

AGENCY INFORMATION

Agency Name: Virginia Office for Protection and Advocacy

Address of Agency:

- a. **Main Office:**
1910 Byrd Avenue, Suite 5
Richmond, Virginia 23230

- b. **Satellite Office(s) (if applicable):**

- c. **Contract Office(s) (if applicable):**

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Staff Preparing Report Office Location:	Richmond, Virginia

[Agency information reported during the first year of system use will be pre-loaded into grantee form in subsequent years, allowing users to make any needed edits.]

PART I – NON-CASE SERVICES

A. INFORMATION AND REFERRAL SERVICES (I&R)

1. Total Number of Individuals Receiving I&R Services during the Fiscal Year	814
2. Total Number of Requests for I&R Services during the Fiscal Year	831

B. TRAINING ACTIVITIES

1. Number of Training Sessions Presented by Staff	35
2. Number of Individuals Who Attended These Training Sessions	771

3. Describe two training events presented by the staff. Include the following information: (a) topics covered, (b) the purpose of the training, and (c) a description of the attendees.

Training Event #1

- a. The training topics included understanding and acquiring AT for individuals living in adult residential homes across Virginia.
- b. The purpose was to ensure that residents and staff of these facilities were aware of what AT is and potential funding streams and resources available to acquire it.
- c. The attendees were 93 individuals with disabilities living in assisted living facilities and nursing homes, and staff and administrators of those facilities.

Training Event #2

- a. The training topics included AT identification and acquisition and an AT educational software demonstration.
- b. The purpose was to educate parents, teachers and advocates about assistive technology, demonstrate different software via our collaborator and discuss potential funding streams.
- c. The attendees were 105 parents, teachers and advocates from foster care, autism support, PTA and caregiver network support groups who received a comprehensive training on AT.

4. Agency Outreach -- Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.

VOPA made a strong effort to provide assistive technology trainings this year to multiple regions throughout Virginia. These locations included Gloucester, Richmond, Hanover, Henrico, Abington, Hampton, Rice, Ettrick, Farmville, Fredericksburg, Tappahannock, Cedar Bluff, Chesterfield, Charlottesville, Hillsville, Accomack, Norfolk and Exmore. These presentations encompassed multiple funding streams and resources that could be used to fund assistive technology. Our agency concentrated on informing the attendees that assistive technology is available through a variety of different resources such as through the public school system, public or private insurance, and state programs such as VATS, the Virginia Assistive Technology System. We then offered to provide individual assistance to the attendees on their own assistive technology issues.

VOPA completed assistive technology presentations for many providers in communities across the state that struggle with acquisition of resources for individuals with disabilities. Providers included: Central Virginia Autism Society, Middle Peninsula Northern Neck Community Services Board, Children's Home Society, Hanover's Caregiver Network, five assisted living facilities including the Virginia Home and Gateway Residential, three public schools including Huguenot High School. Virginia Department of Social Services (multiple localities), Southwestern Virginia Club for the Deaf, Northampton and Accomack County Senior Associations and the Carroll County Senior Association.

VOPA completed 12 publications this year to inform the public about assistive technology. One publication was titled "Assistive Technology as an Accommodation for Standards of Learning (SOL) Exams." Eight other VOPA special education publications were translated into Spanish and made available to the public on our website. VOPA developed a two part assistive technology series titled "Assistive Technology for Children" and "Assistive Technology for Adults." These publications cover identification of and funding options for children and adults in need of AT devices or services.

VOPA maintains a website that posts all of our federal grants' goals and objectives. This website also has notices for the Board of Directors' and VOPA's Advisory Councils' meetings, job vacancies, announcements, VOPA publications, and disability-related links are also available. The annual public comment process is posted on the website and visitors can participate online.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. The Speakers Bureau provides training and presentations that are related to the Office's current Goals, Focus Areas, and Objectives (priorities). There is a link on the VOPA website for the public to make request a for a Speaker's Bureau presentation. VOPA also provides exhibits and materials for fairs, conferences, and meetings on request. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to Assistive Technology.

VOPA uses a "VOPA alert," an email distribution list service to communicate with our constituents. In the past year, "VOPA alert" notified constituents of important legal and legislative developments as well as changes in other service agencies.

VOPA also uses "The Directors' Blog" on our website. VOPA offers this blog as a way of alerting the public to news and developments in disability law, sharing activities of the Office, and getting feedback about how we're doing.

Develop a presentation on the acquisition of AT for individuals living in residential facilities and present to five (5) nursing homes and assisted living facilities across the state.

C. INFORMATION DISSEMINATED TO THE PUBLIC BY YOUR AGENCY

For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 5), enter the total number of documents produced. See instruction manual for details.

Method of dissemination	Number
1. Radio and TV Appearances by Agency Staff	
2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff	1
3. PSAs/Videos Aired by the Agency	1
4. Website Hits	
5. Publications/Booklets/Brochures Disseminated by the Agency	12
5a. Number of individuals/agencies receiving documents produced in item 5	208
6. Other – Annual Report to General Assembly	1

D. INFORMATION DISSEMINATED ABOUT YOUR AGENCY BY EXTERNAL MEDIA COVERAGE

Describe information about your agency produced and disseminated by external media or other agencies/entities for each of the relevant categories below. Enter “N/A” for each field not applicable for your agency.

1. Radio/TV coverage N/A
2. Newspapers/Magazines/Journals N/A
3. PSAs/Videos

VOPA recorded a presentation regarding assistive technology identification and acquisition for the Virginia Association of Parents of Children with Visual Impairments to distribute to the members of their organization potentially reaching 30 individuals. The DVD is a tool which can be utilized by the group to educate parents or advocates as needed.

4. Publications/Booklets/Brochures N/A

PART II – CASE-SERVICES

A. INDIVIDUALS SERVED

Report information on the individuals served during the fiscal year and the number if closed cases. Refer to the instruction manual for details on completing items 4 and 4a.

Individuals	Number
1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)	10
2. Additional Individuals Served During Fiscal Year (new for fiscal year)	13
3. Total Number of Individuals Served During Fiscal Year (1 +2)	23
4. a. Total Number of Cases Closed During the Fiscal Year	24
4. b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year	20
5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)	3

B. PROBLEM AREAS/COMPLAINTS

Identify the problem areas or complaints of each case served by you PAAT program during the fiscal year (include new cases and carry-over cases). More than one problem area/complaint may be identified in a single case.

Complaint Area	Number of cases
1. Architectural Accessibility	
2. Education	8
3. Employment Discrimination	
4. SSI/SSDI Work Incentives	
5. Healthcare (<i>total generated by the system from a-d below</i>)	17
a. Medicaid	16
b. Medicare	1
c. Private Medical Insurance	
d. Other	
6. Housing	
7. Post-Secondary Education	
8. Rehabilitation Services	3

9. Transportation	
10. Voting <i>(total generated by the system from a-c below)</i>	
a. Accessible Polling Place / Equipment	
b. Registration	
c. Other	
11. Other - specify	
12. Other - specify	
13. TOTAL	28

C. ASSISTIVE TECHNOLOGY DEVICES/SERVICES

Report (1) the total number of individuals who received one or more AT devices or services as a result of casework during the fiscal year. For item (2), report by type, the total number of AT devices and services received by those individuals reported in item (1).

1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)	16
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2. Type of AT device or AT service received as a result of casework	Number of devices/services
a. Devices for communication	9
b. Devices for mobility	3
c. Devices for hearing or seeing	6
d. Devices for reading or writing	8
e. Devices to assist with household activities	
f. Devices to assist with participation in play or recreation	3
g. Devices to assist with personal care	2
h. Devices to aid in therapy or medical treatment	1
i. Devices to assist with the use of public/private transportation	
j. Devices to assist with employment	1
k. Devices to aid with school/learning	8
l. AT services	3
m. Other –	

n. Total number of devices and services received as a result of casework (a-m)	44
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D. PRIMARY REASON FOR CLOSING A CASE FILE

Identify the primary reason for closing a case file. Select the best reason if more than one reason applies.

Primary Reason	Number of cases
1. All Issues Resolved in Client's Favor	8
2. Some Issues Resolved in Client's Favor	10
3. Other Representation Obtained	
4. Individual Withdrew Complaint	2
5. Services Not Needed Due to Death, Relocation, etc.	
6. Individual Not Responsive to Agency	1
7. Case Lacked Legal Merit	1
8. Conflict of Interest	
9. Lack of Resources	
10. Not Within Priorities	
11. Issue Not Resolved in Client's Favor	2
12. Other - specify	
13. Total (number must match Part II A4a)	24

E. INTERVENTION STRATEGIES FOR CLOSED CASES

Report the highest intervention strategy used for each case closed during the fiscal year, considering the lowest form of intervention to be 'Short Term Assistance', and the highest to be 'Class Action Suits'. See instruction manual for an example. *Each closed case should be counted only once –do not include any open cases in this count.* The total reported on line 9 should match the total in II.D.13 above (primary reason for closing a case during the fiscal year).

Interventions	Number of cases
1. Short Term Assistance	5
2. Systemic/Policy Activities	

3. Investigation/Monitoring	
4. Negotiation	16
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	2
7. Legal Remedy/Litigation	1
8. Class Action Suits	
9. Total (<i>this should match the total in Part II.A.4.a above</i>)	24

**Annual Protection and Advocacy for Assistive Technology (PAAT)
Program Performance Report
PART III – STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

A. AGE OF INDIVIDUALS SERVED

Report the age of the individuals served during the reporting period (unduplicated count). The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

Age	Number of individuals
0 to 4	
5 to 13	9
14 to 18	5
19 to 21	1
22 to 40	2
41 to 64	6
65 and over	
Age Unknown	
Total (this should match the total in II.A.3)	23

B. GENDER OF INDIVIDUALS SERVED

Report the gender of the individuals served during the reporting period. The total reported should match the total in II.A.3 above (total number of individuals served during the fiscal year).

Gender	Number of individuals
Male	16
Female	7
Total (this should match the total in II.A.3)	23

C. RACE AND ETHNICITY OF INDIVIDUALS SERVED

1. Race of individuals served.

Report an unduplicated count of the self-reported racial backgrounds of individuals served under the PAAT grant during the fiscal year. If an individual reported more than one race, report that individual in the 'More than one race' category rather than each of the categories they selected. Ethnicity is treated separately from race, so for individuals

who are Hispanic/Latino, it is also necessary to specify a race. See the instruction manual for more details on completing Section C. The total reported on line 'h' should match the total in II.A.3 above (total number of individuals served during fiscal year).

Race	Number of Individuals
a. American Indian or Alaska Native	
b. Asian	
c. Black or African American	7
d. Native Hawaiian or Other Pacific Islander	
e. White	15
f. More than one race	1
g. Unknown/not reported	
h. Total (this should match the total in II.A.3)	23

2. Ethnicity of individuals served.

Report an unduplicated count of the self-reported ethnicity of the individuals served under the PAAT grant during the fiscal year. The total reported on line 'd' should match the total in II.A.3 above (total number of individuals served during fiscal year).

Race	Number of Individuals
a. Hispanic/Latino	1
b. Non- Hispanic/Latino	22
c. Ethnicity unknown/not reported	
d. Total (this should match the total in II.A.3)	23

D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Identify the primary living arrangement of each individual served by the PAAT program during the fiscal year. For individuals who had more than one living arrangement, while receiving services, please report the living arrangement when the case was opened (if theirs was a new case; report the arrangement at the beginning of the fiscal year if the case continued from the previous year). The total reported on line 15 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Living Arrangement	Number of individuals
1. Community Residential Home	1

2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	
6. Parental/Guardian or Other Family Home	15
7. Independent	4
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	3
10. Public Housing	
11. VA Hospital	
12. Other – describe the living arrangement	
13. Other – describe the living arrangement	
14. Unknown/Not Provided	
15. Total (<i>this should match the total in II.A.3</i>)	23

E. PRIMARY DISABILITY OF INDIVIDUALS SERVED

Identify the primary disability of each individual served by the PAAT program during the fiscal year. For individuals with multiple disabilities, please select the one disabling condition deemed to be the most important in the context of their case. The total reported on line 34 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Primary Disabling Condition	Number of individuals
1. ADD/ADHD	
2. AIDS/HIV Positive	
3. Absence of Extremities	
4. Auto-immune (non-AIDS/HIV)	
5. Autism	6
6. Blindness (Both Eyes)	2
7. Other Visual Impairments (Not Blind)	1
8. Cancer	

9. Cerebral Palsy	1
10. Deafness	
11. Hard of Hearing/ Hearing Impaired (Not Deaf)	
12. Deaf-Blind	
13. Diabetes	
14. Digestive Disorders	
15. Epilepsy	
16. Genitourinary Conditions	
17. Heart & Other Circulatory Conditions	
18. Mental Illness	
19. Mental Retardation	5
20. Multiple Sclerosis	1
21. Muscular Dystrophy	
22. Muscular/Skeletal Impairment	2
23. Orthopedic Impairments	1
24. Neurological Disorders/Impairment	
25. Respiratory Disorders/Impairment	
26. Skin Conditions	
27. Specific Learning Disabilities (SLD)	3
28. Speech Impairments	
29. Spina bifida	
30. Substance Abuse (Alcohol or Drugs)	
31. Tourette Syndrome	
32. Traumatic Brain Injury (TBI)	1
33. Other Disability – specify	
34. Total (this should match the total in II.A.3)	23

F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED

Report the geographic location of the individuals served by the PAAT program during the fiscal year. The total reported on line 5 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Geographic Location	Number of individuals
1. Urban/Suburban (50k population)	18
2. Rural (<50k population)	5
3. Other - specify	
4. Unknown	
5. Total (this should match the total in II.A.3)	23

**Annual Protection and Advocacy for Assistive Technology (PAAT)
 Program Performance Report
 PART IV – SYSTEMIC ACTIVITIES AND LITIGATION**

A. NON-LITIGATION SYSTEMIC ACTIVITIES

1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities	0
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- 2. Describe the agency’s systemic activity completed during the fiscal year.**
 Not Applicable- - See On-going Non-Litigation Systemic Activities
- a. The policy or practice that was changed, as a result of your agency’s non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities**
 Not Applicable
- b. The manner in which this change benefited individuals with disabilities**
 Not Applicable
- c. Estimate the number of individuals potentially affected by the policy/practice change**
 Not Applicable
- d. The method used to determine this estimate (or enter n/a)**
 Not Applicable
- e. Include one case example of the agency’s systemic activity related to this policy/practice change**
 Not Applicable

3. Number of On-going Non-Litigation Systemic Activities	1
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- 4. Describe the agency’s on-going systemic activities.**
 VOPA completed a comprehensive project in which we reviewed the effectiveness of licensing oversight of service delivery and safety of residents living in Medicaid Waiver Group Homes. We surveyed 10 Waiver homes located in Farmville, Amelia, Henrico and City of Richmond using a survey instrument we developed based on the Virginia Department of Behavioral Health and Development Services licensing regulations. Our survey included a review of assistive technology and environmental modifications available or needed for the residents. Through the surveys, we identified AT available to the residents in these homes and were able to discuss and suggest other devices and items that may be beneficial to them, such as new medical beds, wheelchairs and adaptive bathroom equipment (such as bathing seats).
- a. The policy or practice that was changed, as a result of your agency’s non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities**

VOPA identified several concerns with the effectiveness of the oversight of the Waiver Group Homes. We surveyed and reported the identified issues and concerns where appropriate to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and US Department of Justice (DOJ). (The concerns included issues with an inadequate number of licensing specialists to maintain oversight of the homes.) Raising awareness of the issues regarding oversight and safety at the homes will hopefully result in systemic changes to the funding streams for assistive technology and structure of the oversight. In 2011, DBHDS added more licensing specialists which will hopefully allow for better oversight of the community-based providers and AT.

b. The manner in which this change benefited individuals with disabilities

Raising awareness of the issues to the community, DBHDS and DOJ regarding oversight and safety at the homes will hopefully result in systemic changes to the funding streams for assistive technology and structure of the oversight. As a result of our work, assistive technology will be assessed and considered more carefully by the providers we visited and hopefully by providers across the state.

c. Estimate the number of individuals potentially affected by the policy/practice change
45,071

d. The method used to determine this estimate (or enter n/a)

Virginia Department of Behavioral Health and Developmental Services 2010 annual report

e. Include one case example of the agency’s systemic activity related to this policy/practice change.

During our Waiver Home surveys, VOPA identified a 33 year old female with intellectual and physical impairments living at a group home in Amelia who identified issues with the operation of her medical bed. After reviewing the device, (the bed in question was less than five years old) VOPA found that staff training seemed to be the primary issue. VOPA negotiated with the Community Services Board and as a result staff were trained how to properly operate the bed. Two medical providers were identified and are ready to assist with acquisition of a new bed if necessary.

B. LITIGATION/CLASS ACTIONS

Report information on the PAAT-related litigation for your agency.

	Number
1. Total Number of Non-Class Action Lawsuits, resulting in, or with the potential for, systemic change, pending during the fiscal year	0
a. Number of Non-Class Action Lawsuits Newly Filed During Fiscal Year	0
b. Number of Non-Class Action Lawsuits That were Pending at Start of Fiscal Year (carryover from prior fiscal year)	0
c. Number of Non-Class Action Lawsuits Closed During Fiscal Year	0

If the total for question 1 is zero, skip to Question 3.

2. Describe the agency’s on-going systemic non-class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

Not applicable

3. Describe the agency's completed systemic non-class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's completed non-class action activities, explain (a) the issue that prompted the litigation, (b) the manner in which individuals with disabilities were being negatively affected, and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a. Not applicable
- b. Not applicable
- c. Not applicable
- d. Not applicable

Report information on the PAAT-related class action lawsuits for your agency.

4. Total Number of Class Action Lawsuits Filed and/or Pending (during fiscal year)	0
a. Number of Class Action Lawsuits Newly Filed During Fiscal Year	0
b. Number of Class Action Lawsuits Pending at Start of Fiscal Year (carryover from prior fiscal year)	0
c. Number of Class Action Lawsuits Closed During Fiscal Year.	0

5. Describe the agency's on-going systemic class action litigation activities.

Using a case example that demonstrates the potential impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

Not applicable

6. Describe the agency's completed systemic class action activities.

Using a case example that demonstrates the impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

Not applicable

C. LITIGATION-RELATED MONITORING

Did the agency conduct any litigation-related monitoring under the PAAT program during the fiscal year?

0

If yes, describe any monitoring conducted by the agency related to court orders or case settlements by (1) providing the major areas of monitoring and (2) the groups likely to be affected. (3) Address the major outcomes of the litigation-related monitoring during the fiscal year. Include (4) at least one case example that demonstrates the impact of the agency's litigation-related monitoring.

Not applicable

Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report PART V – PRIORITIES

A. PRIORITIES

For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.

Priority 1

1. Describe the Priority

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Appropriate Therapy and Services for Children with Disabilities

Objective 1: By November 1, 2010, identify a school district, based on public comment and experience, for targeted advocacy. Develop a training program on five (5) distinct stages of the IEP development and implementation process. Present each training to at least fifteen (15) people in the targeted district.

Objective 2: Develop a fact sheet for parents on the availability and use of Assistive Technology (AT) as an accommodation for Standards of Learning (SOL) exams. Distribute to all current and former clients who are eligible for special education services.

Objective 3: Train parents, teachers, and advocates at five (5) parent or child-advocacy groups regarding AT devices and services, and available funding streams.

Objective 4: Represent ten (10) children who have been denied appropriate AT or services under their IEPs or 504 Plans.

Objective 5: Develop information on the availability and use of AT on SOL exams and present in all IEP trainings. Training materials will address assistive technology for students with visual impairments.

2. Describe the Need, Issue, or Barrier to be Addressed

Children with disabilities have a right to an appropriate education that includes access to assistive technology in schools. VOPA established this goal and focus area as a multi-year goal and focus area. Each year VOPA will seek to increase access to specific therapies, devices and services. Building upon work done and evidence gathered in prior years, we will conduct trend analysis to look for patterns of issues and take appropriate actions. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

3. Indicate the Outcome of the priority: Partially Met

(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”

VOPA completed 6 of the 10 cases identified in Objective 4. This is the result of a lower call volume this year on assistive technology education issues.

4. Total Number of Cases Handled Related to the Priority: 6

5. Illustrative Cases/Activities:

Objective 1: 23 parents and advocates for children with disabilities in the Northern Neck region were trained on special education eligibility, Individualized Education Programs (IEP's), transition, disciplinary procedures and procedural safeguards in a "boot camp" format. The group received comprehensive and at times individualized education regarding navigating these complex issues by classroom style instruction. All 5 trainings were given on one day.

Objective 2: VOPA drafted and published a fact sheet on the use of Assistive Technology as an accommodation on SOL exams. It was then distributed to the public via VOPA's website and incorporated into special education trainings given this year. Materials included in IEP portion of the training discussed including AT in sections of the IEP on accommodations and standardized tests.

Objective 3: VOPA trained parents, teachers, and advocates at five parent or child-advocacy groups regarding AT devices and services and available funding resources. These groups included: The Autism Society of Central Virginia, The Hanover Caregivers Association, Children's Home Society and the Virginia Association of Parents of Children with Visual Impairments. These presentations were provided to a total of 73 attendees and four were completed in a traditional face-to-face format and one was completed by recording the presentation using video technology. VOPA recorded the presentation regarding assistive technology identification and acquisition for the Virginia Association of Parents of Children with Visual Impairments and delivered a DVD of that presentation to the group to distribute to the members of their organization potentially reaching 30 individuals. The presentation is a tool which can be utilized by the group to educate parents or advocates as needed.

Objective 4: VOPA's client, age 16 with a visual impairment, faced denial of adequate assistive technology in the classroom at her school. VOPA advocated for the client at an IEP meeting to discuss and address issues with assistive technology and IEP implementation. As a result of the meeting, the school agreed to better implement Braille instruction and use of materials as is appropriate, particularly in Latin, and acquire a new Braille novel series (a specific set of reading books translated in Braille) for English class to engage client. The school agreed to expedite acquiring results of the AT assessment which was completed months earlier. The Assessment was reviewed and endorsed the continued use of closed captioned television (CCTV) and Zoomtext, a computer program which allows for screen magnification for specific documents.

Another case involved a client's mother requesting assistance from VOPA regarding a pending AT assessment by the Children's Hospital. The assessment was completed and VOPA reviewed it. Due to the nature of the client's current seizure activity, a specific AT device or AT service was not recognized or recommended in the evaluation. VOPA provided the mother with

technical assistance about AT acquisition from the school and Medicaid. The mother will contact VOPA if a device is endorsed by a medical professional in the future.

In another case, a client age 11 with specific learning disabilities, faced issues with inadequate assistive technology provided by his school. VOPA reviewed numerous education documents including an Independent Educational Evaluation (IEE) and an AT assessment from the school. VOPA identified a list of items to request from the school with the client's mother. They included: 1) use of a calculator to check work, 2) flash cards and other visuals or manipulatives for math, 3) graphic organizers, 4) reminder cards for written expression and 5) pencil grip or large pencil. The client's mother chose to negotiate acquiring these items directly with the school independent of VOPA's assistance. Based on her work with VOPA, she was prepared to exercise her self-advocacy skills.

Objective 5: VOPA drafted and completed a specific list of materials regarding assistive technology for children with visual impairments and these materials were incorporated into special education trainings given this year. This list of materials included in IEP portion of the training including AT in sections of IEP on accommodations and standardized tests. VOPA developed a publication titled "Information about the Use of Assistive Technology and Standards of Learning Exams" that offers further guidance.

Priority 2

1. Describe the Priority

Goal: People with Disabilities are Free from abuse and Neglect

Focus Area: Adequate System for Protection from Harm in Licensed Community Settings

Objective 1: Survey five (5) Medicaid Waiver Group Homes in two (2) geographic regions of the state to assess the effectiveness of licensure oversight for safety and quality of service. Obtain corrective action as appropriate.

2. Describe the Need, Issue, or Barrier to be Addressed

This is the second year in which VOPA has continued to review the effectiveness of oversight for residents at Medicaid Waiver Groups Homes. There are multiple issues with continuity of the inspection process which have led VOPA to continue work in this area.

3. Indicate the Outcome of the priority: Met

Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

N/A

4. Total Number of Cases Handled Related to the Priority: N/A

5. Illustrative Cases/Activities:

VOPA identified several concerns with effectiveness of the oversight of the Waiver Group Homes we surveyed and reported identified issues and concerns where appropriate to the Virginia Department of Behavioral Health and Developmental Services and US Department of Justice. Raising awareness of the issues regarding oversight and safety at the homes will hopefully result in systemic changes to the funding streams and structure of the oversight.

Priority 3

1. Describe the Priority

Goal: People with disabilities have equal access to appropriate and necessary healthcare

Focus Area: Assistive technology through Insurance

Objective 1: Develop a series of fact sheets on assistive technology covering waiver programs, Workers Compensation claims, Private Disability Insurance, group health insurance coverage, Medicaid and Medicare. Post fact sheets, with relevant links, on the VOPA website.

Objective 2: Develop a presentation on the acquisition of AT for individuals living in residential facilities and present to five (5) nursing homes and assisted living facilities across the state.

Objective 3: Represent five (5) clients denied assistive technology authorized through Medicaid or other insurance, or for whom authorization was denied.

2. Describe the Need, Issue, or Barrier to be Addressed

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistance technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. VOPA will analyze complaints received for any trends by major insurance providers in Virginia.

3. Indicate the Outcome of the priority: Met

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

N/A

4. Total Number of Cases Handled Related to the Priority: 5

5. Illustrative Cases/Activities:

Objective 1: VOPA intended to develop a comprehensive Fact Sheet Series detailing the acquisition of assistive technology through a variety of different insurance and Medicaid Waiver programs. We discovered that rather than have several different fact sheets, it would be much more efficient to have two fact sheets targeting children and adults and offering a condensed explanation of resources in each. VOPA completed creation of and subsequently posted on our website the "Introduction of Assistive Technology for Children" and "Introduction of Assistive Technology for Adults" fact sheets. VOPA has been able to refer individuals to these fact sheets for AT information and referral.

Objective 2: VOPA completed 5 presentations to 4 assisted living facilities and 1 nursing home regarding acquisition of assistive technology in nursing facilities. The presentations, provided to 93 individuals with disabilities, staff and administrators were well received. The presentation locations were in Rice, Ettrick, Farmville, Chesterfield and Richmond.

Objective 3: One case included a 54 year old male with physical impairments that led to his use of a motorized scooter. He faced an issue with a provider trying to charge an additional out of pocket cost for repair of his motorized scooter. VOPA researched the provider and contacted the manufacturer and negotiated for a new provider. The new provider was able to correctly identify the issues with the power scooter, repair the scooter and properly bill to the client's insurance.

Another case involved a 58 year old male with a mobility impairment who had his Hoveround power chair stolen in December 2010. He faced a denial of replacement by Medicaid and Medicare. VOPA completed record review and investigation on the case and through our communication with the police department and Hoveround learned there was insufficient documentation around the theft of the chair to support acquisition of a new chair. VOPA then worked with the Virginia Assistive Technology System (VATS FREE) program and assisted the client in acquiring another 1 year old Hoveround in great condition and assisted in connecting him with the New Well Fund to purchase new batteries for the chair.

Another case involved a 33 year old female with intellectual and physical impairments living at a group home in Amelia who had problems operating her medical bed. VOPA communicated with the Community Services Board (CSB) Case Manager. After reviewing the device, the bed in question was less than five years old and staff training seemed to be the primary issue. VOPA negotiated with the CSB and as a result staff were trained to properly operate the bed and two medical providers were identified to assist with acquisition of a new bed if necessary.

Priority 4

1. Describe the Priority

Goal: People with disabilities have equal access to appropriate and necessary healthcare

Focus Area: Denial of needed and appropriate Medicaid Services

Objective 1: Train three (3) groups of at least fifteen people on the right to receive Medicaid services under a Waiver Program or Early Periodic Screening, Diagnosis, and Treatment (EPSDT).

Objective 2: Inform all Waiver Case Managers about the rights of children in Waiver programs to receive services under EPSDT.

Objective 3: Represent (5) children denied needed and appropriate Medicaid services under the EPSDT program.

2. Describe the Need, Issue, or Barrier to be Addressed

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistance technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

3. Indicate the Outcome of the priority: Met

4. (a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

5. Total Number of Cases Handled Related to the Priority: 5

6. Illustrative Cases/Activities:

Objective 1: VOPA trained 53 advocates for children with disabilities receiving Medicaid in three separate trainings regarding what EPSDT is, how to access it, how to draft and use Letters of Medical Necessity and understanding appeals of service denials. The three agencies we presented to were the Fredericksburg Local Human Rights Committee located in Fredericksburg and two at the Middle Northern Neck Community Services Board located in Tappahannock. The presentations were well received. VOPA was able to secure other agency presentations and a couple of cases as a direct result of the presentations. One example of this impact is that we were invited to do a presentation for representatives of the school districts in that area on how EPSDT can be used to fund AT in schools.

Objective 2: VOPA's project was to inform all Medicaid Waiver case managers in Virginia about the rights of children in Waiver funded programs to receive services under EPSDT. VOPA mailed all providers identified by DMAS as "Case Manager-Waiver" a letter urging them to also request services such as AT under EPSDT when they submit requests for service for children. VOPA also mailed them publications about EPSDT. EPSDT is one of very few available funding streams vital for acquisition of AT in Virginia, therefore educating Case Managers about using this resource is critical for children receiving or potentially receiving Medicaid benefits. VOPA also received several calls asking for AT information as a result of the project.

Objective 3: In two cases, VOPA helped a nine year old blind client acquire a Braille Note note taker and a Spot Dot Braille Printer. Since the family did not understand the process of acquisition, they needed VOPA to assist navigating the process of acquisition and to ensure it was done appropriately. VOPA assisted the client's physician with submitting a Letter of Medical Necessity supporting the client's need for Braille Note note taker and Spot Dot Braille Printer to the Department of Medical Assistance Services (DMAS). DMAS approved the request and VOPA worked with DMAS and the client to identify a provider. A provider was located and the devices were ordered for the client.

In another case, VOPA assisted a 14 year old female client with cerebral palsy and autism to acquire an adaptive computer to utilize at home to assist with development of her daily living skills through the Department of Medical Assistance Services under the client's DD Waiver.

Priority 5

1. Describe the Priority

Goal: People with disabilities have equal access to appropriate and necessary healthcare

Focus Area: Accessibility of medical offices and clinics under the ADA and Rehabilitation Acts

Objective 1: Train five (5) community based advocacy groups on ADA accessibility requirements in medical settings, including physical barriers and effective communication issues.

Objective 2: Develop educational materials on ADA accessibility requirements in medical settings and distribute to health care professionals through at least three (3) private or public professional organizations or publications.

Objective 3: By December 1, 2010, identify a region of the Commonwealth for outreach and training regarding the rights of deaf and hard of hearing patients to receive alternative aids and services from their healthcare providers to ensure effective communication. Provide three (3) trainings on these rights to three (3) groups of at least fifteen people.

2. Describe the Need, Issue, or Barrier to be Addressed

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. Medical offices and clinics, major healthcare providers in the community, are often unaware of

their responsibility to provide access, including assistive technology supports. In particular, people who receive Medicaid Waiver services often need assistive technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state. As well, we received public comment that this issue complicates accessing medical services for an already underserved population.

3. Indicate the Outcome of the priority: Partially Met / On-Going

(a) Describe any external or internal implementation problems for outcomes marked "not met" or "partially met."

In Objective 2, VOPA did create 2 educational articles and sent them to three different groups. None of the three groups however published or distributed the articles. VOPA is carrying this objective over and is in the process of identifying new groups to utilize our materials.

4. Total Number of Cases Handled Related to the Priority: N/A

5. Illustrative Cases/Activities:

Objective 1: VOPA successfully presented the Medical Office Accessibility Training to 5 community advocacy groups. They included: The Southwestern Virginia Club for the Deaf, Lovingson Disability Rights Council, Carroll County Senior Association, Northampton Senior Association and the Accomack Senior Association. The trainings were provided to a total of 172 individuals with disabilities and advocates. Locations of the trainings included Exmore, Accomack, Lovingson and Carroll County. The trainings included discussion of AT to facilitate effective communication. Computers, keyboards, and other types of non-auditory devices that could be used to assist with communication were cited as examples. These trainings resulted in positive feedback from the groups involved regarding the educational opportunity.

Objective 3: VOPA collaborated with Virginia Department for the Deaf and Hard of Hearing (VDDHH), Endependence Center and Virginia Association for the Deaf to coordinate and schedule a comprehensive training on effective communication. In many cases, AT is critical to effective communication and by discussing AT communication methods such as Communication Access Real-time Translation (CART) and other types of communication which require assistive listening devices such as computers, receivers or other amplification equipment, the benefit of AT was relayed to our audience. VOPA collaborated with VDDHH on content of the training and completed three trainings to 120 people who are deaf and hard of hearing and their advocates in Norfolk and Richmond.

B. PRIORITIES for the CURRENT FISCAL YEAR- - FY2011

Report your program priorities for the current fiscal year (the fiscal year succeeding that covered by this report). You may enter data on as many as priorities you need.

Priority 1

1. Describe the Priority

Goal: Children with Disabilities Receive an Appropriate Education

Focus Area: Appropriate Therapy and Services for Children with Disabilities

1. Train two (2) groups of advocates and parents from Hispanic or Latino families regarding special education rights and assistive technology.
2. Train parents, teachers, and advocates at five (5) parent or child-advocacy groups regarding AT devices and services, and available funding resources.
3. Develop a fact sheet on the use of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funding for medically necessary therapy and services in school settings. Distribute to all school districts.
4. Increase self-advocacy by providing Technical Assistance or Short Term Assistance to all callers who complain that they or their children were denied appropriate special education therapy and services.
5. Represent five (5) children who have been denied appropriate assistive technology or AT services under their Individualized Education Programs (IEP) or 504 Plans.
6. Represent a child in foster care or an adoptive placement who has been denied special education services due to inadequate evaluations or assessments.
7. Represent a child from a Hispanic or Latino family who has been denied special education services due to inadequate evaluations or assessments.

2. Describe the Need, Issue, or Barrier Addressed

Based upon public comment, VOPA experience, and the level of requests for services in this area, receiving appropriate therapies and services in order to participate in public education is still difficult for children with disabilities and their families.

Priority 2

1. Describe the Priority

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Focus Area: Assistive Technology through Insurance

1. Present one "office hours" program at each pilot location on the acquisition and use of low-tech assistive devices.
2. Represent five (5) clients denied AT or environmental modifications authorized by Medicaid or other insurance, or for whom authorization was denied.
3. Respond to all proposed legislation, regulation, or policy changes that address an individual's right to assistive technology in healthcare and other settings.

2. Describe the Need, Issue, or Barrier Addressed

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistance technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their

needs. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

Priority 3

1. Describe the Priority

Goal: People with Disabilities have Equal Access to Appropriate and Necessary Healthcare

Focus Area: Denial of Needed and Appropriate Medicaid Services

1. Represent two individuals denied needed and appropriate Medicaid services under a waiver program. Priority will be given to individuals denied assistive technology or environmental modifications.
2. Represent two children denied needed and appropriate Medicaid services under the EPSDT program.

2. Describe the Need, Issue, or Barrier Addressed

An essential element of the rehabilitation process, life sustenance, and quality of life is to be able to access appropriate and necessary healthcare. For some individuals with disabilities, assistive technology is a key element of necessary healthcare. In particular, people who receive Medicaid Waiver services often need assistance technology to avoid institutionalization. VOPA's efforts, therefore, will help people live in the most integrated setting appropriate to their needs. VOPA's experience with service requests in this area demonstrates that this need continues to grow throughout the state.

C. AGENCY ACCOMPLISHMENTS

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

VOPA continued its role in assisting individuals with disabilities across Virginia in the area of assistive technology. This year we successfully completed multiple assistive technology projects and casework in the areas of education, Medicaid Waivers and EPSDT, medical office accessibility and insurance denial.

Through AT education cases, VOPA successfully obtained devices such as Braille textbooks, a CCTV, Zoomtext and assistive technology assessments by the school system. VOPA also informed a variety of educators, parents and advocates across the state of the potential value and benefits of assistive technology via collaborations with several agencies including Envision Technology, the Virginia Department for the Deaf and Hard of Hearing and the Virginia Department of Social Services.

VOPA's assistive technology insurance and provider denial cases covered assistance with acquisition of a variety of devices including a Hoveround power wheelchair, proper operation of a medical bed and a Go-Go power scooter. Acquiring these devices was instrumental in our clients' continued independence and community integration.

VOPA educated persons with disabilities and those in various support networks about available services such as the Virginia Assistive Technology System and Medicaid's EPSDT program. We assisted individuals utilizing EPSDT to acquire devices such as an adaptive computer, a Braille Note note taker and Spot Dot Braille printer.

Assisting with acquiring these devices through a variety of different funding streams and resources opens the doors for individuals to have increased independence and a better quality of life.

Finally, it is important to recognize the AT work VOPA does by providing dozens of individuals with information and referral. We have educated many individuals and providers this year on understanding what AT is, how to acquire it and understanding how AT continues to remain a crucially important part of many peoples lives.

Annual Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report PART VI – AGENCY ADMINISTRATION

A. AGENCY FUNDING

Enter the sources of funds your agency received and used to carry out PAAT program activities. Round to the nearest dollar, do not include cents. Do not include in-kind contributions in the 'Other' categories. Refer to instruction manual for types of funds to report in 'Other.'

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	85,695
2. Program income	
3. Other – carryover funds	24,200
4. Other – specify	
5. Other- specify	
6. Total:	109,895

B. DESCRIPTION OF PAAT PROGRAM STAFF

1. Provide a brief description of the agency's staffing plan for carrying out PAAT activities.

- The VOPA Receptionist may provide information and referral services for anyone requesting services from VOPA.
- The VOPA Disability Rights Advocates and Staff Attorneys provide case level services and pursue systemic reforms. They also provide technical assistance, training and outreach.
- The Managing Attorneys provide supervision and leadership in these efforts. They may also provide case level services and pursue systemic reforms.
- Support services (data management, fiscal, human resources, purchasing, for example) are provided by administrative staff.
- The Deputy Director provides leadership and direction in the areas of program and policy planning, development, monitoring, and evaluation. The position includes the supervisory responsibilities for administrative, human resources and information technology roles.
- The Executive Director provides the ultimate leadership and direction for all actions of the agency and provides direct supervision for the Managing Attorneys and the Deputy Director.

2. PAAT Staff

Report on the number of persons and the number of full time equivalent (FTE) staff performing PAAT activities. As applicable, include (a) staff supported in full or in part by PAAT grant funds during the current reporting year, (b) subcontractor staff supported by PAAT funds and (c) P&A management staff to the extent that their duties included oversight of the PAAT program (and salaries were paid out of PAAT funds). **Do not** include P&A staff who did not work on PAAT cases during the fiscal year. Report actual, not budgeted, FTE totals. See the instruction manual for an example and further details on the type of staff to include in each position.

Type of Position	Number of persons*	Number of FTEs
Professional		
Full-time	18	16.5
Part-Time	1	.25
Administrative		
Full-time	7	6.5
Part-time	2	1
Totals	28	24.25

C. CONSUMER INVOLVEMENT

1. Briefly describe any consumer-responsive activities not reported elsewhere in this report (e.g., PAAT Advisory Board, forums to obtain input into planning and priorities). If not applicable, enter N/A

VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and the Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Council. The Councils' primary responsibility is to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. This function helps VOPA to identify underserved and unserved Virginians. Both Councils have strong consumer representation. The Council Chairs are non-voting members of the VOPA Governing Board. Additionally, Council members participate on the Governing Board Committees. On those committees, the Council members have an equal vote.

VOPA provides "Office Hours" at some of the local Centers for Independent Living or other organizations. Individuals with disabilities are informed of their rights and provided with other legal advice and services when appropriate.

2. Consumer Involvement in P&A Agency Staff and Board

	Agency staff	Agency board
Person with a disability	9	7
Family members of a person with a disability	11	5
Total	18	12

D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year	0
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E. COLLABORATIVE EFFORTS

1. Collaboration with Other P&A Programs and Activities

Briefly describe your work on AT issues funded by other P&A programs (do not include activities carried out with PAAT funds).

Internally, VOPA staff working under the PAAT grant may also work under the PADD, CAP, HAVA or PAIR grants which all could be related to assistive technology device and service needs. For example, while working a PADD case that involves developing an appropriate IEP, the need for appropriate assistive technology assessment, devices, and services may be identified. If the PADD case is being worked by a VOPA staff lacking experience with PAAT, the staff routinely will consult with other VOPA staff that have that PAAT experience.

2. All Other Collaboration

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

As noted above in several sections of this performance report, VOPA reached out to multiple agencies and collaborated to provide the most informative and useful information regarding assistive technology for adults and children.

Our collaborators this year included: Envision Technology, Virginia Department of Social Services, Virginia Department for the Deaf and Hard of Hearing (VDDHH), Endependence Center, Virginia Association for the Deaf, The Southwestern Virginia Club for the Deaf, Lovingston Disability Rights Council, Carroll County Senior Association, Northampton Senior Association and the Accomack Senior Association Fredericksburg Local Human Rights Committee located in Fredericksburg and two at the Middle Northern Neck Community Services Board and several other providers including public schools, assisted living facilities and nursing homes across the state.

VOPA works informally with the State Long-Term Care Ombudsman throughout the year. Coordination with the State Long-Term Care Ombudsman Program (through the Virginia Department of Aging) is particularly important during the legislative session. During FY11, the agencies worked together to address several issues facing nursing home constituents.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. VOPA coordinates with them on an as needed basis.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-066.1. The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data sources, gather the data needs, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestion for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4760. if you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Jessica Smith, 400 Maryland Avenue, SW Washington, D.C. 20202-2800.