metrics. States are accountable for the academic progress of students with disabilities. At present, federal legislation requires that 95 percent of students with disabilities are included in state achievement assessments, and permits less than 1 percent of students to take alternative assessments to be counted as proficient in accountability metrics. To promote full inclusion in appropriate accountability and achievement metrics, LEAs and SEAs should ensure that universal design for learning extends to standard assessments. These agencies should ensure that students who need it are provided with assistive technology, including augmentative and alternative communication technology, to access the standard assessments. Additionally, LEAs and SEAs should ensure that students have all accommodations, as listed in their individualized education programs (IEPs), made available during assessments. The U.S. Department of Education should collect data on the academic progress of students with disabilities that are disaggregated by subgroups of IDEA eligibility or disability categories and include these data within the annual state report cards, LEA report cards, and U.S. Department of Education report card to Congress. These data should be disaggregated by race, ethnicity, and other identifying factors within the IDEA eligibility subgroups.

Technology will be readily available to support students to participate and succeed academically. Technology devices have become more widely embraced in education settings to help maximize student learning. Technology can be especially beneficial for students with disabilities when used to promote universal design for learning principles. However, many students with disabilities, especially those with

sensory impairments, face accessibility barriers with technology that interfere with use. In some instances, classroom technology contains access features, but teachers are not aware of how to use it as a tool to maximize learning opportunities for students with disabilities. In some instances, students with disabilities transition to an LEA where technology they used in their previous education environment is not available. To support readily available technology that promotes academic inclusion and success among students with disabilities, SEAs should collaborate with institutions of higher education to identify basic learning standards involving technology and students with disabilities for pre-service teachers. The U.S. Department of Education should collaborate with states to identify funding options that would allow students transitioning out of the purview of their LEA to maintain devices provided by an IEP or 504 plan, or secure a comparable device within a timely manner. Further, local, state, and federal education and health agencies should collaborate with private and public health insurance providers to establish clear plans and policies to ensure that students with disabilities have access to the necessary assistive technology.

Self-determination will drive the transition of students with disabilities into integrated postsecondary education and competitive employment settings that match individuals' interests, skills, and abilities. Many students with disabilities enter postsecondary education or work environments without self-advocacy skills and an understanding of their civil rights to reasonable accommodations. As a result, some young people do not get the accommodations that they need to succeed in school and in the workplace. To build self-determination skills, local, state, and federal education agencies should collaborate and partner with other agencies, institutions of higher education, and businesses to establish a network of opportunities and services for transitioning individuals. The U.S. Department of Education, in collaboration with the U.S. Department of Health and Human Services and the Social Security Administration, should fund resources and support opportunities that help students with disabilities and their families to understand and navigate home and community-based services and manage long-term services and supports.

Students with disabilities in postsecondary education settings will be provided with the financial, technological, and academic supports to be successful.

Students with disabilities face vast differences in postsecondary education settings when compared to their K-12 experiences. They often have instructors with limited or no knowledge of modifying instruction to meet the needs of different learning styles. There are no IEPs identifying how technology can support learning. Also, many experience challenges navigating rules that impact SSI eligibility when receiving grants to offset costs associated with higher education. To address these issues, colleges and universities should operate fully-functioning offices dedicated to serving students with disabilities. These offices should help students identify their financial aid needs in light of their specific circumstances and help advocate these needs to their colleges' financial aid offices when students apply for financial aid. These offices should also work closely with their institution's information technology team to procure accessible technology as well as assistive technology that is available broadly throughout campus. In addition, offices that support students with disabilities should help facilitate timely accessible instructional materials and help instructors modify instruction as needed to respond to the needs of students with disabilities. The U.S. Department of Education should require consistent, disaggregated data collection on the enrollment of students with disabilities in institutions of higher education and their completion rates to better understand the extent to which students with disabilities enter into and graduate from institutions of higher learning.

Health Care

“Medicaid managed care represents both a tremendous opportunity and a significant risk for people with disabilities. If the transition to managed care is handled properly, our community can enjoy higher quality, more sustainable support services, shifting away from legacy infrastructure and overly restrictive models. If this is handled improperly, we may take a tremendous step backward, moving people with disabilities further into the medical model and resulting in a loss of necessary support and autonomy.”

—Ari Ne’eman, NCD Council Member

NCD's vision for health care for the next 25 years is for a health care system that not only improves the health outcomes of people with disabilities but also improves and enriches their lives. This health care system will place the preferences and goals of people with disabilities at the center of all care decisions, especially for home-based care and independent living. This health care system will provide for people with disabilities through delivery of services that are equitable, respectful, and appropriate. Progress toward these goals will be realized through innovations in the use of data, care delivery and coordination, and strong consumer protections.

People with disabilities will realize health equity goals currently promised under the ADA. Currently, many people with disabilities do not experience accessible health care facilities, as required by the ADA. At best, this may be the result of a simple misunderstanding about the accessibility needs of people with disabilities; at worst, it could be due to negligence or discrimination. To address this, the U.S. Department of Health and Human Services (HHS) and state health officials should work directly with health care providers to establish and maintain accessible health care facilities. Further, HHS should invest in research to better understand the continuing health disparities that exist among people with disabilities. These disparities can be identified through continued investment in research and public health surveillance of the health care outcomes of people with disabilities. These disparities can be corrected through adequate funding for corrective policies and programs.

The holistic needs of people with disabilities will be an integral part of the health care delivery system. People with disabilities face unique circumstances that can have an indirect or direct impact on their health and wellness. Although the health care system of the past focused heavily on medical services offered in the clinic, health care systems of the future must do more to consider the holistic needs of patients outside the clinic. HHS should promote the development of health care delivery systems that are highly coordinated with social service and supports, and are able to improve the health outcomes and overall satisfaction of people with disabilities through continued funding of new demonstrations. This will likely require continued trial and error of new care delivery models. Not only should new care delivery models improve health and

satisfaction outcomes, but they should also reduce the total cost of care. Health care delivery systems can accomplish this through up-front investments in the delivery of high-quality health care and support services that prevent expensive health care use in the future. HHS should develop measures that fully capture the lived experience of people with disabilities.

People with disabilities will benefit from stronger consumer protections with health insurance and throughout the health care delivery process. The ADA offers little protection for people with disabilities against health plans that offer overly stringent health benefits. This allows health plans to offer minimal or no coverage for certain health services and assistive technology, which worsens the health care and quality of life for people with disabilities. This consumer protection issue should be corrected at the federal level. HHS should mandate stronger consumer protections that start with comprehensive coverage of health benefits that support the independent living and long-term services preferences and goals of people with disabilities, including assistive technology and wraparound services. HHS and state regulators should encourage extensive public deliberation and stakeholder engagement in the design and operations of health care policy and programs. This could include promoting and implementing stronger ombudsman programs, consumer majority advisory councils, and public forums that address consumer protection issues. Effective delivery of health care and health plan benefit design must be informed by the lived experiences of people with disabilities.

Transportation

“The opportunities for inclusion of people with disabilities are perhaps the greatest in the field of transportation. With development of cell phone apps to summon taxis, kneeling buses, and even the prospect of the self-driving car, the potential independence of being able to get to and from our homes to school, to work, and out into society, cannot be underestimated. If, as we hope, government and the private sector can continue to work together to ensure universal design in these visionary forms of transportation, Americans with disabilities may truly be free, in the next ADA generation, to move about just like everyone else, with confidence, ease, and speed.”

—*Janice Lehrer-Stein, NCD Council Member*

Freedom to travel anyplace, at any time, and by any mode summarizes NCD's vision for transportation options for the next 25 years. Retrofitting existing inaccessible transportation equipment, policies, and infrastructures that facilitate various methods of transportation can be laborious and expensive. However, this need will remain a reality as long as existing transportation facilitators remain. Great promise exists to realize a vision of flexible travel by incorporating access to transportation equipment, policies, and infrastructure at the onset of new initiatives. The following examples illustrate how NCD's vision for transportation can be realized across the next 25 years through both retrofitting current transportation initiatives and factoring in inclusive design from the onset for new transportation initiatives.

Mass rapid transit systems will be a viable transportation option for people with disabilities. Mass rapid transit offers a cost-efficient option to travel for work and leisure to many passengers at a time. However, if accessibility is not considered when planning and designing mass rapid transit systems, environmental barriers that are labor intensive and costly to address can occur. Such considerations include passengers' experiences entering a train station from the street; traveling to the platform, which is often above or below street level; safely entering and leaving the transit car; and exiting the station to the street. To maximize accessibility, state agencies that provide oversight of mass rapid transit should engage people with disabilities early on to provide insight on unexpected barriers to access and opportunities to overcome those barriers. They should also reach out to professional peers in established cities to gain insight on access barriers that have surfaced and recommendations to avoid these barriers. When retrofitting existing transit stations to be accessible and when designing new transit systems, relevant state agencies should factor in alternative options to accommodating passengers with disabilities. For example, including more than one elevator would allow for uninterrupted access in the event of an elevator outage.

Transportation network companies (TNCs) will be subjected to the same accessibility standards for their network of vehicles as are companies regulated by state or local government agencies. TNCs are companies that maintain a network of drivers whom they connect with passengers in need of transportation. They make

these connections by using an online platform, and drivers use their own personal vehicles to transport passengers. TNCs are not held accountable for maintaining a network of drivers with a minimum standard of accessible vehicles. Although TNCs and taxis operate under a different organizational structure, passengers receive the same output—transportation from one point to another. Unregulated TNCs compromise the ability of taxi companies to compete with vehicles operation through TNCs and can serve as a disincentive for taxi companies to increase the number of vehicles in their fleet, which by law, needs to include accessible taxis. To ensure accessible transportation options for people with disabilities using TNCs, the U.S. Department of Transportation and U.S. Department of Justice, in collaboration with NCD, should explore options to provide oversight of TNCs and create an operating plan to promote accessible vehicles in TNC networks. In addition, although legislation is pending that will define the parameters of ADA application to technology, TNCs should adopt universal design principles throughout all aspects of their service. This will allow passengers to benefit from auditory systems and other innovative technology.

Governing bodies that regulate taxi services will operate fleets that consist of at least 50 percent accessible taxis, 100 percent accessible mobile technology, and staff who are responsive to the needs of passengers with disabilities. Taxi services have the potential to offer flexible options for passengers to travel on demand. However, a number of factors can interfere with a passenger’s ability to successfully engage such services. These include vehicles that cannot accommodate wheelchairs and scooters, inaccessible mobile technology to reserve transportation, and drivers who are unaware of passengers’ needs and rights. Accessible taxi services require intentional planning for access and inclusion that is informed not only by legislation but also by input from users with disabilities. To accomplish this, state agencies should collaborate with governing bodies that regulate taxi services to develop a strategic plan to increase the number of accessible taxis with features such as wheelchair access and auditory systems. This might include incentives for compliance such as additional medallions or offering priority to operate at airports. The plan should also include expectations for driver training that supports appropriate customer service when

engaging with passengers with disabilities, as well as an approach to efficiently dispatch accessible taxis.

People with disabilities who reside in rural and suburban communities will have accessible and reliable transportation options. People who reside in rural and suburban areas face considerable barriers to transportation. This is largely because of limited funding for individual programs and restrictions imposed on rural providers such as limited trip purposes, limited hours of service, client-only transportation, and duplicative services. In addition, expenses associated with rural and suburban communities are high due to the longer distance traveled (National Council on Disability 2015c). Those with sensory, physical, and other disabilities that interfere with the ability to operate a vehicle independently face even more challenges. Many who decide to pursue employment, social, and recreational opportunities outside of the home have no option but to relocate to an area that either offers accessible transportation or is a pedestrian-friendly community. Addressing the need for accessible transportation in rural and suburban areas requires immediate attention and collaboration between nonprofit organizations, neighborhood groups, and government. Local planners, public officials, staff in rural jurisdictions, and anyone affected by rural or transportation issues should learn about the successful strategies that have been used to provide rural transportation, including voucher programs, volunteers, flex services, taxis, mobility management, and neighborhood co-operatives (National Council on Disability 2015c).

Autonomous vehicles will be a viable transportation option for people with disabilities. Autonomous vehicles—vehicles that can operate via computer control without human supervision or input—are a cutting-edge transportation opportunity that can contribute to convenience and efficiency throughout society. However, for people with disabilities—including sensory, intellectual, and mobility disabilities along with issues that occur with aging—autonomous vehicles can offer tremendous opportunities for independence and self-sufficiency. Although the technology that powers autonomous vehicles has come to fruition and is being tested for functionality and safety, a number of issues must be resolved including licensing, liability, and insurance before society can benefit from this new advancement. In anticipation of this, NCD has

drafted legislation to ensure that the ADA covers this technology. It has also outlined recommendations for the automobile industry to ensure the use of universal design elements that will make this technology broadly accessible. To help make autonomous vehicles a reality, the U.S. Department of Transportation should collaborate with private sector research firms to design and invest in autonomous vehicle research to help refine the technology that powers this initiative and explore the implications for people with disabilities.

The airline industry will operate in a manner that is responsive to the needs of people with disabilities. The Air Carrier Access Act has regulated the airline industry since 1986, and, as does the ADA, it protects the civil rights of people with disabilities. By the time the ADA turns 50, and the Air Carrier Access Act turns 54, NCD hopes to see the industry revolutionized to appropriately respond to the needs of passengers with disabilities. The Air Carrier Access Act prohibits commercial airlines from discriminatory practices against people with disabilities during air travel. The act requires airlines to assist with boarding, deplaning, and making connections and to provide priority storage in the baggage compartment for assistive devices such as wheelchairs. It also prohibits airlines from requiring advance notice that a person with a disability will be traveling with that airline. Despite regulations outlined in the Air Carrier Access Act, many airline staff lack training to appropriately serve passengers with disabilities. Many such passengers go unassisted during travel and experience broken wheelchairs because of poor handling. Multiple reports illustrate families with children with autism being denied access to air travel or being physically escorted from aircrafts as a solution for addressing special needs associated with their disability. Although the U.S. Department of Transportation provides avenues for and accepts complaints from passengers who have experienced violations to the act, a lack of understanding of this process may lead to unreported violations. To address this issue, the U.S. Department of Transportation, in collaboration with NCD, should establish a Passengers with Disabilities Bill of Rights document that is based on the Air Carrier Access Act but written in plain language. The document should identify the rights of passengers with disabilities and recourse that people can take in the event of a violation. Airlines should be required to provide this information on tickets for those who identify as having a disability and needing

assistance when purchasing tickets. NCD also recommends that Congress authorize the U.S. Department of Transportation to hold the airline industry accountable for abiding by the Air Carrier Access Act and other relevant federal legislation.

Housing

“Community living for persons with disabilities cannot be achieved in our nation without safe, accessible, and affordable housing. This means that we as a nation must *fully* embrace public policies and innovative community programs that were cultivated by the intent and spirit of the Americans with Disability Act. Anything less means we as a nation would have failed many of our fellow citizens. This cannot and must not happen.”

—*Royal Walker, NCD Council Member*

The shortage of available, accessible housing is one of the largest challenges people with disabilities face. According to the 2010 Census, more than 56 million people reported that they had a disability and this number continues to grow as the US population ages (US Census Bureau 2012). However, as states lead deinstitutionalization programs to comply with the Olmstead decision, there will be a concurrent need for housing to accommodate people with disabilities in community settings to accommodate this positive trend to greater independence, NCD envisions a future with universal housing accessibility. Accomplishing this goal will require a multiyear campaign of federal and state action. This vision is described in the following examples.

The availability of accessible public housing units will reflect the percentage of the population of people with disabilities. At present, housing constructed with federal funds must allocate a minimum of 5 percent (at least one) of the new units to be accessible to persons with physical disabilities and 2 percent (at least one) to be accessible to persons with sensory disabilities. These percentages do not align with the 12.1 percent prevalence rate of disabilities in the population as identified by the ACS (Erickson, Lee, and von Schrader 2014). To address this, Congress should raise the

current federal requirements for new accessible housing to reflect the percentage of the American population identified as having disabilities by the ACS.

All new homes and apartments will meet universal design accessibility standards.

As people without disabilities age and acquire disabilities through illness or injury, having an expanding network of accessible homes on the housing market will provide more opportunities to live inclusively rather than using nursing facilities. Furthermore, support provided by a permanent commitment to the Money Follows the Person (MFP) initiative will further assist people with disabilities in staying in their homes and maintaining a high quality of life. To address this, state housing commissions should mandate that universal design accessibility principles be incorporated into the permit requirements for all new homes and apartments.

People with disabilities will have greater access to community housing.

Retrofitting existing housing stock and creating new accessible housing will require time and a significant commitment from federal and state governments. Vouchers can be used to assist people with disabilities in obtaining acceptable housing within the private housing market while an expansion of accessible public housing stock is occurring. To address this, the U.S. Department of Housing and Urban Development (HUD) should increase the number of housing choice vouchers to an amount that reflects the number of people who meet HUD Area Median Income requirements. Furthermore, HUD should issue a regulatory statement requiring that vouchers currently held by people with disabilities be set aside specifically for people with disabilities. This will reduce the loss of these vouchers from the disability community as they are turned in for reissue.

Congress will make a permanent commitment to the Money Follows the Person initiative and provide expanded home and community-based services for people with disabilities. Each of the previously described components of NCD's vision for universal housing accessibility focuses on the availability and development of physically accessible options for people with disabilities. Supported community living requires more than this. In *Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community*, NCD advocated that HHS provide

additional guidance to states that are implementing home and community-based services for people with disabilities (National Council on Disability 2015a). NCD maintains this position and reiterates its desire for HHS to act and strengthen the home and community-based services program, providing additional support to states and people with disabilities who wish to live in the community. The MFP demonstration has assisted people with disabilities in entering the community from institutional settings and keeping people in the community by providing needed supports to the individual in the environment of their choosing. The Centers for Medicare and Medicaid Services should make a permanent commitment to MFP by ending its demonstration project status and making it a permanent, funded service available to people with disabilities nationwide.

NCD's Global Vision for the 50th Anniversary of the ADA

“Ratification of the CRPD brings us one step closer to the world as we know it can be—making sure that people with disabilities and people without disabilities are treated equally.”

—Jeff Rosen, NCD Chairperson

The United States will ratify the Convention on the Rights of People with Disabilities (CRPD). The CRPD is a non-legally binding treaty that provides clear guidance for nations to promote, protect, and ensure the rights of people with disabilities in order to realize a fully inclusive global society. The United Nations General Assembly adopted the CRPD in 2006. As of May 2015, 154 countries have ratified the CRPD. The ADA was influential in the development of the CRPD and served as a model for this international agreement. However, the United States has yet to ratify this treaty that it helped shape.

The CRPD represents independence and freedom for people with disabilities around the world. It benefits Americans by contributing to increased access to the global economy, international education, and worldwide culture and leisure, yet misconceptions persist that have interfered with the United States ratifying the treaty. For example, some mistakenly believe that the CRPD will inhibit home and family rights. In reality, family rights such as homeschooling, discipline, right to life, and abortion will

continue to be protected by state legislation. The ratification of the CRPD will require a two-thirds majority of the U.S. Senate. To encourage this, the White House should continue to promote the CRPD through its outreach efforts, explicitly identify and address common misconceptions about the CRPD, and highlight the benefits of ratifying the treaty. In addition, government agencies should post information on their websites about the implications of ratifying the CRPD for their stakeholders with disabilities. For example, the DOL, the U.S. Departments of Veterans Affairs, and U.S. Department of Commerce may highlight the benefits of enhanced access when expanding business to other nations.

Representation from the United States will be inclusive of people with disabilities in international activities. NCD and disability advocates have made progress in raising awareness of the need for greater inclusion of people with disabilities in every aspect of society throughout our country. However, a need also exists to increase representation of people with disabilities from the United States throughout international activities. Such increased involvement will help establish our nation as a model for inclusion to an international audience. This will also provide our country with opportunities to capture best practices for people with disabilities in different parts of the world through the lens of people who live with disabilities and to apply those practices stateside when appropriate. Congress and the White House should promote this by shaping environmental factors to the extent possible. This can be accomplished by including specific language in the Rehabilitation Act that extends protections of the legislation to international operations of the U.S. government. Promoting the inclusion of people with disabilities in international activities can also be accomplished by the President appointing an ambassador who has a disability, with the goal of 25 years from now, having at least one diplomat in each mission with a disability. To prepare youth for international leadership positions, the State Department should offer fellowship programs for American students with disabilities enrolled in universities that have not been traditional past producers of Foreign Service officers. This opportunity could be modeled after the Pickering Fellowship program and would provide a natural pipeline for Americans with disabilities to work in professional jobs and develop meaningful careers in foreign affairs.

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APPENDIX A: SELECT NCD RESOURCES

Employment

- NCD Letter to Subcommittee on Workforce Protections Regarding Wellness Legislation, 2015, <http://www.ncd.gov/publications/2015/03302015/>
- Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community, 2015, <http://www.ncd.gov/publications/2015/02242015/>
- Securing the Social Contract: Reforming Social Security Disability, 2015, <http://www.ncd.gov/publications/2015/01292015/>
- Letter to House Senate Conference on Workforce Investment Act, 2014, <http://www.ncd.gov/publications/2014/03282014/>
- NCD Letter to Senate Finance Committee in Support of Amendment Language Regarding Supported Employment, 2013, <http://www.ncd.gov/publications/2013/12112013/>
- NCD Letter to Senate HELP Committee Opposing Sec. 511's Inclusion in WIA Reauthorization, 2013, <http://www.ncd.gov/publications/2013/08012013/>
- A Promising Start: Preliminary Analysis of Court Decisions Under the ADA Amendments Act, 2013, <http://www.ncd.gov/publications/2013/07232013/>
- NCD Statement on the President's FY14 Budget, 2013, <http://www.ncd.gov/publications/2013/04182013/>
- National Council on Disability Report on Subminimum Wage and Supported Employment, 2012, <http://www.ncd.gov/publications/2012/August232012/>
- Letter to the President about Chained CPI, 2012, http://www.ncd.gov/publications/2012/Dec202012_2/
- Deinstitutionalization Toolkit, 2012, <http://www.ncd.gov/publications/2012/DIToolkit/>

- Deinstitutionalization: Unfinished Business (Companion Paper to Policy Toolkit), 2012, <http://www.ncd.gov/publications/2012/Sept192012/>
- Letter to CMS on 1915c Waiver Information Bulletin, 2012, <http://www.ncd.gov/publications/2012/CMS10122012/>
- Letter to SSA Commissioner Michael Astrue on Continuation of the Work Incentives Planning and Assistance (WIPA) program, 2012, <http://www.ncd.gov/publications/2012/SSA08222012/>
- The Power of Digital Inclusion: Technology's Impact on Employment and Opportunities for People with Disabilities, 2011, <http://www.ncd.gov/publications/2011/Oct042011>
- Rising Expectations: The Developmental Disabilities Act Revisited, 2011, <http://www.ncd.gov/publications/2011/Feb142011>
- Workforce Infrastructure in Support of People with Disabilities: Matching Human Resources to Service Needs, 2010, <http://www.ncd.gov/publications/2010/Jan202010>
- Federal Employment of People with Disabilities, 2009, http://www.ncd.gov/rawmedia_repository/ccf09bbd_62bd_4043_b674_75ad5f37d237?document.pdf
- The State of Housing in America in the 21st Century: A Disability Perspective, 2010, <http://www.ncd.gov/publications/2010/Jan192010>
- Topical Brief: Transitioning Youth, 2010, <http://www.ncd.gov/publications/2010/03232010-1>
- Topical Brief: Vocational Rehabilitation Funding, 2010, <http://www.ncd.gov/publications/2010/03232010-2>

- Topical Brief: Workforce Investment Infrastructure, 2010, <http://www.ncd.gov/publications/2010/03232010-3>
- Topical Brief: Performance Indicators, 2010, <http://www.ncd.gov/publications/2010/03232010-4>
- Topical Brief: One-Stop Career Centers, 2010, <http://www.ncd.gov/publications/2010/03232010-5>
- Federal Employment of People with Disabilities, 2009, <http://www.ncd.gov/publications/2009/MArch312009>
- Keeping Track: National Disability Status and Program Performance Indicators, 2008, <http://www.ncd.gov/publications/2008/April212008>
- The Rehabilitation Act: Outcomes for Transition-Age Youth, 2008, <http://www.ncd.gov/publications/2008/10282008>
- Empowerment for Americans with Disabilities: Breaking Barriers to Careers and Full Employment, 2007, <http://www.ncd.gov/publications/2007/Oct2007>
- A Perspective from Youth with Disabilities: Benefits in a World of Employment, 2007, <http://www.ncd.gov/publications/2007/March2007>
- Issues in Creating Livable Communities for People with Disabilities: Proceedings of the Panel, 2007, <http://www.ncd.gov/publications/2007/Oct12007>
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- NCD Policy Principles & Recommendations for ESEA Reauthorization for the House, 2015, <http://www.ncd.gov/publications/2015/02062015/>
- NCD Letter Requesting Meeting with U.S. Secretary of Education Arne Duncan, 2014, <http://www.ncd.gov/publications/2014/03212014/>
- A Promising Start: Preliminary Analysis of Court Decisions Under the ADA Amendments Act, 2013, <http://www.ncd.gov/publications/2013/07232013/>
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- Letter to the President after Newtown Tragedy, 2012, <http://www.ncd.gov/publications/2012/Dec202012/>
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- Individuals with Disabilities Ed Act Burden of Proof: On Parents or Schools?, 2005, <http://www.ncd.gov/publications/2005/08092005>
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Health Care

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- Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community, 2015, <http://www.ncd.gov/publications/2015/02242015/>
- Securing the Social Contract: Reforming Social Security Disability, 2015, <http://www.ncd.gov/publications/2015/01292015/>
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APPENDIX B: STATE RESOURCES

Employment

The Nebraska Vocational Rehabilitation coordinated information for this report about initiatives in Nebraska that support employment for people with disabilities. Additional information can be found using the URLs below:

- Project SEARCH: http://vr.nebraska.gov/partners/project_search.html
- Nebraska Vocational Rehabilitation Frequently Asked Questions for Businesses: <http://www.vr.nebraska.gov/business/faq.html>
- Nebraska Vocational Rehabilitation Facebook Page: <https://www.facebook.com/media/set/?set=a.10152895853681412.1073741896.266794951411&type=3>
- Description of Nebraska MyVR: http://www.vr.ne.gov/connect/social_media.html
- Assistive Technology Partnership: <http://atp.ne.gov/>

Education

The Minnesota Department of Education coordinated information for this report about initiatives in Minnesota that support students with disabilities. Additional information can be found using the URLs below:

- Minnesota's Olmstead Plan: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home
- Minnesota PBIS (Positive Behavioral Interventions and Supports): <http://www.pbismn.org/index.html>
- Reintegration Framework Systems Planning Toolkit: <https://ici.umn.edu/evaluation/reintegrationtoolkit.htm>

- Minnesota Department of Education Section 504:
<http://www.education.state.mn.us/MDE/StuSuc/StuRight/Sect504/>

Health Care

The Massachusetts Department of Public Health, Office of Health Equity; the Massachusetts Executive Office of Health and Human Services, Office of Medicaid; and the Disability Policy Consortium coordinated information for this report about initiatives in Massachusetts that promote accessible health care. Additional information can be found using the URLs below:

- Massachusetts Facility Assessment Tool:
<http://www.mass.gov/eohhs/docs/dph/com-health/health-disability/mfat-intro.pdf>
- Massachusetts Mammography Project: <http://massmammography.org/>
- Integrating Medicare and Medicaid for Dual Eligible Individuals—Introducing One Care: MassHealth plus Medicare: <http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/national-health-care-reform-plan/federal-health-care-reform-initiatives/integrating-medicare-and-medicaid/>
- Olivia’s Story, and the Role of the IL-LTSS (Independent Living Long-Term Services and Supports) Coordinator: <http://www.vimeo.com/95207883>

Transportation

The New York City Mayor’s Office for People with Disabilities coordinated information for this report about initiatives in New York that promote accessible transportation. Additional information can be found using the URLs below:

- NYC Accessible Subway Stations: <http://web.mta.info/accessibility/>
- NYC Guide to Access-A-Ride Service: <http://web.mta.info/nyct/paratran/guide.htm>
- NYC TLC Wheelchair-Accessible Yellow Taxi Service:
<http://www.nyc.gov/html/tlc/html/passenger/accessible.shtml>

Housing

The Texas Governor's Committee on People with Disability coordinated information for this report about initiatives in Texas that support accessible housing. Additional information can be found using the URLs below:

- Amy Young Barrier Removal Program: <http://www.tdhca.state.tx.us/hf/single-family/amy-young.htm>
- Project Access: <http://www.tdhca.state.tx.us/section-8/project-access/>

APPENDIX C: NCD RECOMMENDATIONS

NCD Employment Recommendations

Federal Recommendations

- The U.S. Department of Education should fund systematic evaluations of vocational rehabilitation technical assistance centers to determine their efficacy and identify best practices. For example, the U.S. Department of Education issued notice of a proposed priority on May 15, 2015, for funding the Vocational Rehabilitation Technical Assistance Center—Youth with Disabilities. An accompanying priority should be an evaluation of this technical assistance center to determine its effectiveness.
- The U.S. Department of Labor and the Equal Employment Opportunity Commission (EEOC) should provide additional guidance to employers about their obligations under the ADA, Rehabilitation Act of 1973, and other applicable civil rights legislation that affects people with disabilities in the workplace. This guidance should include (a) proactive actions that employers can take to determine whether their practices are meeting requirements, (b) resources that employers can use for self-correction, and (c) industry-specific resources that address the needs of both blue-collar and white-collar employers.
- The U.S. Department of Labor should provide formal guidance, technical assistance, compliance monitoring, and evaluation of employer efforts to comply with Section 503 of the Rehabilitation Act. These efforts should be based on findings from the EEOC and address common patterns of employer discrimination identified by the U.S. Department of Justice.
- The U.S. Departments of Labor and Education should issue joint statements that reinforce VR's role as a collaborating partner in planning at the state level for the WIOA, which is due to go into effect in July 2015. They should also issue a follow-up statement that reinforces the role that VR can have in sector partnerships with

employers. According to WIOA, states must conduct collaborative planning among their federally funded state agencies, including VR.

- Congress should authorize federal tax credits for people with disabilities to partially offset the individual costs of VR services. Many VR services, including assistive technology, are subject to ability to pay and financial participation policies.
- Congress should enact legislation that makes the Work Opportunity Tax Credit program permanent, signifying its commitment to incentivizing private sector employers to hire people with disabilities and with other barriers to employment. The Work Opportunity Tax Credit for employers is currently on hiatus because it was not reauthorized for 2015. This tax credit is designed to encourage the hiring of individuals with barriers to employment, including people with disabilities, and offered a tax rebate of \$1,200 to \$9,600, depending on the target group in which an individual with a disability qualifies.

State and Local Recommendations

- Expand models, such as Project SEARCH, that can give youth with disabilities more opportunities to obtain employment experiences and on-the-job training. Youth with disabilities who are transitioning from high school to the workplace can benefit greatly from supported work experiences and job exploration guidance. WIOA set-aside funds for youth with disabilities transitioning from high school may assist in these efforts.
- Identify opportunities to provide Section 503 of the Rehabilitation Act training and technical assistance, particularly in the area of assistive technology, to public and private employers within the community.
- Develop strategies to maintain communication with hard-to-reach and highly mobile populations of people with disabilities in the community.
- Collaborate with business leaders in order to inform the development of job training programs for people with disabilities.

- Identify and pursue federally funded resources. The federal government sponsors initiatives that support state and local efforts to promote employment opportunities for people with disabilities. Examples include the following:
 - Job Accommodation Network (JAN): <https://askjan.org/>
 - LEAD Center: <http://www.leadcenter.org/>
 - Partnership on Employment & Accessible Technology (PEAT): <http://www.peatworks.org/>
 - National Collaborative on Workforce and Disability for Youth (NCWD/Youth): <http://www.ncwd-youth.info/>

NCD Education Recommendations

Federal Recommendations

- Congress should reauthorize the Elementary and Secondary Education Act (ESEA) to include unambiguous nondiscrimination requirements for charter schools and private schools that educate students through Title I portability provisions along with clear standards for charter school authorizers.
- Congress should reauthorize the ESEA to require that state education agencies (SEAs) and local education agencies (LEAs) intervene when schools or districts report significant achievement gaps in disaggregated data between the achievement of students with disabilities and students without disabilities.
- Congress should work closely with NCD to reauthorize IDEA in a manner that facilitates the inclusion of all students with disabilities. Reauthorization should include updates to Indicator 5 to ensure that SEAs and LEAs are not disproportionately placing students of color with disabilities outside of the least restrictive environment, authorization of SEAs to use IDEA professional development funds to provide training in methods of PBIS, guidance on standards for Functional Behavioral Assessments (FBAs) and Behavioral Improvement Plans

(BIPs), and guidance on school districts' obligation to provide free and appropriate education to students with disabilities exhibiting problematic behaviors.

- The U.S. Department of Education Office of Civil Rights should support the preparation of students to better negotiate their accommodations by assisting students with coordinating and managing a variety of services from multiple sources and facilitating the use of technology in education or employment.
- Congress should authorize the United States Access Board to establish guidelines for accessible instructional materials that will be used by government, in the private sector, and in postsecondary academic settings.
- Congress should reauthorize the Higher Education Act, and in doing so, include provisions for capacity building for postsecondary educators to support students with disabilities, as well as funding for model demonstration projects on implementing and improving campus wide accessible instructional materials and universally designed materials in science, technology, engineering, and mathematics (STEM).
- The U.S. Department of Education should conduct an analysis of current data on Section 504 plans to review current practices and determine their effectiveness in protecting the civil rights of all students with disabilities across their education experiences.

State and Local Recommendations

- Offer Section 504 coordinators and other relevant staff members training on Section 504 requirements so they have a common understanding of eligibility, evaluation, placement, plans, and procedural safeguards.
- Include academic growth measurement in state accountability systems. Accountability and standards should be based on both proficiency and growth and must fully include all students.

- Provide reasonable adaptations and accommodations for children with disabilities during assessments so that the academic achievement of such children can be measured relative to the same academic standards applied to the general population.
- Collect data disaggregated by race and disability status at key points at which youth interact with the juvenile justice system to determine and address disparities and barriers to equitable treatment.
- Explore federal guidance on the interpretation and application of regulations. The federal government provides information on public obligations under the ADA and Olmstead, as well as updates on different Olmstead actions in the states. The U.S. Department of Education Office of Civil Rights posts guidance on the application of Section 504 and the ADA for students with disabilities. The U.S. Department of Education also funds national technical assistance centers on accessible instructional material and behavioral supports for students with disabilities. Examples of federally funded resources include:
 - Olmstead: Community Integration for Everyone: <http://www.ada.gov/olmstead/>
 - Frequently Asked Questions About Section 504 and the Education of Children with Disabilities: <http://www2.ed.gov/about/offices/list/ocr/504faq.html>
 - Bookshare: An Accessible Online Library for People with Print Disabilities (free access to students with print disabilities): <https://www.bookshare.org/cms>
 - National Center on Accessible Educational Materials: <http://aem.cast.org>
 - National Collaborative on Workforce and Disability: Making the Right Turn: A Guide About Improving Transition Outcomes for Youth Involved in the Juvenile Corrections System: <http://www.ncwd-youth.info/juvenile-justice-guide>
 - National Center on Secondary Education and Transition: <http://www.ncset.org/>
 - PACER Center (Parent Advocacy Coalition for Educational Rights): <http://www.pacer.org/>

- Technical Assistance Center on Positive Behavioral Interventions and Supports:
<http://www.pbis.org/>

NCD Health Care Recommendations

Federal Recommendations

- CMS should take a more population-based approach to rate setting and risk adjustment in new capitated plans, particularly for dual eligible MCOs. The needs of potential enrollees 65 years or older and those younger than 65 are quite different, and risk adjustment and capitation levels should reflect these differences in order for plans to succeed and beneficiaries to receive the services they need to live quality lives.
- CMS should reevaluate the emphasis on scale in the movement of high-risk, vulnerable populations with thin margins of physical and behavioral health because of the high potential for disrupting previously developed fragile systems of care. Providers may be at risk of not reaching the do-no-harm threshold in delivering services to potential enrollees. Instead, CMS and the state should take a more evidence-based approach that includes putting a strong evaluative process in place before the full rollout of any demonstration.
- The U.S. Department of Health and Human Services (HHS) should strengthen consumer protections and oversight of managed care. This should begin with mandatory coverage of health benefits that support the holistic needs of people with disabilities such as home care, assistive technology, mental health services and supports, and wraparound services. HHS should also implement a medical loss ratio standard for Medicaid MCOs like that required for Health Insurance Marketplace plans. Finally, HHS should consider implementing capacity standards for managed care—for example, a 1:40 ratio for care coordinators to beneficiaries with intellectual or developmental disabilities.
- HHS should prevent the development of institutional service carve-outs from managed care, such as for skilled nursing. The carve-outs make it impossible for

states to lower costs by substituting effective but less expensive community services for institutional care.

- HHS should enhance public health surveillance data to better understand disparities in health and health care access for people with disabilities by continuing to invest in publicly funded research. Special consideration should be given to diverse populations and those with behavioral health needs.
- HHS should develop measures that fully capture the experience of people with disabilities and better reflect the realities of people with long-term disabilities and chronic conditions who use LTSS. This should include measures that are not overly clinical in nature as well as effective resource use measures that recognize the long-term value of delivering up-front investments in care.

State and Local Recommendations

- Increase public deliberation and stakeholder engagement by integrating people with disabilities into health care policy and program operations. This can include obtaining stakeholder input for health plan benefit design; health plan quality review; review of appeals, grievances, and ombudsman reports; outreach and communications; and general counsel and oversight of managed care.
- Design and implement an MFAT-type tool and establish systems of accountability to improve health care facilities' compliance with ADA and state accessibility requirements.
- Support demonstrations of new models of care coordination to improve health outcomes and consumer satisfaction with health care and independent living and long term services and supports while reducing total costs of long-term care.
- Strengthen consumer protections and oversight of managed care and mandate coverage of health benefits that support the holistic needs of people with disabilities. Strengthening ombudsman programs is also an important consideration for regulatory agencies.

- Explore federally funded resources. The federal government sponsors initiatives that support state and local efforts to provide accessible and high-quality health care. Examples include the following:
 - State Innovation Models Initiative: General Information: <http://innovation.cms.gov/initiatives/state-innovations/>
 - Disability-Competent Care Self-Assessment Tool: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf>
 - National Center for Assisted Living (NCAL): <http://www.ahcancal.org/ncal/Pages/index.aspx>

NCD Transportation Recommendations

Federal Recommendations

- The U.S. Department of Transportation should invest in research to understand current facilitators of and barriers to accessible transportation as experienced by people with disabilities in urban, suburban, and rural settings. This could include developing survey items addressing experiences of customers with disabilities for transit systems that solicit feedback to use in their efforts to understand accessibility trends. Findings would help to inform new or reauthorize existing legislation and inform state and local policies.
- Congress should, as it has for Amtrak, set aside funds specifically for achieving station accessibility on subways where it does not yet exist, including platform connectivity, detectable warning installation, elevators, ramps, and full-length platform-level boarding. There should be clear objectives, deadlines, and outcomes analysis to achieve full and timely accessibility.
- Congress should explore and support regulations and universal design and standards for accessibility features in taxis and other transit provided through transportation network services. Examples include wheelchair-accessible vehicles and audible touch screen systems.

State and Local Recommendations

- Factor in accessibility during planning phases for new transportation initiatives. This can reduce or eliminate expenses associated with ADA lawsuits and retrofitting equipment and infrastructure to comply with ADA guidelines.
- Offer multiple ways to communicate transit information to customers. Customers cannot take advantage of accessibility features if they are not aware of them. Update transit websites with all access features; explore opportunities to push information to consumers about unexpected environmental obstacles, such as elevator outages; and use a combination of audio and tactile signage along with audio announcements to convey information in stations.
- Identify and implement ongoing feedback from people with disabilities related to transportation policies, equipment, programs, and other factors impacting transportation and people with disabilities. This should be done through multiple channels, such as collecting input online, developing advisory committees for different transportation modes, and using periodic questionnaires.
- Collaborate with governing bodies that regulate taxi services to develop a strategic plan to increase the number of accessible taxis. Consider incentives for compliance, such as additional medallions or offering priority to operate at airports. The plan should also include expectations for driver training that support appropriate customer service when engaging with passengers with disabilities, as well as an approach to efficiently dispatching accessible taxis.
- Explore federally funded resources. The federal government sponsors programs and centers that support accessible transportation for state and local agencies. Examples include the following:
 - Easter Seals Project Action: <http://www.projectaction.org/>

- Transportation for Elderly Persons and Persons with Disabilities (5310): http://www.fta.dot.gov/grants/13093_3556.html
- National Rural Transit Assistance Program: <http://nationalrtap.org/>

NCD Housing Recommendations

Federal Recommendations

The practices identified in this chapter demonstrate how Texas housing authorities operationalize legislation and increase opportunities for people with disabilities to remove barriers and access inclusive housing within communities of their choice.

The following recommendations are crafted to help guide federal policymakers as they support states throughout processes related to accessible housing initiatives at the state and local levels:

- Congress should establish a permanent funding stream for the MFP Demonstration program to increase opportunities for people with disabilities to live inclusively in their communities among their friends and families.
- HUD should raise the current federal requirements for new accessible housing constructed with federal funds from a minimum of 5 percent (at least one) accessible new units for persons with physical disabilities and 2 percent (at least one) accessible new units for persons with sensory disabilities to match the percentage of the American population with disabilities as identified by the American Community Survey (ACS).
- Congress should allocate additional funding to HUD to begin retrofitting older public housing units so that they meet federal accessibility requirements.
- HUD should make grant money available to states to subsidize the permanent renovation of privately held housing stock in order to enhance its accessibility, allowing more people with disabilities to live safely in the community.

- Congress should increase the number of federal housing vouchers available to low-income individuals and families. Furthermore, a percentage set-aside should be instituted to require that the number of available vouchers specifically for people with disabilities reflects the percentage of people with disabilities in the population.

State and Local Recommendations

- State and local building commissions should modify their housing codes to institute universal accessibility design requirements in all newly constructed homes and apartments.
- State governments should offer tax credits to architectural and construction firms to encourage pro bono accessibility design and home modification for low-income people with disabilities who are living in the community.
- State legislatures should set up housing trusts that allow for funds to be used for home modification grants under state, rather than federal, oversight. This would allow for more targeted and rapid dispersal of resources. Funds for these initiatives could be generated through fees or surcharges on new construction permits or materials.
- Rural and suburban communities should increase the number of accessible housing units available, with special emphasis placed on developing units near public transportation and community service hubs. Ease of access to transportation, shopping, and recreation will increase community inclusion. Particular emphasis should be placed on housing for aging people with disabilities, especially those leaving institutional settings, because of functional limitations they might have that prevent them from driving independently.
- States should identify and pursue federally funded resources. The federal government sponsors initiatives that support state and local efforts to promote accessible housing opportunities for people with disabilities. Examples include:
 - ADA National Network: <https://adata.org/>

- Aging and Disability Resource Center (ADRC) Technical Assistance Exchange:
<http://www.adrc-tae.acl.gov/>
- U.S. Department of Housing and Urban Development, Community Development Block Grant Program:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/comm_unitydevelopment/programs
- U.S. Department of Veterans Affairs, Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grant programs:
<http://www.benefits.va.gov/homeloans/adaptedhousing.asp>

