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Expiration Date: pending

PATBI Project Performance Report

For Year 2017

Individual Advocacy (Non-Case Services)

Information and Referral Services (I&R)

* - Required field

Information and Referral Services (I&R)

I&R	Total Number
Total Individuals Receiving I&R Services*	30
Total Number of I&R requests during the Fiscal Year*	32

Training Activities

* - Required field

Number of Trainings Presented by Staff* 9

Number of Individuals Who Attended These Trainings* 485

Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees

Training Event #1

Topics Covered*

Representing Clients with Traumatic Brain Injury: NYC Veterans' Coalition NYC This training provided information regarding traumatic brain injury (TBI) and the intersection of veterans' benefits and civil legal protections. Topics included an explanation of applicable federal and state laws and programs and services for individuals affected by brain injury. The program also addressed applicable ethical concerns.

The Purpose of the Training*

The training was devised to address the lack of knowledge and strategies needed to navigate the multiple systems impacting access to services for veterans with TBI. A person-centered approach was used to inform attendees about the unique challenges veterans with TBI encounter and how to advance their rights and supports.

A Description of the Attendees*

The training benefitted 35 attorneys and advocates who represent veterans with TBI in the greater New York City region.

Training Event #2

Topics Covered*

Placement of People with TBI in Out-of-State Facilities The presentation highlighted the common practice of placing individuals with TBI in out-of-state facilities, services and supports available for community living, strategies for repatriation, and DRNY's services and efforts.

The Purpose of the Training*

Through this workshop, DRNY and other stakeholders alerted participants to the widespread practice of placing individuals with TBI in out-of-state facilities. DRNY also discussed the services and supports available to avoid institutionalization, including our systemic efforts and individual advocacy.

A Description of the Attendees*

The 75 attendees included advocates for individuals facing skilled nursing facility placement, especially out-of-state placement, service providers, people with brain injury, and local media. Representatives from the NYS Department of Health also attended.

Training Event #3

Topics Covered*

TBI and Educational Services and Support The training provided practical information on the complexity of educational needs and challenges of individuals with TBI and strategic use of the Individuals with Disabilities Act and Section 504 to promote positive educational outcomes.

The Purpose of the Training*

The training informed participants about the components of a valid evaluation, and the importance of obtaining a quality evaluation for a person seeking reasonable accommodations subsequent to TBI. Additionally, the 50 participants learned about the P&A system, DRNY, and other resources for technical assistance.

A Description of the Attendees*

This presentation targeted teachers, school nurses, guidance counselors, people living with brain injury, and family members in central New York.

Public Relations and Outreach

* - Required field

Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities *

DRNY has a focused effort to reach underserved communities, particularly Spanish and Chinese-speaking individuals and families. Together, these two populations represent more than 50% of the Limited English Proficiency (LEP) population in New York State. The goal of this five-year project is to increase access to information about services, supports, and rights through outreach, training, and education. To that end, DRNY is developing translated materials and brochures that are culturally sensitive and appropriate. DRNY staff also participate in a collaboration with agencies serving the Spanish and Chinese speaking communities, and the New York State Developmental Disabilities Network including DRNY, our three University Centers for Excellence in Developmental Disabilities, and the Developmental Disabilities Planning Council (DDPC).

In addition, DRNY is actively developing relationships with the Tribal Nations in New York State. The goals of DRNY's Native American outreach efforts are to: (1) identify the barriers preventing Native Americans in New York from accessing the services offered by the P&A system; (2) increase DRNY's capacity to provide P&A services to Native Americans residing on reservations within New York State ; (3) increase the number of Native American clients served by DRNY. This fiscal year, DRNY enlisted the partnership of the Strong Center for Developmental Disabilities - University of Rochester UCEDD, the Developmental Disabilities Planning Council, and the New York State Education Department's Native American Education Unit. An outreach plan was developed based on a comprehensive study by the Disability Law Center for Native Americans, a sister protection and advocacy system, as well as local organizations serving tribal nations in New York. The first step in this process is building the cultural competence of the project partners. To this end, DRNY has scheduled a half-day training by a well-respected member of a local nation and staff member at the Native American Independent Living Center. Staff of DRNY and other DD Network Partners will participate.

While PATBI funds are not sufficient to fund these major outreach efforts, individuals with TBI and the PATBI program experience direct benefit.

Public Relations and Outreach

Method of Dissemination	Total number of each method used by your agency during the reporting period to distribute information to the public
Radio and TV Appearances by Agency staff*	4

Method of Dissemination	Total number of each method used by your agency during the reporting period to distribute information to the public
Newspaper/Magazine/Journal articles Prepared by Agency Staff*	0
PSAs/videos Aired by the Agency*	0
Website Hits*	183394
Publications/Booklets/Brochures Disseminated by the Agency*	10009

External Media Coverage of Agency Activities

* - Required field

Radio/TV coverage

The PATBI program did not receive any radio or TV coverage this fiscal year.

Newspapers/Magazines/Journals

DRNY staff did not publish any articles this fiscal year. However, DRNY efforts resulted in 28 articles about the DRNY and its work in external mass media including newspapers, blogs, and social media. DRNY had 1651 social media followers this fiscal year.

PSAs/Videos

DRNY created a 30-minute video titled "My Voice Matters" featuring students with a variety of disabilities. The video highlights the importance of student involvement in special education meetings and the development of Individual Education Plans. The video is available on the DRNY website.

Publications/Booklets/Brochures

DRNY has a focused effort to reach underserved communities, particularly Spanish and Chinese-speaking individuals and families. To that end, DRNY is developing translated materials and brochures that are culturally sensitive and appropriate. DRNY also continues to promote and distribute "Special Education in Plain Language" and "Bullying and Students with Disabilities" to students and families seeking assistance in special education matters.

Individual Advocacy (Case Services)

Individuals Served

* - Required field

Individuals Served

What to Count	Number
Individuals served as of October 1 (Carried over from previous FY).*	21
Additional individuals served during the year.*	43
Total individuals served during the year.*	64
Individuals with more than one (1) intervention opened/closed FY.*	52
Individuals served as of September 30.*	12

Problem Areas/Complaints of Individuals Served

* - Required field

Problem Areas/Complaints of Individuals Served

Problem Areas/Complaints	Number
Abuse (total)	0
1. Inappropriate Use of Restraint & Seclusion*	0
2. Involuntary Treatment*	0
3. Physical, Verbal, & Sexual Assault*	0
4. Excessive Medication*	0
5. Financial Exploitation*	0
6. Other*	0
Access to Administrative or Judicial Processes*	0

Problem Areas/Complaints	Number
Access to Records*	0
Advance Directives*	0
Architectural Accessibility*	0
Assistive Technology (total)	0
1. Augmentative Communication Devices*	0
2. Durable Medical Equipment*	0
3. Vehicle Modification/ Transportation*	0
4. Other*	0
Aversives (including ECT)	0
Civil Commitment	0
Criminal Justice	0
Custody/Parental Rights*	1
Education (total)	0
1. FAPE: IEP/IFSP Planning/ Development/ Implementation*	0
2. FAPE: Discipline/ Procedural Safeguards*	0
3. FAPE: Eligibility*	0
4. FAPE: Least Restrictive Environment*	0
5. FAPE: Multi-disciplinary Evaluation/Assessments*	0
6. FAPE: Transition Services*	0
7. Other*	0
Employment Discrimination (total)	0
1. Benefits *	0

Problem Areas/Complaints	Number
2. Hiring/Termination*	0
3. Reasonable Accommodations*	0
4. Service Provider Issues*	0
5. Supported Employment*	0
6. Wage and Hour Issues*	0
7. Other*	0
Employment Preparation*	0
Financial Benefits (total)	0
1. SSDI Work Incentives*	0
2. SSI Eligibility*	0
3. SSI Work Incentives*	0
4. Social Security Benefits Cessation*	0
5. Welfare Reform*	0
6. Work Related Overpayments*	0
7. Other Financial Entitlements*	0
Forensic Commitment*	0
Government Benefits/Services*	44
Guardianship/Conservatorship/Substitute Decision Maker*	3
Home & Community Based Services including Discharge Planning Transition Follow-up*	0
Healthcare (total)	3
1. General Healthcare*	3
2. Medicaid*	0
3. Medicare*	0

Problem Areas/Complaints	Number
4. Private Medical Insurance*	0
5. Other*	0
Housing (total)	8
1. Accommodations*	0
2. Architectural Barriers*	0
3. Landlord/Tenant*	2
4. Modifications*	0
5. Rental Denial/ Termination*	2
6. Sales/Contracts/ Ownership*	1
7. Subsidized Housing/ Section 8*	3
8. Zoning/Restrictive Covenants*	0
9. Other*	0
Immigration *	0
Juvenile Justice*	0
Neglect (total)	4
1. Failure to Provide Necessary or Appropriate Medical Treatment*	4
2. Failure to Provide Necessary or Appropriate Mental Health Treatment*	0
3. Failure to Provide Necessary or Appropriate Personal Care & Safety*	0
4. Other*	0
Post-Secondary Education*	0

Problem Areas/Complaints	Number
Non-Medical Insurance*	0
Privacy Rights*	0
Public Accommodations*	0
Rehabilitation Services (total)	4
1. Communications Problems (Individuals/ Counselor)*	1
2. Conflict About Services To Be Provided*	3
3. Individual Requests Information*	0
4. Non-Rehabilitation Act*	0
5. Private Providers*	0
6. Related to Application/ Eligibility Process*	0
7. Related to IWRP Development/ Implementation*	0
8. Related to Title I of ADA*	0
9. Other Rehabilitation Act-related problems*	0
Suspicious Death*	0
Transportation (total)	0
1. Air Carrier*	0
2. Paratransit*	0
3. Public Transportation*	0
4. Other*	0
Unnecessary Institutionalization including identification and assessment*	3
Voting (total)	0

Problem Areas/Complaints	Number
1. Accessible Polling Place / Equipment*	0
2. Registration*	0
3. Other*	0
Other*	0

Reasons for Closing

* - Required field

Reasons for Closing

Reasons for Closing Individual Advocacy Case File	Number
All Issues Resolved in Client's Favor*	23
Some Issues Resolved in Client's Favor*	14
Other Representation Found*	2
Individual Withdrew Complaint*	1
Services Not Needed Due to Death or Relocation*	1
Individual Not Responsive to Agency*	4
Individual's Case Lacked Merit*	6
Conflict of Interest*	0
Agency Withdrew from Case*	0
Lack of Resources*	2
Not Within Priorities*	1
Issue Not Resolved in Client's Favor*	1
Other*	0
Total	55

Intervention Strategies Used in Serving Individuals

* - Required field

Intervention Strategies Used in Serving Individuals

Individual Advocacy Service	Number
Short Term Assistance*	24
Systemic/Policy Activities*	1
Investigation/Monitoring*	1
Negotiation*	27
Mediation/Alternative Dispute Resolution*	1
Administrative Hearing*	0
Individual Investigation*	0
Legal Remedy/Litigation*	1
Class Action Suits*	0
Total	55

Investigations of Abuse and Neglect

* - Required field

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations.*

DRNY did not have sufficient funding under the PATBI grant to expand its priorities to investigations of abuse and neglect this reporting period. However, consistent with the PATBI program's priority to ensure that individuals with Traumatic Brain Injury (TBI) are afforded meaningful access to the New York State TBI Waiver program and other support and services, DRNY initiated an investigation of systemic violations by one of the regional agencies responsible for assisting TBI survivors with TBI waiver access. Exposing these issues and identifying potential plaintiffs is difficult inasmuch as the agency employs verbal denials or verbally discourages potential waiver recipients. The PATBI program cannot financially support the resources required to inform and identify potential complainants and expose verbal denials. DRNY is therefore exploring other means to address this complex but important problem.

Death Investigations

Type of Death	Total Number
Number of Formal Death Reports Received*	0
Number of Informal/External Death Reports Received*	0
Number of Death Investigations*	0

Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations.*

DRNY did not use PATBI funding to conduct death investigations during this reporting period.

Monitoring

* - Required field

Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's monitoring activities.*

New York State continues to place individuals with Traumatic Brain Injury (TBI) in nursing homes in other states. Many of these individuals are left to languish in these facilities with minimal oversight by the State or the New York counties that fund the placement. DRNY monitored three out-of-state skilled nursing facilities in Massachusetts, identifying high populations of New Yorkers receiving little rehabilitative care. All concerns were shared with the facilities. In addition, DRNY conducted a substantial research effort involving requests pursuant to DRNY's P&A authority and the Freedom of Information Law to every county in the State. DRNY sought information to assist in identifying State and county procedures for placing, monitoring, and repatriating individuals with TBI and other disabilities in out of state facilities. These efforts revealed a gross lack of standardization, monitoring, and oversight. DRNY continues to explore potential litigation to address these issues. DRNY's monitoring efforts and individual representation are closely related. In one case, complaints of neglect in discharging prompted a monitoring visit to a Massachusetts facility. In others, DRNY identified the facility as having a high population of New Yorkers and monitored on that basis. As a result, DRNY was able to secure the repatriation of five individuals languishing in these facilities.

Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.*

DRNY did not engage in any litigation-related monitoring this reporting period.

Systemic Litigation

* - Required field

1. Total Number of Non-Class Action Lawsuits Filed*0

a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)*0

b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)*

0

2. Total Number of Class Action Lawsuits Filed*0

a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)*0

b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)*

0

3. Describe the agency's litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation.*

DRNY did not file any lawsuits during this fiscal period. DRNY continued research and monitoring to build a lawsuit to address Olmstead violations resulting in the unnecessary institutionalization of individuals with TBI in out-of-state nursing homes. In addition, DRNY began research on potential violations of the Americans with Disabilities Act and the Fifth and Fourteenth Amendments of the U.S. Constitution by New York State in its imposition and administration of federal and state waiver eligibility requirements.

Group Advocacy

Other Non-Litigation Systemic Advocacy

* - Required field

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities*

3

2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.

Policy/Practice Changed 1 *

DRNY Secures Change in Policies Leading to Increased Repatriation of TBI Survivors

New York regularly places people with disabilities, especially those with behavioral manifestations of their disabilities, in out-of-state nursing homes. The State's failure to provide meaningful oversight and monitoring of New Yorkers in out-of-state facilities is a substantial obstacle to repatriation. While advocating for the repatriation of a client with TBI, DRNY discovered that state employees tasked with facilitating repatriation and transition to the community was prohibited from traveling outside of New York. DRNY successfully advocated for the removal of the policy banning out-of-state travel. In addition, DRNY convinced the New York Department of Health to require the same program to conduct an independent assessment of individuals in out-of-state nursing homes. As a result, there has been an increase in the repatriation rate of TBI survivors.

Policy/Practice Changed 2 *

DRNY Collaborates to Ensure Access to Key Services for TBI Survivors

DRNY continued to collaborate with the New York State Traumatic Brain Injury Services Coordinating Council to address the State's intention to transition the TBI and Nursing Home Transition and Diversion Waivers to a managed care model. DRNY hosts regular forums with diverse stakeholders, including individual survivors of TBI, family members, advocates, and service providers. All share a well-founded concern that a rushed, unpiloted transition to managed care will result in a loss of services and individualized service coordination, and lead to an increase in institutionalization and homelessness among survivors. Because of the efforts of DRNY and these partners, the TBI and NHTD Waivers continue to be exempt from a managed care model. Further, this coalition continues to educate policymakers and the New York Department of Health about the complex needs of individuals with TBI and the need for a managed care model to preserve key components of the existing Waivers.

Policy/Practice Changed 3 *

DRNY Persuades NY Department of Health and Subsidiary to Change Policy on Access to Service Providers

Waiver participants were left without services when a large number of employees from their existing provider agency left to form a new agency. The New York Department of Health had a policy requiring new service agencies to be investigated. Such investigations often take many months. Consequently, TBI survivors with established relationships with service coordinators and support personnel were unable to continue those relationships and access continuous services during the pendency of the investigation. Without these supports, individuals were left in real danger of institutionalization, homelessness, or other harm. Due to DRNY's advocacy and that of affected waiver recipients, the vendor hold was lifted, allowing access to services.

Priorities and Objectives

Report on Priorities

* - Required field

1. Ensure that individuals with Traumatic Brain Injury (TBI) will be afforded meaningful access to the New York State TBI Waiver program, Nursing Home Transition and Diversion (NHTD) Waiver, and other supports and services

Priority Number/Name

Ensure that individuals with Traumatic Brain Injury (TBI) will be afforded meaningful access to the New York State TBI Waiver program, Nursing Home Transition and Diversion (NHTD) Waiver, and other supports and services

Describe the Need, Issue, or Barrier Addressed

Many individuals with TBI are unable to remain in their communities after acquiring TBI without supports and services. The New York TBI Waiver program was created to address the institutionalization of individuals with TBI. Despite the existence of Waiver services, individuals seeking and receiving services find it difficult to navigate this very complex system. Those placed in institutions are often left to languish with no meaningful effort by the State or the facility to rehabilitate and repatriate to the community. Direct advocacy is essential for access to services and living in the least restrictive environment.

Indicators

Advocate for individuals with TBI who are unnecessarily institutionalized, including out-of-state nursing facilities.

Advocate for access to appropriate supports and services, particularly when denial is due to behaviors associated with TBI.

Advocate for individuals with TBI who are dually diagnosed and eligible for other waivers to receive cross-system services and supports.

Monitor the transition of waiver services to a Medicaid Managed Care system.

Outcome (Check one below)

Achieved

Total Number of Cases Handled

64

Illustrative Cases (at least one specific case description showing the success)

1. PATBI successfully facilitated the repatriation of a young U.S. Army veteran residing in a Massachusetts nursing home. The client has multiple disabilities related to TBI including quadriplegia and speech and language deficits. Through DRNY's persistent advocacy, New York removed obstacles to TBI Waiver access and secured assistive technology and necessary evaluations for eligibility and ongoing therapies in the community. As a result, the individual returned to his home community with appropriate supports. 2. DRNY represented a client who sustained a TBI as a gunshot wound crime victim. The client had lost his TBI waiver

services and housing subsidy largely due to ineffective service coordination. DRNY secured the restoration of the Waiver, housing subsidy, and competent service coordination. DRNY also collaborated with housing advocates to secure the State's payment of rent arrears. Thus, the client was able to remain in the community.

2. Conduct outreach, education and provide technical assistance to ensure that individuals, including individuals in underserved communities, throughout New York State know about DRNY, the P&A system, and can access appropriate services for individuals with TBI.

Priority Number/Name

Conduct outreach, education and provide technical assistance to ensure that individuals, including individuals in underserved communities, throughout New York State know about DRNY, the P&A system, and can access appropriate services for individuals with TBI.

Describe the Need, Issue, or Barrier Addressed

New York lacks a comprehensive system to assist individuals with TBI and their supporters in securing essential information and resources. In addition, there is significant misinformation on the availability of such supports. As a result, individuals may not access services for which they are eligible, or may not challenge erroneous decisions denying TBI services. DRNY has addressed these barriers by: (1) educating TBI survivors, families and advocates on available services, access to services, and rights if services are denied; (2) providing technical assistance to waiver service providers and advocates on various legal issues impacting individuals with TBI; (3) conducting outreach to inform the TBI community about DRNY and its services; and (4) collaborating with stakeholders to educate policymakers on the needs of TBI survivors.

Indicators

Provide training, create publications and conduct outreach to clients, advocacy groups, judges, providers and policymakers.

Conduct outreach on the P&A system and DRNY throughout New York State and identify barriers to underserved communities.

Outcome (Check one below)

Achieved

Total Number of Cases Handled

0

Illustrative Cases (at least one specific case description showing the success)

This priority addresses systemic issues and is project based. DRNY's sole PATBI attorney frequently provides technical assistance to community advocates, staff of the State contractors administering the TBI and Nursing Home Transition and Diversion Waivers, and others. Technical assistance ranges from brief information and referrals to comprehensive counsel regarding Waiver requirements, eligibility strategies, and resources. There is no similar source of TBI-specific legal information in the State. In addition to the trainings described earlier in this Report, DRNY provides information and training on disability rights to TBI survivors while on

monitoring visits. DRNY also actively collaborates with TBI stakeholders including TBI survivors, family members, advocates, and service providers. These efforts have resulted in the significant policy changes and outcomes described in the "Other Systemic" narrative of this Report.

Agency Accomplishments

* - Required field

Describe the most significant accomplishments of the agency during the fiscal year*

The PATBI programs' major accomplishments are highlighted in the prior sections of this report. The PATBI program, comprised of one staff attorney, has achieved significant success in both individual representation and systemic impact. As part of its program strategy this fiscal year, PATBI focused its efforts on access to services, de-institutionalization, repatriation, and training. PATBI exhausted all available advocacy tools including individual representation, technical assistance, monitoring, educating policymakers, and training to achieve significant outcomes in each of these areas.

In addition, DRNY maximizes PATBI resources and outcomes through collaboration with DRNY's other P&A programs. These efforts focus on monitoring and repatriation of individuals placed in out-of-state nursing homes and targeted outreach to underserved communities. PATBI's substantial collaborative and technical assistance efforts with external agencies further leverages its modest resources, building the capacity of advocates and agencies to ensure a maximum number of TBI survivors are supported.

Agency Administration

Grievances Filed Against the Agency

* - Required field

1. PATBI grievances filed against the agency during the fiscal year *

0

Collaborative Efforts

* - Required field

1. Identify issues selected for network collaboration: *

DRNY regularly collaborates with DRNY's other P&A programs as well as the CAP program. Areas of consistent overlap focus on the repatriation of individuals with disabilities in out-of-state nursing homes and facilities, ensuring basic human rights and regulatory requirements are provided to individuals in facilities within and outside New York, outreach and training to support Veterans with TBI, and active monitoring of the State's Medicaid delivery system.

2. Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.): *

DRNY worked closely with advocacy groups and stakeholders such as the Brain Injury Association of New York State, NY Statewide Senior Action Council, Center for Disability Rights, TBI survivors, families, service providers and others to address systemic concerns. Areas of focus include over-institutionalization, adequacy of community-based supports, TBI Waiver eligibility, and lack of housing. These collaborations also foster mutual support that improves client outcomes. In addition, DRNY regularly provides technical assistance to collaborators across the State, thereby maximizing PATBI resources. Further, PATBI meets quarterly with the TBI Services Coordinating Committee, a statutorily-created body tasked with advising the New York State Department of Health on TBI-related issues. Participants include TBI survivors, providers, government representatives, and advocates. PATBI leverages this forum to highlight trends and issues impacting people with TBI.

General Program Information

General Program Information

* - Required field

P&A Identification

Name of state, territory or jurisdiction* New York

Name of P&A system* Disability Rights New York

Main Office

Mailing Address* 725 Broadway, Suite 450 Albany, New York 12207

Phone Number of Main Office* <(518)432-7861

Satellite Offices (If Any) (Add rows if needed)

Satellite Office #1

Name Disability Rights New York

Mailing Address 25 Chapel Street, Suite 1005 Brooklyn, New York 11201

Satellite Office #2

Name Disability Rights New York

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